



APPLICATION FORM FOR PERSONAL ACCIDENT INSURANCE (PARTNERSHIP DISTRIBUTION)

Insurance Adviser's Unit Code, Referral's Unit Code, Insurance Adviser's Code, Referral's Code, Insurance Adviser's Name, Referral's Name

Policy 1, Safe Choice, Master Policy No., Policy 2, Corporate ID: WM

WARNING: In accordance with Section 23(5) of the Insurance Act 1966, as may be amended from time to time, you are to fully and faithfully disclose in this Application Form all facts which you know, or ought to know, or failing which you may receive nothing from the policy and/or the policy issued may be void.

1 DETAILS OF APPLICANT/OWNER (Please tick the circles as appropriate)

Name (shown on NRIC/FIN/Passport), Date of Birth, Gender, NRIC/FIN/Passport No., Country of Residence, Place of Birth, Marital Status, Residency Status, Annual Income, Citizenship, Current Residence Address, Mailing Address, Relationship of Applicant/Owner to the Proposed Insured, Contact Details

Please provide the reason if: 1. Your "Current Residence Address" is different from your identity documents and/or 2. Your Foreign Permanent Address is different from your identity documents and/or 3. Your "Mailing Address" is different from your "Current Residence Address"

Occupation, Business Address, Company Name, Exact Duties, Nature of Business, Postal Code

Please note: Your Contact Details (email address, home, office and/or mobile telephone number) and/or Current Residence Address declared in this form will be used and will replace the contact details and residence address given to AIA Singapore for all your past and existing policies.



PART0003 (11/2021 07/2022 04/2023)

Policy 1 Safe Choice Policy 2 **2 DETAILS OF PROPOSED INSURED (If different from Applicant/Owner)**

Name (shown on NRIC/FIN/Passport):					
Annual Income (S\$): <input type="radio"/> <= \$30,000 <input type="radio"/> 30,001-50,000 <input type="radio"/> 50,001-100,000 <input type="radio"/> 100,001-150,000 <input type="radio"/> 150,001-300,000 <input type="radio"/> >300,000					
Date of Birth: dd mm yyyy			Gender: <input type="radio"/> Male <input type="radio"/> Female		
Place of Birth: <input type="radio"/> United States of America <input type="radio"/> Others (Country): _____					
Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed / Divorced / Separated		Residency Status: <input type="radio"/> Singapore <input type="radio"/> Singapore PR <input type="radio"/> Pass Holders <input type="radio"/> Others		NRIC/FIN/Passport No.: <i>For Singapore PRs and Pass holders, please use Singapore NRIC or FIN No.</i>	
Occupation: Class:			Country of Residence:		
Company Name:			Home: Country Code - Phone No.		
Exact Duties (please provide in details):			Office: Country Code - Phone No.		
			Mobile: Country Code - Phone No.		
			Email:		
Nature of Business:			<i>If not Singaporean</i> Citizenship 1:		
			Citizenship 2:		
			Citizenship 3:		
Business Address:			Foreign Permanent Residence Address - Please provide the full address in English. <i>(Compulsory for non-Singaporeans)</i> <i>For Passers-by, please submit copy of passport or foreign identification card that shows proof of this address. If the address on the document(s) differs from this address, please explain the reason(s) in writing.</i>		
Postal Code:					

3 DETAILS OF PLAN APPLIED FOR

PLAN	Policy 1	Policy 2
<input type="radio"/> AIA Solitaire PA II	<input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3 <input type="radio"/> Plan 4 (i) Lifestyle Maintenance Benefits <input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3 <input type="radio"/> Plan 4 (ii) Accidental Hospitalisation Benefits <input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3 <input type="radio"/> Plan 4 (iii) Monthly Disability Care Benefit <input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3 <input type="radio"/> Plan 4	<input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3 <input type="radio"/> Plan 4 (i) Lifestyle Maintenance Benefits <input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3 <input type="radio"/> Plan 4 (ii) Accidental Hospitalisation Benefits <input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3 <input type="radio"/> Plan 4 (iii) Monthly Disability Care Benefit <input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3 <input type="radio"/> Plan 4
<input type="radio"/> AIA Cashback Protector	<input type="radio"/> Silver <input type="radio"/> Gold <input type="radio"/> Platinum	<input type="radio"/> Silver <input type="radio"/> Gold <input type="radio"/> Platinum
<input type="radio"/> AIA Prime Assured (FHR required)	<input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3	<input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3
<input type="radio"/> AIA Platinum AccidentCare	<input type="radio"/> Silver <input type="radio"/> Gold <input type="radio"/> Diamond <input type="radio"/> Optional Benefits Option 1 <input type="radio"/> Optional Benefits Option 2	<input type="radio"/> Silver <input type="radio"/> Gold <input type="radio"/> Diamond <input type="radio"/> Optional Benefits Option 1 <input type="radio"/> Optional Benefits Option 2

Regular Premium Payment Frequency	<input type="radio"/> Monthly <input type="radio"/> Semi-annually <input type="radio"/> Annually	<input type="radio"/> Monthly <input type="radio"/> Semi-annually <input type="radio"/> Annually
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Financial Services Consultants and Insurance Advisers are not allowed to collect cash payment on behalf of AIA. If you are paying your premiums by cheque, please ensure your cheque is crossed and made payable to AIA Singapore Private Limited. Please refer to AIA website for the list of payment methods available.

Policy 1 **P**

Safe Choice **P**

Policy 2 **P**

4 SAFE CHOICE

Plan: Plan 1 Plan 2 Plan 3 Plan 4 Optional Benefit: Waiver of premium
 Family Option: Spouse Children Family
 Regular Premium Payment Frequency: Monthly Semi-annually Annually

DETAILS OF PROPOSED DEPENDANTS

Name of Spouse

NRIC/FIN/Passport No.:
For Singapore PRs and Pass holders, please use Singapore NRIC or FIN No. Gender: Male Female
 Date of Birth: dd mm yyyy Country of Residence:
 Occupation: Residency Status: Singapore Singapore PR Pass Holders Others
 Class: *If not Singaporean* Citizenship 1:
 Citizenship 2:
 Citizenship 3:

Name of Child 1:

Name of Child 3:

NRIC/FIN/Passport No.: NRIC/FIN/Passport No.:
 Date of Birth: dd mm yyyy Date of Birth: dd mm yyyy
 Residency Status: Singapore Singapore PR Pass Holders Others
 Residency Status: Singapore Singapore PR Pass Holders Others
 Country of Residence: Country of Residence:
If not Singaporean Citizenship 1: Gender: Male Female
 Citizenship 2: *If not Singaporean* Citizenship 1: Gender: Male Female
 Citizenship 3: Citizenship 2:
 Citizenship 3:

Name of Child 2:

Name of Child 4:

NRIC/FIN/Passport No.: NRIC/FIN/Passport No.:
 Date of Birth: dd mm yyyy Date of Birth: dd mm yyyy
 Residency Status: Singapore Singapore PR Pass Holders Others
 Residency Status: Singapore Singapore PR Pass Holders Others
 Country of Residence: Country of Residence:
If not Singaporean Citizenship 1: Gender: Male Female
 Citizenship 2: *If not Singaporean* Citizenship 1: Gender: Male Female
 Citizenship 3: Citizenship 2:
 Citizenship 3:

5 DETAILS OF PREVIOUS & CONCURRENT INSURANCE APPLICATIONS AND PURSUITS OF PROPOSED INSURED

Important Note:
 Your total coverage, including previous and concurrent applications within AIA and with other insurers, is an important and material fact which the Company uses to assess this policy.

5.1 Do the Applicant/ Owner and the Proposed Insured(s) have any in-force insurance policy(ies) or pending insurance application(s)?
 If yes, please give details. Yes No

	Applicant/Owner			Proposed Insured		
Insurance Company	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Insurance Company	<input type="radio"/> Singapore <input type="radio"/> Non- Singapore	<input type="radio"/> Singapore <input type="radio"/> Non- Singapore	<input type="radio"/> Singapore <input type="radio"/> Non- Singapore	<input type="radio"/> Singapore <input type="radio"/> Non- Singapore	<input type="radio"/> Singapore <input type="radio"/> Non- Singapore	<input type="radio"/> Singapore <input type="radio"/> Non- Singapore
Death	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal Accident	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Others	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Policy 1 **P**

Safe Choice **P**

Policy 2 **P**

6 LIFESTYLE DETAILS OF PROPOSED INSURED AND/OR DEPENDANTS

6.1 Are you contemplating a trip or had been outside Singapore for a total of more than 90 days in a year, other than for leisure or social purposes? If yes, please give details.

<input type="radio"/> No	<input type="radio"/> Yes	Country & Cities visited	Frequency per year	Duration per trip mth(s)
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6.2 Are you now a member of a military force (except NS men), are you contemplating or have you, in the last 5 years engaged in any private flying or hazardous sports or races or flying other than as a fare paying passenger on a regular scheduled airline?

Proposed Insured	Proposed Dependants (if applicable)				
	Spouse	Child 1	Child 2	Child 3	Child 4
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Note:
Lifestyle declarations are not required for:
+ AIA Solitaire PA II and Proposed Insured is in occupation class 1, 2 and 3 and/or;
+ AIA Platinum AccidentCare (Silver plan) applied on or after 1 September 2015*.
*capped at 1 application per Proposed Insured

7 HEALTH DETAILS ON PROPOSED INSURED AND/OR DEPENDANTS (Applicable only to AIA Platinum AccidentCare, AIA Prime Assured, or when customers are above age 65)

7.1 Do you have or have you had any physical defects, impairments, deformities, and/or conditions affecting mobility, sight, and/or hearing?

Proposed Insured	Proposed Dependants (if applicable)				
	Spouse	Child 1	Child 2	Child 3	Child 4
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Note:
Health declarations are not required for the following:
+ AIA Platinum AccidentCare (Silver plan) applied on or after 1 September 2015*.
*capped at 1 application per Proposed Insured

8 REMARKS In connection with insurance applied for, if any answer to question 7.1, 7.2 or 8.1 is "Yes", give details below, quoting the relevant Proposed Insured/Dependants and question number(s).

9 DECLARATION

1. YOUR GUIDE TO HEALTH INSURANCE - Tick as appropriate

- I have been informed and directed to view or download a copy of "Your Guide to Health Insurance" (applicable only to accident and health business) from www.aia.com.sg, or www.lia.org.sg
- I have been informed and I request to be given a hardcopy of "Your Guide to Health Insurance" (applicable only to accident and health business).

2. RESIDENCY – Please answer according to your Citizenship/Residency that you are holding.

	APPLICANT/ OWNER		PROPOSED INSURED		PROPOSED DEPENDANTS (If Applicable)									
					SPOUSE		CHILD 1		CHILD 2		CHILD 3		CHILD 4	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
A. For Singapore Citizen														
A.1 Have you resided outside of Singapore continuously for at least 5 years preceding the date of application?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A.2 Are you currently residing in Singapore?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. For Singapore Permanent Resident & employment pass, work permit, dependant pass or other work pass holders														
Have you resided in Singapore for a total of less than 183 days in the 12 months preceding the date of application?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. For student pass or long term visit pass holders														
C.1 Does your pass have a duration of less than 90 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C.2 Have you resided in Singapore continuously for less than 90 days during the 12 months preceding the date of application?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. If you do not belong to any of the above categories, please tick here	<input type="radio"/>													

* For Applicant/Owner application, both the Proposed Insured and Applicant need to answer; where the Applicant is not an individual, only the Proposed Insured needs to answer.

I/We acknowledge and agree that the Policy to be issued in relation to this application shall be deemed to be a Singapore Policy.

10 ADDITIONAL DECLARATION

I/We agree and declare on behalf of myself and any other person or persons, firm or corporation, who may have or claim any interest in any insurance on this application that:

1. No statement, information or agreement made by/to or given by/to the person soliciting/taking this application or any other persons, shall be binding on AIA Singapore Private Limited ("AIA Singapore"), unless presented in writing.
2. The statements and answers in this application together with any required questionnaire or amendments (the "Information") are full, complete, true and correct and that no information or material has been withheld. I/We understand that AIA Singapore, believing the Information to be such, will rely and act on the Information accordingly. I/We further agree that the Information shall form the basis of the contract between the parties hereto. I/We understand that if any of the Information is not full or complete or true or correct, the Policy issued hereunder may be void and I/we will receive only a refund of the premiums (without interest) less any and all medical expenses incurred in AIA Singapore's consideration of my/our application.
3. AIA Singapore shall assume no liability whatsoever, and that my/our Policy/Policies will only be effective after this application is accepted by AIA Singapore and the first premium duly paid in full to and accepted by AIA Singapore during the Insured's lifetime and good health.
4. All my/our declarations made and my/our statements or answers in this application and in any required questionnaire or amendments together with the relevant Policy shall constitute the entire contract between the parties in so far as it may be relevant to the Policy or Policies I/we have requested.
5. I (the Applicant/Owner if other than the Proposed Insured) am not an undischarged bankrupt and no bankruptcy application (including any statutory demand) or order has been made against me/us within the last twelve months.
6. I am/We are aware that the Policy Contract and all other documents are considered to be received by me/us within 7 days of posting to the address which I/we have instructed AIA Singapore to send correspondence to. I/We agree to inform AIA Singapore immediately of any change in my/our correspondence address.
7. I/We have received a copy of (1)Your Guide to Health Insurance and (2) the Product Summary (applicable only to accident and health business), the contents of which have been explained to me/us to my/our satisfaction.
8. **(Applicable only to accident policies) I/We agree and declare on behalf of myself/us and any other person or persons, firm or corporation, who may have or claim any interest in any insurance on this application, that AIA Singapore shall not pay any benefits under my/our Policy for a covered event which has occurred due to, associated with, or which likelihood is affected by one or more pre-existing conditions suffered by the Insured (ie. physical defects, impairments, deformities or conditions affecting mobility, sight or hearing), notwithstanding that the covered event may be accidental in nature, unless expressly provided otherwise in the terms and conditions of the Policy Document.**



8. I/We hereby authorise, agree and consent to:
- a. any medical source, insurance office or organisation to release to AIA Singapore, any relevant information concerning me/us at any time irrespective of whether the proposal is accepted by AIA Singapore; and
 - b. AIA Singapore to release to any medical source or insurance office any relevant information concerning me/us at any time, irrespective of whether the proposal is accepted by AIA Singapore; and
 - c. AIA Singapore or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my/our health status in relation to this application and any resulting claim; and
 - d. AIA Singapore Private Limited (“**AIA Singapore**”), its associated persons/organisations, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively “**AIA Persons**”) to collect, use, disclose, store, retain and/or process (collectively, “**Use**”) all personal data and information (“**Personal Data**”) that had/has been provided to AIA Persons and/or that AIA Persons possess about me/us (whether from me/us or a third party), in the manner and for the purposes described in the AIA Personal Data Policy (“**PD Policy**”) which is available on AIA Singapore’s website, including but not limited to, processing of this Application/form and/or to provide subsequent advice or services to me/us in relation to this Application/Policy/form/AIA Vitality Programme and/or any other existing or future policy/policies/programmes that I/we may hold/participate with AIA Singapore. Without prejudice to the foregoing, I/we agree to comply with the terms of the PD Policy, including where such PD Policy is amended from time to time by AIA Singapore in accordance with its terms. Where Personal Data of another person is disclosed by me/us, I/we represent and warrant that I/we have obtained the consent of the individual concerned, except to the extent such consent is not required under relevant laws: (i) to collect such Personal Data; (ii) to disclose such Personal Data to the AIA Persons; and (iii) for the AIA Persons to Use such Personal Data in the manner and for the purposes described in the PD Policy. I/We hereby specifically waive (on our own behalf and on behalf of each such other person, and I/we represent and warrant that such other person has granted me/us authority to so waive) any right to bring a claim of any nature against any of the AIA Persons in respect of any above-mentioned Use and/or any Use of Personal Data in the nature of or for any of the purposes described above or in the PD Policy. I/We hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein.

This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective whether or not my/our application is accepted by AIA Singapore. A photocopy of this authorisation shall be effective and valid as the original

9. **Deemed Delivered**

We understand that the policy document and all other documents from AIA Singapore are considered delivered and received (i) if made available electronically via My AIA, upon receipt of the relevant SMS and/or email notification informing me that the document is accessible on My AIA; and (ii) if posted, 7 days after the date of posting to the last known address notified to AIA Singapore.

10. **Electronic Receipt of Policy Documents and Correspondences**

I/We acknowledge and accept that if I/we had opted to receive my/our Policy Document and/or correspondences relating to my/our Policy (“Correspondences”) electronically, my/our Policy Documents and/or Correspondences will be made available in my/our My AIA. My AIA is AIA Singapore’s secure customer internet portal available on AIA Singapore’s corporate website.

I/We understand and agree to be notified via email and/or SMS to retrieve my/our Policy Document and/or Correspondences in My AIA once my/our application has been officially approved by AIA Singapore and/or Correspondences are available for viewing. If I/we had opted to receive Policy Documents and Correspondences electronically, I/we acknowledge that the terms and conditions governing the upload, access and viewing of electronic documents in AIA Singapore’s customer portal, (a copy of which is available upon request) have been explained to me/us and I/we agree to be bound by them.

I/We understand that not all of the Correspondences are currently available via electronic statements.

I/We consent to AIA Singapore providing me/us with hard copies of Correspondences that are currently unavailable electronically. I also understand and accept that AIA Singapore may cease providing hardcopies when the electronic copies become available in future.

I/We agree and accept that AIA (Singapore) will not be responsible for any consequences arising from my/our failure to (i) provide AIA Singapore with a true, complete and accurate email address and mobile number and/or (ii) notify AIA Singapore of any change(s) to my/our email address and mobile number. I/We acknowledge and accept that my/our Policy Document and/or Correspondences will be delivered via post if my/our email address and mobile number are not provided in this proposal.

Document Delivery Preference

	Policy Contract (Hardcopy version is only available for applicant/Owner age 60 and above)	All other correspondences (Hardcopy version is only available for applicant/Owner age 60 and above)
Policy 1	<input type="radio"/> Receive my contract in electronic version <input type="radio"/> Receive my contract in hardcopy version	<input type="radio"/> Receive future correspondences electronically <input type="radio"/> Receive future correspondences in hardcopy
Policy 2	<input type="radio"/> Receive my contract in electronic version <input type="radio"/> Receive my contract in hardcopy version	<input type="radio"/> Receive future correspondences electronically <input type="radio"/> Receive future correspondences in hardcopy
Policy 3	<input type="radio"/> Receive my contract in electronic version <input type="radio"/> Receive my contract in hardcopy version	<input type="radio"/> Receive future correspondences electronically <input type="radio"/> Receive future correspondences in hardcopy
Policy 4	<input type="radio"/> Receive my contract in electronic version <input type="radio"/> Receive my contract in hardcopy version	<input type="radio"/> Receive future correspondences electronically <input type="radio"/> Receive future correspondences in hardcopy

Note: Only one option to be selected (either electronic OR hardcopy).

11. Marketing Consent

I want to know the latest promotions and customer benefits and consent to receiving marketing, advertising and promotional material from, and the conducting of consumer, marketing-related and other similar research and analysis by, AIA Persons¹ and to each of them collecting, using, disclosing, storing, retaining and processing all my personal data in accordance with the terms in this form and the AIA Personal Data Policy (Singapore). I also consent to AIA Persons disclosing my personal data to independent third parties and their representatives and for them to process my personal data, for such purposes.

Contact me by²:

- Post
 Electronic transmission to or through my email addresses and social media accounts
 Voice call
 Text message (e.g. SMS/MMS)

I understand that the consent provided by me in this form is in addition to and does not supersede any consent given previously for the above purposes.

I may withdraw one or more consents that I have given, at any time via AIA Customer Care Hotline at 1800-248-8000, My AIA SG or by completing and submitting the relevant forms.

¹ "AIA Persons" refers to AIA Singapore Private Limited, its associated persons/organisations, its and their third party service providers and its and their representatives, whether within or outside Singapore.

² According to the postal and email addresses and all telephone numbers (of which I confirm that I am the user and/or subscriber) in AIA Persons' records.

12. Payment methods used by AIA

I/We confirm and agree to the following:

- a) I/We are the legal and beneficial owner of the Singapore bank account that is linked to my/our Singapore NRIC/FIN in the use of PayNow.
- b) I/we agree and irrevocably authorise AIA Singapore to pay me/us all policy proceeds ("**Payment**") by making such Payment using PayNow to transfer to my/our bank account linked to my/our NRIC/FIN for the use of PayNow, and I/we accept all Payments made in such manner, save and except that Payment using PayNow will be made only if the amount does not exceed S\$200,000 (or such other permitted limit at the prevailing time);
- c) notwithstanding paragraph (b) above, where AIA Singapore in its sole and absolute discretion deems that it is not practicable for AIA Singapore to use PayNow, or that there is another preferable method of making Payment, AIA Singapore may make Payment using any other method as it deems fit in its sole and absolute discretion;
- d) all refunds of premiums or other payments will be effected by AIA Singapore to the source of the monies paid to AIA Singapore; however, if AIA Singapore is unable to ascertain or identify the origins of the payment to AIA Singapore, AIA Singapore may make such refunds to me/us using PayNow or such other methods as it deems appropriate in its sole and absolute discretion.
- e) Notwithstanding the above, I/we agree that payment will be made by cheque(s) if the insurance policy applied for is for business purposes and/or where the Applicant/Policyholder is not an individual.
- f) AIA Group is not responsible for verifying the authenticity, completeness and accuracy of my/our instructions and the contents of this application. Notwithstanding the foregoing, I/we authorize AIA Group to conduct any verifications on my/our accounts maintained with any persons or entities at its discretion, but such authorisation shall not be construed as creating any obligation on the part of the AIA Group to conduct such verification;
- g) AIA Group shall be discharged from all liabilities under and in connection with the Payment and I/we shall not hold AIA Group responsible or liable for any and all losses that I/we may incur in connection with the Payment using PayNow or other means to the accounts with details provided by me/us, including where I/we have provided incomplete, erroneous or inaccurate details of my/our account(s) or personal particulars ("**Inaccurate Information**");
- h) I/We shall indemnify and keep indemnified, the AIA Group, from and against and hold the AIA Group harmless in respect of any and all demands, claims, liabilities, losses, costs and expenses whatsoever (including all legal and other costs, charges and expenses, fines, penalties, levies and charges on a full indemnity basis) that may be incurred by such persons due to or in connection with the Payment using PayNow (including but not limited to the event where Inaccurate Information has been provided by me);
- i) AIA Group has the right to effect the Payment through any means for any reasons whatsoever, including the issuance of a cheque where another method to effect Payment is unsuccessful, and such payment shall constitute full and final discharge of any and all of AIA Singapore's obligations and liabilities to me/us in respect of the Payment.

In these terms and conditions, "**AIA Group**" means AIA Singapore, its related parties and service providers and its and their respective directors, employees, representatives, intermediaries, and agents.



Policy 1 **P**

Safe Choice **P**

Policy 2 **P**

13. I am/We are aware that the benefits of the Policy will generally only be payable as a result of an accident.
14. I/We understand and agree that should a Relevant Person be found at any time to be a Prohibited Person, AIA Singapore is entitled, at its absolute discretion and without any liability to me/us, to (i) decline, block, suspend or cancel this application or any request, instruction, or transaction including any payment, transfer or receipt of money; (ii) decline to provide cover or to pay any claim or benefit under the Policy; and (iii) immediately terminate or void the Policy. AIA Singapore's decision in exercising this right shall be final. This right may only be waived in writing; no delay or failure in exercising this right shall be deemed as a waiver of the same. "Relevant Person" includes (a) persons and entities who are the policy holders, insured persons, beneficiaries, trustees, payees, or assigns; (b) their beneficial owners or affiliates; (c) (in the case of an entity) their directors, partners, or direct / indirect shareholders or persons having executive authority, or (d) natural persons appointed to act on their behalf. "Prohibited Person" includes a person or entity that is subject to any sanction, prohibition or restriction administered by any regulatory authorities in any country or jurisdiction, such that the provision of such cover, payment of such claim or provision of such benefit may in AIA Singapore's opinion expose it to any, or any risk of, sanction, prohibition or restriction. As an ongoing obligation, I/we will immediately inform AIA Singapore if there are any changes to the identities, status, constitution, establishment, particulars and identification documents of these Relevant Persons. I/we will indemnify AIA Singapore and hold it harmless from and against any and all related losses, damages, costs and/or expenses suffered and/or incurred, including but not limited to legal costs.
15. By signing this application below, I/we confirm that the agent/broker or any representative of AIA Singapore has solicited insurance business from me/us in the Republic of Singapore and that the signing of this application has taken place in the Republic of Singapore.

PLEASE NOTE: You are discouraged from switching from an existing accident and/or health insurance policy to a new one without considering whether the switch is detrimental, as there may be potential disadvantages with switching. A penalty may be imposed for early policy termination and the new policy may cost more or have fewer benefits at the same cost.

WARNING: If a material fact is not disclosed in this proposal, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the Insurance adviser(s) but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal. Additionally and without prejudice to the parties' rights and obligations whether under law or otherwise, following the submission of your proposal, you must continue to disclose any and all material facts that may arise or which have changed from the information you had provided.

WARNING: Please note that with effect from 1 May 2005, all Policies, Renewal Certificates, Cover Notes, Endorsements for Policies with commencement date on or after 1 May 2005 carry a Payment Before Cover Warranty Clause which requires the premium to be paid in full on or before the date of inception of the Policy. Failing which there would be no liability under the Policy, Renewal Certificates, Cover Notes and Endorsements.

Declared in SINGAPORE on	Day:	Month:	Year:
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		WITNESSED BY:
SIGNATURE OF PROPOSED INSURED	SIGNATURE OF APPLICANT/OWNER	NAME & SIGNATURE OF AIA INSURANCE ADVISER(S)

Please note: copies of the terms and conditions on which the insurance will be made, and this completed application form, will be available on your request.

Please sign Policy Illustration / Product Summary and Financial Health Review together with this application form.