



AIA SINGAPORE

REQUEST FOR MEMO FOR MEDICAL REQUIREMENTS / PRELIMINARY UNDERWRITING

Particulars of Insured

Name of Insured (Please state in full as in NRIC/Passport)

NRIC/Passport/FIN No.

Gender

Male Female

Smoking Status

Yes No

Country of Residence

Date of Birth (dd/mm/yyyy)

--	--	--	--	--	--	--	--	--	--

Nationality

Occupation

Annual Income

Proposed Plan / Riders / Multiplier

Sum Assured (US\$ / S\$)

Any Medical History / Condition(s)

If yes, please provide the details and / or attach additional medical reports if available

Additional Information required for Underwriting:

Family Concurrent Application: Are there any of your family members (e.g. Spouse, Children, Parents, Siblings) concurrently applying for life insurance with AIAS?

Yes No

If yes, please provide full name, date of birth & relationship.

Concurrent Application with other Insurer(s)

Yes No

If yes, please provide name of Insurer(s) and sum assured.

Politically Exposed Person

Yes No

Declarations

By providing any personal data and information of another person ("**Personal Data**") to AIA Singapore Private Limited ("**AIA**"), I confirm that I have obtained the consent of the individual concerned, to collect, use, disclose, store, retain and/or process such Personal Data for the purposes set out in the AIA Personal Data Policy (collectively, "**Use**"). I waive on behalf of each such person (and confirm that I have authority to so waive), any right to bring a claim of any nature against the AIA for such Use. I shall indemnify AIA for all losses and damages that they may suffer if I am in breach of this provision.

Version 06/2021

Signature of FSC/IR / Date

Name of FSC/IR: _____

FSC/IR's Code / Unit name: _____

Email address: _____

Mobile Number: _____