

AIA SINGAPORE PERSONAL LINES REQUEST FOR CHANGE FORM

TO: PERSONAL LINES OPERATIONS

Policy No(s).		
Name of Insured	NRIC/FIN/Passport No.	
Name of Policyowner	NRIC/FIN/Passport No.	
FSC/IR Name	FSC/IR Code	

PART 1: MODE OF PREMIUM PAYMENT

I would like to change the mode of premium payment for the above policy(ies) from the next Premium Due Date to:

Annually

Monthly

Important Notes:

- 1. Change to Monthly mode can only be done upon Policy Anniversary.
- 2. Only applicable to AIA Elite Homecare, CoverMax and Taxi Care.

PART 2: ADD / DELETE ITEMS / BENEFIT(S)

2(a) I would like to <u>ADD</u> the following items / benefit(s) for the above policy(ies):

Benefits to be added	Sum Assured

Important Notes:

- 1. Only applicable to AIA Elite Homecare or Covermax, addition of default of Security Bond or waiver of Counter Indemnity or POLO.
- 2. For additional of Worldwide Scheduled Personal Valuables, kindly submit receipts/valuation reports for the items.
- 3. Contents sum ansured must be at least double that of Worldwide Scheduled and Unscheduled Personal Valuables sum insured. **Worldwide Scheduled Personal Valuables**

Description	C	overage
(a)	S\$;
(b)	S	3
(c)	S\$;
(d)	S\$;
(e)	S\$;
	Total** S\$;

** The total amount must tally with the sum assured declared under 2(a) for Worldwide Scheduled Personal Valuables.

I agree and declare that:

- 1. The property insured is not used in any part for the purpose of business or profession.
- $\ensuremath{\text{2.}}$ No claim has been filed for the property insured in the last 5 years.
- 3. I have not suffered any loss or damage by fire, theft, food or any of the Principal Perils*.
- 4. There are no circumstances that exist which may cause the risks of this policy to be abnormal.

*Principal Perils means:

- a) Fire and subterranean fire, lightning and thunderbolt, explosion, aircraft or other aerial devices or articles dropped from such aerial devices
- b) Impact with the Building and/or Contents by any road vehicle, not belonging to or not under your or any Family Members' control;
- c) Bursting or overflowing of water tanks, apparatus or pipes, but excluding:
 - (i) Loss or damage to water tanks, apparatus or pipes,
 - (ii) Loss or damage by water discharged or leaking from any installation of automatic sprinklers,
 - (iii) Loss or damage occurring while the Property Insured or any part thereof is left unoccupied for more than 60 consecutive days;
- d) Burglary, robbery, theft or any attempted burglary, robbery or theft provided that the loss or damage did not occur while the Property Insured or any part thereof is left unoccupied for more than 60 consecutive days. For such purposes of determining burglary, robbery, or theft, we do not require evidence of violent or forcible entry;
- e) Hurricane, cyclone, typhoon or windstorm including flood or overflow of the sea occasioned thereby, but excluding subsidence or landslip;

f) Riots, civil commotion or acts of strikes or locked out workers or persons taking part in labour disturbance;

- g) Malicious damage or vandalism, whether or not such act is committed in the course of disturbance of the public peace;
- h) Earthquake or volcanic eruption;
- i) Flood including overflow of the sea caused by earthquake or volcanic eruption, hurricane, cyclone, typhoon, windstorm and/or force majeure.



AIA Singapore Private Limited (Reg. No. 201106386R) Postal Address: 3 Tampines Grande #09-01, Singapore 528799 Website: www.aia.com.sg AIA Customer Care Hotline (SG): 1800 248 8000 AIA Customer Care Hotline (Overseas): +65 6248-8000

□ 2(b) I would like to DELETE the following items/benefit(s) for the above policy(ies) from the next Premium Due Date :

Benefits to be deleted	Sum Assured

Important Notes:

1. Only applicable to AIA Elite Homecare or CoverMax Flexible Plan.

PART 3: INCREASE / REDUCE SUM ASSURED (APPLICABLE TO AIA ELITE HOMECARE OR COVER MAX FLEXIBLE PLAN)

□ 3(a) I would like to INCREASE the sum assured of my plan for the above policy(ies) as follows:

Type of Coverage / Plan	New Sum Assured

I agree and declare that:

- 1. The property insured is not used in any part for the purpose of business or profession.
- 2. No claim has been filed for the property insured in the last 5 years.
- 3. I have not suffered any loss or damage by fire, theft, food or any of the Principal Perils*.
- 4. There are no circumstances that exist which may cause the risks of this policy to be abnormal.

*Principal Perils means:

- a) Fire and subterranean fire, lightning and thunderbolt, explosion, aircraft or other aerial devices or articles dropped from such aerial devices
- b) Impact with the Building and/or Contents by any road vehicle, not belonging to or not under your or any Family Members' control;
- c) Bursting or overflowing of water tanks, apparatus or pipes, but excluding:
 - (i) Loss or damage to water tanks, apparatus or pipes,
 - (ii) Loss or damage by water discharged or leaking from any installation of automatic sprinklers,
 - (iii) Loss or damage occurring while the Property Insured or any part thereof is left unoccupied for more than 60 consecutive days;
- d) Burglary, robbery, theft or any attempted burglary, robbery or theft provided that the loss or damage did not occur while the Property Insured or any part thereof is left unoccupied for more than 60 consecutive days. For such purposes of determining burglary, robbery, or theft, we do not require evidence of violent or forcible entry;
- e) Hurricane, cyclone, typhoon or windstorm including flood or overflow of the sea occasioned thereby, but excluding subsidence or landslip;
- f) Riots, civil commotion or acts of strikes or locked out workers or persons taking part in labour disturbance;
- g) Malicious damage or vandalism, whether or not such act is committed in the course of disturbance of the public peace;
- h) Earthquake or volcanic eruption;
- i) Flood including overflow of the sea caused by earthquake or volcanic eruption, hurricane, cyclone, typhoon, windstorm and/or force majeure.

□ 3(b) I would like to <u>REDUCE</u> the sum assured of my plan for the above policy(ies) as follows:

Type of Coverage / Plan	New Sum Assured

PART 4: TERMINATION OF POLICY

□ I would like to terminate the policy(ies).

Effective Date:

Important Notes:

- 1. Please attach In-principle Approval (IPA) cancellation letter for Domestic Help policy cancellation. Domestic Help policy will be cancelled once Ministry of Manpower (MOM) discharge the security bond / Counter indemnity.
- 2. Terminating the exisitng Personal Lines Policy could result in higher premium or lesser benefits at the same cost.

DECLARATION AND AUTHORISATION

- 1. I/We hereby request that the policy(ies) stated in this form be changed in accordance with the above application.
- 2. I/We hereby understand and agree that no application is valid until this Change Form is received by AIA Singapore Private Limited ("AIA Singapore") during the life time of the Insured and is finally accepted by AIA Singapore.
- 3. I/We understand and agree that application shall not be considered as effected by reason of any money paid or settlement made in payment of, or on account of any premium, until this form has been duly approved by the authorised Officer of AIA Singapore.
- 4. I/We understand and agree that my/our application is subject to the terms and conditions as stated in the Policy Contract and is effective only when it has been officially accepted and notified to me/us by AIA Singapore.
- 5. I/We understand and agree that the application of the Contracts (Right of Third Parties) Act 2001 (No.39 of 2001) and any subsequent revision or replacement thereof is expressly excluded insofar as this contract of insurance is concerned.
- I/We hereby authorize, agree and consent to AIA Singapore, its associated persons/organisations, its and their third party service providers and 6. 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"), 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 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 of whether or not my/our Application/form is accepted by AIA Singapore. A photocopy of this authorization shall be valid and effective as the original.

Declared in Singapore

Date

SIGNATURE / NAME / NRIC OF WITNESS

Date

SIGNATURE OF POLICY OWNER

To avoid any delays, please also ensure that your signature is executed in the same manner as our records. You may want to refer to the application form in your contract for a specimen of the original signature.

Solution the name, I/C no, & signature of a witness who is not related to you?

Please fold along dotted line

 $Signed and dated all forms/letters? <math display="inline">\Box$

(s)oN Vour Policy No(s)? 🗆

nol əsp $_H$



Postage will be paid by addressee. For posting in Singapore only.

BUSINESS REPLY SERVICE PERMIT NO. 06134

հվիկկկիկին

AlA Singapore Private Limited POLICY SERVICES 3 Tampines Grande #09-01 AIA Tampines Singapore 528799

How to use this postage-paid return envelope:





