

# CANCELLATION/ CHANGES DECLARATION FORM



To :	
Date of Instruction :	
Producer Name :	
Producer Code :	

Policy No.	
Policyholder :	
Period of Insurance :	

## Endorsement (s)

<input type="checkbox"/> Change of Period of Insurance (POI)	<input type="checkbox"/> Shortening of POI – Date of Return : _____
	<input type="checkbox"/> Lengthening of POI – Date of Extension : _____
	<input type="checkbox"/> Change of Travel Date – Date of Departure : _____ Date of Return : _____
<input type="checkbox"/> Change of Servicing Agent	<b>Please attached Letter from Policyholder / Letter of Appointment</b>
<input type="checkbox"/> Cancellation	Effective Date : _____ <b>Please provide us with a Letter from Policyholder</b>
<input type="checkbox"/> Upgrade/Downgrade of plan	Plan type: _____

**PLEASE PROVIDE US WITH REASONS OR NO CLAIMS DECLARATIONS (IF NECESSARY) ON THE ABOVE CHANGE**


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## Warranty and Declaration

I hereby warrant and declare for myself and on behalf of all Insured Person(s) in the travelling party as follows:

- (I) I/We hereby declare that I/We have received, read and understood, or have been advised of and understand, the contents of the brochure and any information or material relating to this insurance product.
- (II) I/We understand and agree that no insurance is in force until an Application is accepted by the Company, payment received in full and a Policy is issued.
- (III) I/We are aware of and agree to abide by the Policy's terms, conditions and exclusions.
- (IV) I/We are not travelling contrary to the advice of a Qualified Medical Practitioner or for the purpose of obtaining medical treatment.
- (V) I/We are currently in good health, free from all physical impairment and deformity.
- (VI) I/We agree and authorise any medical source (including hospitals and clinics), insurance officer or any other organisation to release to the Company at any time any information concerning the Insured Person(s) if required.
- (VII) I/We hereby declare that I/We are ordinarily resident in Singapore as defined by "Insurance Act 1966 (First Schedule)". I agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the authority to provide that information to AIG, I have informed the individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by AIG, as set out in the contents of the consent clause contained below and the individual agrees and consents, that AIG may collect, use and process my/his/her personal information (whether obtained in this application form or otherwise obtained) and disclose such information to the following, whether in or outside of Singapore: (i) AIG's group companies; (ii) AIG's (or AIG's group companies') service providers, reinsurers, agents, distributors, business partners; (iii) brokers, my/his/her authorised agents or representatives, legal process participants and their advisors, other financial institutions; (iv) governmental / regulatory authorities, industry associations, courts, other alternative dispute resolution forums, for the purposes stated in AIG's Data Privacy Policy which include:
  - (a) Processing, underwriting, administering and managing my/his/her relationship with AIG;
  - (b) Audit, compliance, investigation and inspection purposes and handling regulatory / governmental enquiries;
  - (c) Compliance with legal or regulatory obligations, risk management procedures and AIG internal policies;
  - (d) Managing AIG's infrastructure and business operations; and
  - (e) Carrying out market research and analysis and satisfaction surveys.

Note: Please refer to (and if submitting information relating to another individual, refer such individual to) the full version of AIG's Data Privacy Policy found at <https://www.aig.sg/privacy> before you provide your consent, and/or the above representation and warranty.

I also consent, and if I am submitting information relating to another individual, I represent and warrant that such individual also consents, to AIG, AIG's group companies, service providers and business partners using, processing and disclosing my/his/her personal information to:

- (a) enrol me/him/her in contests, prize draws and similar promotions; and
- (b) contact me/him/her to market other insurance, and/or financial products and/or services of AIG, AIG's group companies and/or AIG's business partners.

[If you or the individual on whose behalf you are submitting information wishes to opt out of being enrolled in contests, prize draws and similar promotions and from receiving marketing messages, please send an SMS to 76161 in the following format "optout<space>NRIC/FIN number" or call us at +65 6419 3000. Alternatively, you or such individual can opt out via our website at <https://secure.aig.com.sg/contactus/>.

Producer's/Client's Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Underwriter's Name & Signature : \_\_\_\_\_

Date : \_\_\_\_\_

