



## BUSINESS TRAVEL SERVICE REQUEST FORM

<b>Date of Instruction</b>	:	
<b>To</b>	:	<b>Group Personal Insurance - Accident &amp; Health Group Unit</b>
<b>Attn.</b>	:	
<b>From</b>	:	<b>Producer Code :</b>

<b>Policy Type</b>	:	<b>Corporate Travel / Corporate Assist</b>
<b>Policy No.</b>	:	
<b>Policyholder</b>	:	
<b>Period of Insurance</b>	:	

### ENDORSEMENT(S)

<input type="checkbox"/> Addition(s)	Effective Date	:	_____
	Name	:	_____
	DOB	:	_____
	Occupation	:	_____
	Plan Selected	:	_____
	Territorial Limits	:	<input type="checkbox"/> Regional <input type="checkbox"/> International
<input type="checkbox"/> Deletion(s)	Effective Date	:	_____
	Name	:	_____
	Plan	:	_____
<input type="checkbox"/> Change of Plans	Effective Date	:	_____
	Existing Plan	:	_____
	Revised Plan	:	_____
	Applicable to	:	_____
<input type="checkbox"/> Extension of Period of Insurance	Extension Period	:	_____
	Date of Return	:	_____
	Remarks	:	_____
<input type="checkbox"/> Shortening of Period of Insurance	Effective Date	:	_____
	Name	:	_____
	Occupation	:	_____
	Subsidiary	:	_____
	Plan Selected / Subsidiary :	_____	
<input type="checkbox"/> Change of Entity Name / Addition of Subsidiary(ies) <b>Please attach ACRA</b>	Territorial Limits	:	<input type="checkbox"/> Regional <input type="checkbox"/> International
<input type="checkbox"/> Increase / Reduction of Sum Insured	Effective Date	:	_____
	Name	:	_____
	Occupation	:	_____
	Benefit	:	_____
	New Sum Insured	:	_____
<input type="checkbox"/> Change of Address	Effective Date	:	_____
	New Address	:	_____
<input type="checkbox"/> Change of Servicing Producer	Please attach Letter of Appointment		



**BUSINESS TRAVEL SERVICE REQUEST FORM**

<input type="checkbox"/> Cancellation	Effective Date	:	_____
	Reason(s)	:	_____
	Client's Letter	:	Please furnish / attach
<input type="checkbox"/> Other Remarks	_____ _____ _____ _____		

By submitting information to AIG relating to any identifiable individual, you represent and warrant that you have the authority to provide that personal information to AIG.

With respect to any individual about whom you provide personal information to AIG, you undertake and warrant that:

- (i) you 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 or transferred by AIG, as set out in the consent clause contained at (ii) below; and
- (ii) the individual agrees and consents that AIG may collect, use and process his/her personal information (whether obtained in this application form or otherwise obtained) and disclose such personal 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, 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 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 the individual to the full version of AIG's Data Privacy Policy found at [http://www.aig.com.sg/sg-privacy\\_1030\\_237853.html](http://www.aig.com.sg/sg-privacy_1030_237853.html) before you provide the above representation and warranty.

<b>Authorised Signature:</b>		<b>Company Stamp:</b>
<b>Authorised Client's Name:</b>		
<b>Authorised Client's Designation:</b>		
<b>Date signed:</b>		