

Advanced Silver Application Form

Statement pursuant to Section 23(5) of the Insurance Act 1966 (or any subsequent amendments thereof): You are to disclose in this Proposal Form, fully and faithfully, all the facts which you know or ought to know in respect of the risk that is being proposed, otherwise, the policy hereunder may be void.

Eligibility:

- 40 - 76 years old (as of last birthday)

Details of Applicant (Policyholder)

Name as in ID : _____

Address : _____

ID No. : _____ Date of Birth : _____

Nationality : _____ Gender : _____

Marital Status : Single / Married / Divorced / Separated / Widowed

Tel No. (Mobile) : _____ Tel No. (Home) : _____ Tel No. (Office) : _____

Email : _____

Occupation : _____

Nature of Business : _____

Job Description : _____

The Policyholder indicated in this form has the right under Section 132 of the Insurance Act 1966 to create a trust of the Policyholder's policy moneys in favour of his/her nominated beneficiary or beneficiaries, or to nominate a beneficiary / beneficiaries under Section 133 of the Insurance Act 1966 for the purpose of payment of the Policyholder's death benefit.

Details of Insured

☐ Same as Policyholder

Name as in ID : _____

Address : _____

ID No. : _____ Date of Birth : _____

Nationality : _____ Gender : _____

Marital Status : Single / Married / Divorced / Separated / Widowed

Relationship with
Policyholder : Self / Spouse / Parent

Tel No. (Mobile) : _____ Tel No. (Home) : _____ Tel No. (Office) : _____

Email : _____

Occupation : _____

Nature of Business : _____

Job Description : _____

Plan Selection*					
A. Select your plan		<input type="checkbox"/> Standard	<input type="checkbox"/> Deluxe	<input type="checkbox"/> Prestige	<input type="checkbox"/> Exclusive
B.	INDIVIDUAL ADD-ONS (Please select your sum insured (SGD) based on the plan chosen under A. Select your plan)				
1	Living Care	<input type="checkbox"/> 18,000	<input type="checkbox"/> 36,000	<input type="checkbox"/> 48,000	<input type="checkbox"/> 48,000
2	Daily Hospital Income (Illness)	<input type="checkbox"/> 50/ day	<input type="checkbox"/> 100/ day	<input type="checkbox"/> 150/ day	<input type="checkbox"/> 150/ day
3	Alzheimer's or Parkinson's Disease Benefit	<input type="checkbox"/> 2,000	<input type="checkbox"/> 2,000	<input type="checkbox"/> 4,000	<input type="checkbox"/> 4,000

*All Sums Insured will be reduced by 50% for those within the 76-90 age band.

Important Notice

- If this proposal is accepted or when the cover commences, it is a fundamental and absolute special condition of this contract of insurance that for individually-owned policies, the premium due must be paid to the insurer/broker/agent before the inception of the cover. No insurance will be in force until premium is received. This document is not a contract of insurance. The specific terms, exclusions and conditions applicable to this insurance are set out in the policy terms and conditions.
- Neither this application form nor the brochure is a contract of insurance. However, your declarations or disclosures shall form the basis of the contract of insurance. The terms, conditions and exclusions applicable to this insurance are set out in the policy, a copy of which is available upon request.
- This quote is valid for only 30 days from the date of issue.
- You, as the Policyholder indicated in this form, have the right under Section 132 of the Insurance Act 1966 to create a trust of your policy money in favour of your nominated beneficiary or beneficiaries, or to nominate a beneficiary or beneficiaries under Section 133 of the Insurance Act 1966 for the purpose of payment of your death benefit.
- This Policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact AIG Asia Pacific Insurance Pte. Ltd. or visit the AIG, GIA or SDIC websites (www.aig.sg or www.gia.org.sg or www.sdic.org.sg).

Declaration and Authorisation

<p>(Please respond to this question for all application.)</p> <p>Is the person to be insured unable to perform any of the following on their own?</p> <ul style="list-style-type: none">a) Ability to wash oneself in the bath/shower or wash by other means;b) Ability for one to put on, take off, secure and unfasten all garments;c) Ability to eat their food after its preparation and when being made available;d) Ability to use the lavatory or manage bowel and bladder function through the use of protective undergarments/surgical appliances;e) Ability to move indoors from room to room on level surface; orf) Ability to move from a bed to an upright chair or wheelchair and vice versa. <p>If yes, please give details.</p> <hr/> <hr/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>(Please respond to this question if Living Care &/or Daily Hospital Income (Illness) coverage(s) is/are selected)</p> <p>Has the person to be insured ever had a policy or application for life, sickness, disability, critical illness or medical insurance refused, postponed, declined, withdrawn or had any special terms imposed including extra premium or exclusion(s)?</p> <p>If yes, please give details.</p> <hr/> <hr/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>(Please respond to this question if Living Care &/or Daily Hospital Income (Illness) coverage(s) is/are selected)</p> <p>Does the person to be insured suffer any physical impairment or deformity or illness of any kind?</p> <p>If yes, please give details.</p> <hr/> <hr/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>(Please respond to this question if Alzheimer's or Parkinson's Disease coverage is selected)</p> <p>Does the person to be insured or their immediate family (siblings, children, grandparents, parents) have any medical history of dementia, Alzheimer's disease, Parkinson's disease and other related illness?</p> <p>If yes, please give details.</p> <hr/> <hr/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I/We declare that:

- I/We am at least twenty-one years old and of sound mind.
- I/We understand that all pre-existing conditions are not covered.
- I/We am aware that I/we can seek advice from a qualified advisor before I/we sign this proposal form. Should I/we choose not to, I/we take sole responsibility to ensure that this product is appropriate to my/our financial needs and insurance objectives.
- If I am/we are switching policies, I/we should consider whether this will result in any costs and whether the benefits under the new policy are more suitable for me/us.
- I/We hereby declare that I am/we are ordinarily resident in Singapore as defined in the First Schedule of the Insurance Act 1966.
- I/We understand that I/we must inform AIG immediately if any of the information that I/we have given AIG in this form changes or is no longer accurate. I/we understand and acknowledge that it is my/our duty to disclose fully and faithfully, all the facts which I/we know or ought to know in respect of this proposed insurance and to ensure that all information provided to AIG is accurate and updated. Examples of such information include, but are not limited to, a change in occupation or nature of business.
- 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 materials relating to this insurance product.
- 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 form or otherwise obtained) and disclose such information to the following, whether in or outside of Singapore:
 - a) AIG's group companies;
 - b) AIG's (or AIG's group companies') service providers, reinsurers, agents, distributors, business partners;
 - c) brokers, my/his/her authorized agents or representatives, legal process participants and their advisors, other financial institutions;
 - d) governmental/regulatory authorities, industry associations, courts, other alternative dispute resolution forums, for the purposes stated in AIG's Data Privacy Policy which include:
 - Processing, underwriting, administering and managing my/his/her relationship with AIG;
 - Audit, compliance, investigation and inspection purposes and handling regulatory/governmental enquiries;
 - Compliance with legal or regulatory obligations, risk management procedures and AIG internal policies
 - Managing AIG's infrastructure and business operations; and
 - 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 <http://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) Enroll 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 such individual wishes to opt out of being enrolled in contests, prize draws and similar promotions and from receiving marketing messages, please call us at +65 6419 3000 to do so or opt out via our online form on our website at www.aig.sg/contact-online.

Signature of Applicant

Date

For Official Use (For Agents/Brokers only)

Have you obtained your Health Insurance Qualifications? : ☐ Yes ☐ No

Producer Name : _____ Producer Code : _____

Agency : _____

Mailing Address : _____

Tel No. (Mobile): _____ Tel No. (Home) : _____ Tel No. (Office) : _____

This Insurance is underwritten by: AIG Asia Pacific Insurance Pte.Ltd.

Advanced Silver Product Summary

Presented to: (Name of Applicant)		Signature of Applicant:	
Presented by: (Name of Financial Advisor)		Signature of Financial Advisor:	
Insured Person	Gender	Date of Birth (dd/mm/yy)	Plan Type
Total Premium (S\$):			

Please note that this is not a summary of contract and the premium is not guaranteed. AIG Asia Pacific Insurance Pte. Ltd. may at its sole discretion increase the premium from time to time depending on the claims experience of this portfolio. The annual premium is based on the Insured Person's age on the first day of the Period of Insurance and the renewal premium rates as determined by AIG at the time of renewal, based on the attained age of the Insured Person. This plan is available to a person from age 40 - 76 years, residing in Singapore. Application is subject to underwriting review and acceptance. Benefits payable due to an Injury is only payable upon an Accident occurring.

Product Information

The Company will pay according to the limits of compensation as set out in the Schedule of Benefits:

Schedule of Benefits – Sum Insured (S\$)

Core Benefits	Age Segment (Years)	Sum Insured (S\$)			
		Standard	Deluxe	Prestige	Exclusive
1. Accidental Permanent Disablement	40-75	40,000	80,000	100,000	150,000
	76-90	20,000	40,000	50,000	75,000
2. Fractures, Dislocations, Severe Burns & Specified Injuries	40-75	up to 1,500	up to 2,000	up to 3,000	up to 3,000
	76-90	up to 750	up to 1,000	up to 1,500	up to 1,500
3. Caregiving Support	40-75	up to 1,500	up to 2,000	up to 3,000	up to 3,000
	76-90	up to 750	up to 1,000	up to 1,500	up to 1,500
4. Mobility Aid Reimbursement	40-75	up to 1,500	up to 2,500	up to 5,000	up to 5,000
	76-90	up to 750	up to 1,250	up to 2,500	up to 2,500
5. Recuperation Benefit	40-75	100	150	250	250
	76-90	50	75	125	125
6. Legacy Expenses	40-75	5,000	10,000	10,000	10,000
	76-90	2,500	5,000	5,000	5,000
7. Loss of Independent Existence due to Injury	40-75	18,000	36,000	48,000	48,000
	76-90	9,000	18,000	24,000	24,000
8. Accident Medical Reimbursement	40-75	up to 1,000	up to 1,500	up to 2,000	up to 2,000
	76-90	up to 500	up to 750	up to 1,000	up to 1,000
8a Sublimit: Complementary or Alternative Medical Treatments expenses (including Traditional Chinese Medicine & Physiotherapy)	40-75	up to 500	up to 500	up to 500	up to 500
	76-90	up to 250	up to 250	up to 250	up to 250
9. Daily Hospital Income (Injury)	40-75	50/ day	100/ day	150/ day	150/ day
	76-90	25/ day	50/ day	75/ day	75/ day
10. Accident Medical Reimbursement due to Road Traffic Accident	40-75	3,000/ Accident	3,000/ Accident	3,000/ Accident	3,000/ Accident
	76-90	1,500/ Accident	1,500/ Accident	1,500/ Accident	1,500/ Accident

Core Benefits	Age Segment (Years)	Sum Insured (S\$)			
		Standard	Deluxe	Prestige	Exclusive
11. Ambulance Fees & Transport Reimbursement	40-75	500/ Policy Year	500/ Policy Year	500/ Policy Year	500/ Policy Year
	76-90	250/ Policy Year	250/ Policy Year	250/ Policy Year	250/ Policy Year
12. Emergency Assistance Services	40-75	up to 20,000	up to 20,000	up to 20,000	up to 20,000
	76-90	up to 10,000	up to 10,000	up to 10,000	up to 10,000
13. Family Member Visit	40-75	up to 1,000	up to 1,000	up to 1,000	up to 1,000
	76-90	up to 500	up to 500	up to 500	up to 500

Individual Add-Ons					
Add-On Benefits	Age Segment (Years)	Sum Insured (S\$)			
		Standard	Deluxe	Prestige	Exclusive
14. Alzheimer's or Parkinson's Disease Benefit [#]	40-75	2,000	2,000	4,000	4,000
	76-90	1,000	1,000	2,000	2,000
15. Living Care (Loss of Independent Existence due to Injury/Illness)	40-75	18,000	36,000	48,000	48,000
	76-90	9,000	18,000	24,000	24,000
16. Daily Hospital Income (Illness)	40-75	50/ day	100/ day	150/ day	150/ day
	76-90	25/ day	50/ day	75/ day	75/ day

Premium Table

The entry age for an insured person under this Policy is from 40 years to 76 years and this Policy is renewable up to the age of 90. The premium is quoted based on your age as at the effective date of the insurance application while renewal premium rates will be based on your age at the time of renewal. All ages refer to the age as of the Insured Person's last birthday.

Annual Premium (S\$) - Inclusive of GST (Monthly Premium = Annual Premium with GST ÷ 12)					
Core Benefits (1-13)	Age Segment (Years)	Standard	Deluxe	Prestige	Exclusive
	40-75	180.00	243.98	314.89	323.88
	76-90	276.22	441.19	577.01	590.75

Individual Add-Ons					
Annual Premium (S\$) - Inclusive of GST (Monthly Premium = Annual Premium with GST ÷ 12)					
Add-On Benefits	Age Segment (Years)	Standard	Deluxe	Prestige	Exclusive
	40-75	74.09	74.09	148.19	148.19
14. Alzheimer's or Parkinson's Disease Benefit [#]	76-90	269.89	269.89	539.79	539.79
	40-75	112.71	225.42	300.56	300.56
15. Living Care (Loss of Independent Existence due to Injury/Illness)	76-90	471.11	942.22	1256.3	1256.3
	40-75	173.82	347.65	521.47	521.47
16. Daily Hospital Income (Illness)	76-90	270.56	541.13	811.69	811.69

[#] The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2024). These Critical Illnesses fall under Version 2024. You may refer to www.lia.org.sg for the standard Definitions (Version 2024). For Critical Illnesses that do not fall under Version 2024, the definitions are determined by the insurance company.

Premium rates are not guaranteed and the Company may at its sole discretion increase the premiums based on the claim experience on the entire portfolio.

Note: Injury means bodily injury which is sustained during the period of insurance and is caused by an Accident (as defined in the Policy) and must occur within 365 days from the date of Accident.

The following are key product provisions found in the policy contract of this plan. This is only a brief summary and you are advised to refer to the actual terms and conditions in the contract. Please consult your insurance advisor or AIG should you need further explanation.

a) Terms of Renewal

Coverage may be renewed on the policy renewal date by payment of the monthly or annual premium.

b) Non-Guaranteed Premium

Premium payable for this coverage is not guaranteed. It may be increased at the sole discretion experience of this portfolio.

c) Waiting Period for Daily Hospital Income (Illness) & Living Care Cover (Individual add-on benefits)

No benefits will be payable if the signs or symptoms of the illness experienced by the Insured commenced within 90 consecutive days of the date of issue or endorsement of the policy on this optional cover or the date of last reinstatement, whichever is later.

d) Waiting Period for Alzheimer's or Parkinson's Disease Benefit (Individual add-on benefits)

No benefits will be payable if the signs, symptoms or diagnosis of such Alzheimer's Disease / Severe Dementia or Idiopathic Parkinson's Disease commenced or occur within 365 consecutive days of the date of issue or endorsement of the policy on this optional cover or the date of last reinstatement, whichever is later. Benefits will be payable if the signs or symptoms of the illness experienced by the Insured commenced within 90 consecutive days of the date of issue or endorsement of the policy on this optional cover or the date of last reinstatement, whichever is later.

e) Exclusions

There are certain conditions under which no benefits will be payable. These are stated as exclusions in the contract. The following is a list of some of the exclusions for this plan. You are advised to read the policy contract for the full list of exclusions.

We will not pay nor be liable for any event arising directly or indirectly out of:

- (a) Any Injury or Illness sustained while performing any activities or duties related to any of the occupations listed below:
 - i. Security, policing or firefighting, piloting or crewing of any air or water vessel;
 - ii. Off-shore work or activities including oil rig work;
 - iii. Loggers and sawmill workers, workers handling boilers or pressure vessels or crane operators;
 - iv. Workers engaged in construction of dams, bridges, tunnels or underground work;
 - v. Miners and quarry workers;
 - vi. Work that involves heavy machinery including cranes and forklifts, explosives or hazardous materials or chemicals;
 - vii. Fisherman, stevedores, stuntman, circus performers, jockey and racing drivers;
 - viii. Window cleaners and construction workers at heights exceeding 9 meters (outside a building);
 - ix. Installation works exceeding 30 meters in height (not limited to construction workers only);
 - x. Diver; or
 - xi. Other occupations like those characterized above and which place You at risk of Injury necessitating specialist equipment (e.g. harness) or protective gear to keep them safe;
- (b) Engagement in aerial activity other than as a fare paying passenger in any properly licensed commercial aircraft;
- (c) Engagement in a sport as an occupation and/or in a professional capacity where You could earn income or remuneration from engaging in such sport;
- (d) Any Extreme Sports and Sporting Activities;
- (e) Suicide or attempted suicide or intentional self-injury, or from deliberate exposure to exceptional danger (except in an attempt to save human life), or is sustained while You are in a state of insanity;
- (f) Any criminal or intentional act and breaking of any government laws and regulations on Your part;
- (g) Any treatments arising from pregnancy, miscarriage, abortion, childbirth, sterilisation, contraception as well as treatment for infertility;
- (h) Any sexually transmitted diseases, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or any infection by Human Immunodeficiency Virus (HIV);
- (i) Provoked assault, intoxication, drugs abuse or insanity;
- (j) Expenses for general check-ups, convalescence, custodial or rest homes or centres;
- (k) Dental disease, dental care or surgery, cosmetic or plastic surgery or any elective surgery unless necessitated by Injury;
- (l) Any Injury to teeth occurred during eating activities (e.g., biting and chewing);
- (m) Dentures, dental crowns, implants, unsound and/or unnatural teeth;
- (n) Health supplements including but not limited to vitamins, prebiotics, probiotics and skin care products whether prescribed by a Doctor or purchased over the counter;
- (o) Any expenses incurred for treatment of investigation of a preventive nature, vaccinations or any treatment which is not medically necessary;
- (p) Any congenital anomalies or physical impairment;
- (q) Any mental, psychiatric and/or nervous disorders including any neuroses and their physiological or psychosomatic manifestations, anxiety or depression, sleep disorders, alcoholism and drug related treatment;
- (r) Pre-Existing Condition;

- (s) Your failure to follow medical advice given by a Doctor;
- (t) Any Injury or Accidental Death directly or indirectly caused by any kind of disease, illness, virus, bacterial or any other kind of infection howsoever caused. This exclusion shall not apply to Injury resulting from Food Poisoning, Insect/Animals Bites or when You purchase the optional Daily Hospital Income (Illness) benefit and Living Care benefit;
- (u) Any infectious diseases arising from a pandemic as declared by the World Health Organization;
- (v) Any expenses incurred under the emergency medical evacuation benefit for services provided by another party for which You are not liable to
 - i. pay, or any expenses already included in the cost of a scheduled trip;
- (w) Serving in any branch of the military or armed forces of Singapore while on duty; or
- (x) Driving or riding as a passenger in or on any vehicle engaged in any race, speed test or endurance test.
- (y) Any loss damage, injury or liability directly or indirectly caused or contributed to by war, invasion, act of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, military or popular uprising, or usurpation of power.
- (z) Any loss, damage, injury or liability directly or indirectly caused or contributed to by:
 - i. a terrorist, criminal or other malicious entity's dispersal or application of pathogenic or poisonous biological or chemical materials or release of pathogenic or poisonous biological or chemical materials;
 - ii. ionizing radiation or contamination by radioactivity from any nuclear fuel or any nuclear waste from the combustion of nuclear fuel, including any self-sustaining process of nuclear fission; or
 - iii. the radioactive, toxic, explosive or other hazardous properties of any nuclear equipment or component thereof.

f) 14 Day Free-Look

Once you receive the contract of insurance, there is a 14 day free-look period for you to appreciate the benefits of the Plan. You may wish to seek the advice of a qualified advisor if you are in doubt. If you choose not to seek such advice, you must consider if the Plan is suitable for your needs. If you find it unsuitable, you may choose to return the Policy to AIG by mail before the end of the 14-day review period. If there is no claim made within this 14 days period, we will refund you any premium paid.

Disclosure Of Distribution Costs, Charges & Expenses

You may request for information on remuneration, including any commission, fee and other benefits that your insurance advisor has received or will be receiving for providing advice on, or arranging insurance contracts or both, in respect of any accident and health policy.

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact AIG Asia Pacific Insurance Pte. Ltd. or visit the AIG, GIA or SDIC web-sites (www.aig.sg or www.gia.org.sg or www.sdic.org.sg).

Section 1: "Know Your Client" Form

Important Notice to Clients

For Agents

Your insurance advisor is a representative with AIG Asia Pacific Insurance Pte. Ltd. and is able to advise you on the products of:

- 1.) AIG Asia Pacific Insurance Pte. Ltd.
- 2.) _____
- 3.) _____

For Insurance Brokers/Financial Advisers

Your insurance advisor is a broker with

As an insurance broker, your advisor is able to source for and objectively recommend the products of various insurance companies to best meet your insurance needs. Your advisor is required to disclose to you the insurance companies from which he/she sources the products.

Standard Statement Applicable to all Advisors

Your advisor must have sufficient information before making a suitable recommendation. The information that you provide on your financial situation and your particular needs is the basis on which advice is given. A policy purchased without the proper completion of a "Know Your Client" Form may not be appropriate to your needs.

Application Type

Client's Option: *[Please tick (✓) in the appropriate box]*

- 1.) ☐ I/We wish to disclose all information required for this Form. (Please complete Sections 1 & 2.)
- 2.) ☐ I/We wish to receive product advice only. (Please complete Sections 1 & 2, except for Section 2, Part 1(a) & (b).)
- 3.) ☐ I/We do not wish to receive any advice from my/our advisor. (Please complete Section 1.)

I/We acknowledge that the insurance advisor had provided me/us with a copy of the completed "Know Your Client" Form.

Advisor's Declaration:

I declare that the information provided to me is strictly confidential and is only to be used for the purpose of fact-finding in the process of recommending suitable insurance products, and shall not be used for any other purposes.

Signature of Client (on behalf of all Applicants)
Date (dd/mm/yyyy):

Signature of Advisor
Date (dd/mm/yyyy):

Personal Information

NRIC. No: _____

Date of Birth (dd/mm/yyyy) : _____

Marital Status : Single / Married / Divorced / Separated / Widowed

Gender : Male / Female

Current Occupation : _____

Monthly Income Range ☐ 1. Below S\$2,500
☐ 2. S\$2,501 - S\$5,000
☐ 3. S\$5,001 - above

Details of Spouse & Dependents (if family coverage is required)

Name	Relationship	DOB	Gender	Occupation	Monthly income
			M / F		
			M / F		
			M / F		
			M / F		

Existing Health Insurance Policies

This covers all Health Insurance Policies you currently have (eg: CPF-approved Medical Scheme, Personal Medical, Hospital Income, Long Term Care, Employer-Sponsored Schemes etc)

Policy Type*	Insured**	Type & Amount of Benefit***	Annual Premium***	Expiry Date***

* Individual / Group policy from employer

** Y = You; S = Spouse; J = Joint

*** Please provide benefit schedule and disability definition for disability benefit, if available.

Section 2: "Our Advice and Reasons Why" Form

Part 1(a) – Personal Priorities [Please tick (✓) in the appropriate box]

	Client			Spouse		
Your Health Insurance Concerns	Level of Concerns			Level of Concerns		
	Low	Medium	High	Low	Medium	High
Cover for Hospitalisation Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover for Outpatient Medical Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover for Major Illnesses (eg. cancer, kidney dialysis, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover for Maternity Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover for Dental Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover for Old Age Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover for Loss of Income due to Illness or Sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 1(b) - Analysis and Calculation Worksheet *[Please tick (✓) in the appropriate box]*

Hospital/Surgical/Medical Expenses	Client	Spouse
1. Which type of hospital do you or your family members prefer in the event of hospitalisation?	<input type="checkbox"/> Private <input type="checkbox"/> Public	<input type="checkbox"/> Private <input type="checkbox"/> Public
2. Which type of hospital ward do you or your family members prefer in the event of hospitalisation?	<input type="checkbox"/> Single Bed <input type="checkbox"/> 2 Bed <input type="checkbox"/> 4 Bed <input type="checkbox"/> 6 Bed	<input type="checkbox"/> Single Bed <input type="checkbox"/> 2 Bed <input type="checkbox"/> 4 Bed <input type="checkbox"/> 6 Bed
3a. Do you have an existing hospitalisation insurance plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b. If yes, please state the name of existing insurer: _____ Monthly Income: S\$ _____		
Type of cover: <input type="checkbox"/> Hospital & Surgery <input type="checkbox"/> Maternity <input type="checkbox"/> Hospital Income <input type="checkbox"/> Outpatient <input type="checkbox"/> Dental		

Critical Illnesses	Client	Spouse
1. Total lump sum benefit to be covered.		
2. Existing lump sum benefit covered.		

Hospital Cash Income	Client	Spouse
1. Existing amount covered.		
2. Total Amount of Cash Income to be covered.		
3. Total Amount of Cash Income needed (Amount 2 less Amount 1).		

Part 2 - Advisor Analysis and Recommendations

Total Insurance Budget (S\$) per year	Advisor's Recommendations	Reasons for Recommendation	Remarks
	<input type="checkbox"/> Medical Expenses (also known as Hospital/Surgical/ Medical Expense Protection)		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Critical Illness Protection		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Hospital Cash Protection		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Others		<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: If this product is intended to replace any existing health insurance policy, the Advisor should state the reason for recommending a replacement.

Part 3 - Acknowledgement *[Please tick (✓) in the appropriate box]*

Client's Declaration:

I/We understand that the above recommendation(s) is/are on the facts furnished in the "Know Your Client" Form; and
[Please tick (✓) in the appropriate box]

☐ I/We agree with the proposed recommendation(s) ☐ I/We do not agree with the proposed recommendation(s)

If I/We should decide to switch from one insurance product to another insurance product, I/We understand that:

1. I/We may not be insurable at standard terms;
2. I/We may have to pay a different premium;
3. Terms and conditions may differ.

Statement by Advisor:

The recommendations in this document are based on your personal information collected in the "Know Your Client" Form, the prevailing healthcare financing system and information on healthcare costs obtained from sources believed to be reliable and accurate to the best of my knowledge. If there has been any change in your circumstances since you completed that Form, please notify your Advisor as it may affect the needs analysis process. The recommendations may not be appropriate in the event of a partial or inaccurate completion of the "Know Your Client" Form.

Signature of Client (on behalf of all Applicants)

Signature of Insurance Advisor

FOR OFFICE USE ONLY

To be completed by a qualified staff of the Insurer or Principal Firm of the Advisor

I understand that the above recommendation(s) is/are based on the facts furnished in the "Know Your Client" Form; and

☐ I agree with the proposed recommendation(s) ☐ I do not agree with the proposed recommendation(s)

Comments (necessary if in disagreement with the proposed recommendation)

Remedial Action

Signature

Name

Position

Date (dd/mm/yyyy)

Payment Mode

Important:

Please submit this form via:

1. www.aig.sg/contactus and select “Enquire Online” or

2. Post to the address below:

AIG Building
78 Shenton Way, #09-16
Singapore 079120

Submission of this form via any other email channel will not be processed.

☐ **Cheque** Please make cheque payable to: **AIG Asia Pacific Insurance Pte. Ltd.**

Bank _____ Cheque No. _____

☐ **Credit Card** (MasterCard/Visa)

I/We hereby authorise AIG Asia Pacific Insurance Pte. Ltd. (AIG) to charge the above premium to the following credit card. Where a third party credit card is used, I/We declare that the cardholder has authorised and consented to its use.

☐ One Time Payment
– Annual Plan

☐ Automatic Recurring Payment
– Annual Plan

☐ Automatic Recurring Payment
– Monthly Plan

Name as on card _____

Card No. - -

Card Expiry Date:

☐ **GIRO**

If the below boxes are not ticked, please take it that I have opted for full payment.

☐ Automatic Recurring Payment – Annual Plan

☐ Automatic Recurring Payment – Monthly Plan

Please complete the Interbank GIRO Payment Authorisation Form

☐ **Annual premium via GIRO with Automatic Renewal with First Year annual premium to be paid by credit card** (MasterCard/Visa)

I/We hereby authorise AIG Asia Pacific Insurance Pte. Ltd. (AIG) to charge the above premium to the following credit card. Where a third party credit card is used, I/We declare that the cardholder has authorised and consented to its use.

Name as on card _____

Card No. - -

Card Expiry Date:

For Official Use - Advanced Silver Application Form

Producer Name : _____ Producer Code : _____

Agency : _____ Tel No. : _____

Address : _____

Email : _____

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PART 1: FOR APPLICANT'S COMPLETION

Date:		Name of Billing Organisation ("BO"): AIG Asia Pacific Insurance Pte. Ltd.	
To: Name of Financial Institution:		Applicant's Name:	NRIC/Passport of Insured/Applicant:
Branch:		Policy Type:	
<p>a) I/We hereby instruct you to process AIG Asia Pacific Insurance Pte. Ltd.'s instruction to debit my/our account.</p> <p>b) You are entitled to reject AIG Asia Pacific Insurance Pte. Ltd.'s debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft and impose the charges accordingly.</p> <p>c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you upon receipt of my/our written revocation through AIG.</p>			
My/Our Name(s):		My/Our Contact (Tel/Fax) Number(s):	
My/Our Account Number:		My/Our Signature(s)/Thumbprint*(s):	
		(As in Financial Institution's Record)	

PART 2: FOR AIG ASIA PACIFIC INSURANCE PTE. LTD.'S COMPLETION

SWIFT BIC	Account to be credited	Policy/Reference No.
CITISGSGXXX	0010261082	
SWIFT BIC	Account to be debited	

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: AIG Asia Pacific Insurance Pte. Ltd.
 AIG Building
 78 Shenton Way #09-16, Singapore 079120
 c/o Citibank. N.A. A/C Svcs. Dept

The Application is hereby **REJECTED** (please tick where applicable)

<input type="checkbox"/> Signature/Thumbprint# differs from Financial Institution's records	<input type="checkbox"/> Wrong Account Number
<input type="checkbox"/> Signature/Thumbprint# incomplete/unclear	<input type="checkbox"/> Amendments not countersigned by customer
<input type="checkbox"/> Account operated by signature/thumbprint#	<input type="checkbox"/> Others: _____

_____	_____	_____
Name of Approving Officer	Authorised Signature	Date

* For thumbprints, please go to the bank branch with your identification.
 # Please delete where inapplicable

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addressee. For
posting in
Singapore only.

BUSINESS REPLY SERVICE
PERMIT NO. 00509



AIG Asia Pacific Insurance Pte. Ltd.
Customer Service Group
AIG Building
78 Shenton Way #09-16
Singapore 079120

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