



INSTANT QUOTE PAD

**AIG ASIA PACIFIC INSURANCE PTE. LTD.**  
**CyberEdge FOR SMES**  
**APPLICATION FORM**

Agent / Broker's Name:	
Producer Code:	
Contact No:	

**Notice:** Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) or any amendments thereof; You are to disclose in this application, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void and you may receive nothing from this policy.

**SECTION 1: POLICYHOLDER DETAILS**

**Important Notice:**

If your Consolidated total annual revenue is more than S\$ 20,000,000, you are not eligible for CyberEdge for SMEs. However, you may still be eligible for CyberEdge. Please contact your insurance intermediary for the CyberEdge proposal form.

Policyholder name:				
Policyholder address:				
Web site:				
Business nature of the policyholder:				
Consolidated total annual revenue:	S\$			
Place and date of incorporation:	Place:		Date:	

## SECTION 2: CONFIRMATION OF THE INSURED'S STATUS

<b>Important Notice:</b> If any of your responses to items (i) to (x) below is “No”, please refer to your intermediary for further advice.		
Please confirm the questions below including the situation of all subsidiaries:	Please √ as appropriate	
(i) Confirm you do not have business operations that would be classified as: Financial Institutions, Healthcare/ Medical Services, Adult Entertainment, Data Processor, Business Process Outsourcer, Social Networking, Telecommunication, Internet Service, Utilities, Telemarketing, Call Center, or Cloud Provider	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(ii) Confirm you are <b>NOT</b> incorporated in North America and have <b>NO</b> assets, domiciled operations or securities offerings in North America	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(iii) Confirm you have up-to-date security software such as anti-virus protections and procedures on all desktops, e-mail systems and mission critical servers to protect against viruses, worms, spyware and other malware.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(iv) Confirm you have access controls in place for employees and other users with privileged access to sensitive data.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(v) Confirm you have backup and recovery procedures for all mission critical systems and data and information assets.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(vi) Confirm you use firewalls to prevent unauthorized access connections from external networks and computer systems to internal networks.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(vii) Confirm you monitor networks and computer systems for breaches of data security.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(viii) Confirm you do not use portable media to store highly sensitive data unless the data is encrypted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(ix) Confirm you have not sustained any loss or losses including any administrative fines of a type covered by a similar insurance policy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(x) Confirm you do not have any knowledge of any act, omission, fact, event or circumstance which might give rise to a loss under this proposed insurance after full enquiry of any of its directors and officers.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### SECTION 3: CREDIT / DEBIT CARD

<b>Important Notice:</b> This section is only applicable if you collect, and/ or process, and/ or store credit / debit card information. If your responses to item (ii) below is “No”, please refer to your intermediary for further advice.			
Please confirm the questions below including the situation of all subsidiaries:		Please ✓ as appropriate	
(i) Confirm you collect, and/ or process/ and or store payment card information.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(ii) Confirm you are compliant with payment card industry data security standards.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A*

\*If the answer to (i) is “No”, the answer to (ii) will be N/A.

<b>Important Notice:</b> If you require a policy limit option above S\$2,000,000, you are not eligible for CyberEdge for SMEs. However, you may still be eligible for CyberEdge. Please contact your insurance intermediary for the CyberEdge proposal form.				
Please ✓ as appropriate the desired Limit of Liability				
Revenue	Limit of Liability	Retention	Premium*	Please tick option
Up to S\$1,000,000	S\$500,000	S\$500	S\$1,200	<input type="checkbox"/>
	S\$1,000,000	S\$500	S\$1,500	<input type="checkbox"/>
	S\$2,000,000	S\$500	S\$2,200	<input type="checkbox"/>
S\$1,000,001 to S\$3,000,000	S\$500,000	S\$500	S\$1,600	<input type="checkbox"/>
	S\$1,000,000	S\$500	S\$1,950	<input type="checkbox"/>
	S\$2,000,000	S\$500	S\$2,800	<input type="checkbox"/>
S\$3,000,001 to S\$5,000,000	S\$500,000	S\$500	S\$2,000	<input type="checkbox"/>
	S\$1,000,000	S\$500	S\$2,600	<input type="checkbox"/>
	S\$2,000,000	S\$500	S\$3,300	<input type="checkbox"/>
S\$5,000,001 to S\$10,000,000	S\$500,000	S\$1,250	S\$2,500	<input type="checkbox"/>
	S\$1,000,000	S\$1,250	S\$3,500	<input type="checkbox"/>
	S\$2,000,000	S\$1,250	S\$4,450	<input type="checkbox"/>
S\$10,000,001 to S\$20,000,000	S\$500,000	S\$1,250	S\$4,400	<input type="checkbox"/>
	S\$1,000,000	S\$1,250	S\$5,100	<input type="checkbox"/>
	S\$2,000,000	S\$1,250	S\$6,300	<input type="checkbox"/>

\*Exclusive of GST

## SECTION 4: DECLARATION

### *Director of the proposed policyholder to sign the declaration*

I declare that this proposal has been completed after full enquiry and that the statements and particulars in this application are true and that no material facts have been misstated or omitted. I agree that this application, together with any other information supplied shall form the basis of any contract of insurance effected thereon and it will be attached to and become part of the policy. I agree that if the information supplied in this proposal changes between the date of this proposal and the effective date of the insurance, I will, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes and the Insurer may withdraw or modify any outstanding quotations and/or authorisations or agreements to bind the insurance.

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](http://www.aig.com.sg/sg-privacy_1030_237853.html) 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 your consent, and/or the above representation and warranty.

Signed: <b>Chairman / CEO / Director / Authorized Person</b>	
Date:	
Print Name:	
Position:	
Date to Incept/Renewal Date:	

I agree that any information collected or held by AIG Asia Pacific Insurance Pte. Ltd. (whether contained in the Application or otherwise obtained) may be used and disclosed by AIG Asia Pacific Insurance Pte. Ltd. to its associated individuals/companies or any independent third parties (within or outside Singapore) for any matters relating to this Application, any Policy issued and to provide advice or information concerning products and services which AIG Asia Pacific Insurance Pte. Ltd. believes may be of interest to me/us, and to communicate with me/us for any purposes.