



AIG Asia Pacific Insurance Pte. Ltd.
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Singapore 079120
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Co. Reg. No. 201009404M

CONSENT CLAUSE FORM

SME Quotation / Policy No. : _____

Insured Name : _____

Period of Insurance : ____/____/____ to ____/____/____ (DD/MM/YY)

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 http://www.aig.com.sg/sq-privacy_1030_237853.html before you provide your consent, and/or the above representation and warranty.

Insured Name : _____

Title : _____

Signature / Company Stamp : _____

Date : _____