

Important Notice

Statement pursuant to Section 25(5) of the Insurance Act (Cap. 142) (or any subsequent amendments thereof): You are to disclose in this Application 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 issued hereunder may be void. 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 specific terms, conditions and exclusions applicable to this insurance are set out in the Policy, a copy of which is available upon request.

Company Name: _____

Commencement Date (dd/mm/yyyy): _____

EMPLOYEE DETAILS

Name (last): _____

Name (first): _____

Name (middle): _____

ID/Passport No.: _____ Citizenship: _____

Date of Birth (dd/mm/yyyy): _____ Social Security No. (If U.S. Citizen): _____

Gender: M F Smoker: Yes No Height (cm): _____ Weight (kg): _____

Marital Status: Single Married Others (please specify): _____

Occupation (specify nature of duties): _____ Usual Country of Residence: _____

LOCATION AND CONTACT DETAILS

Email: _____

Telephone (Home): _____ (Work): _____

Mobile: _____ Fax: _____

Residential Address:

Line 1: _____

Line 2: _____

Line 3: _____ City: _____

Country: _____ Postal Code: _____

Number of eligible dependants: _____

(NOTE: When applying for dependants, the eligible spouse and all eligible children MUST be enrolled.)

Details	Dependant 1	Dependant 2	Dependant 3	Dependant 4
Last Name				
First, Middle Name				
Relationship to Applicant				
Marital Status				
Citizenship				
ID/Passport No.				
Date of Birth (dd/mm/yyyy)				
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Height (cm) & Weight (kg)				
Smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation (specify nature of duties)				
Country of Residence				

CONSENT CLAUSE

I hereby declare that all information provided and answers to the foregoing questions are correctly recorded and that they are complete and true.

By submitting information to AIG and/or its service providers relating to any identifiable individual, I represent and warrant that I have the authority to provide that personal information to AIG and/or its service providers. With respect to any individual about whom I provide personal information to AIG and/or its service providers, I agree that AIG and/or its service providers may collect, use and process the individual's 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, AIG's group companies', or their service providers' service providers, reinsurers, agents, distributors, business partners; (iii) brokers, 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 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 the full version of AIG's Data Privacy Policy found at http://www.aig.com.sg/sg-privacy_1030_237853.html before you provide the representation, warranty and agreement to the above.

Signature of Applicant

Signature of Applicant

AIG Asia Pacific Insurance Pte. Ltd.

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