

Name of Policyholder : _____ NRIC No. / Passport No. : _____

PAYMENT METHOD

Cheque or Money Order

Please make cheque/money order payable to **AIG Asia Pacific Insurance Pte. Ltd.** and indicate at the back of your cheque/money order "PROHealth Policy", "Insured Name, Identification no. or Passport no". Send cheque/money order together with this duly completed form to: AIG Asia Pacific Insurance Pte. Ltd., AIG Building, 78 Shenton Way, #07-16, Singapore 079120

Credit Card (For Full Payment of Premium)

I/We, the undersigned, authorize you to charge to my Credit Card as stated below for the payment of the AIG PROHealth Plan:

Please select one only:  **mastercard** **Visa**

Cardholder's Name: _____

Card Number: - - - Expiry Date: /
M M Y Y

Credit Card (For 0% Interest Instalment Payment of Premium)

I/We, the undersigned, authorize you to charge to my Credit Card as stated below for the payment of the AIG PROHealth Plan:

Please select one only: **DBS** **POSB** **UOB** **Citibank**

Please select payment period : 6-monthly interest-free payment 12-monthly interest-free payment

Cardholder's Name: _____

Card Number: - - - Expiry Date: /
M M Y Y

Notes for 0% Interest Instalment Payment:

1. Subject to the relevant bank's terms and conditions. Please note that administrative fees may be imposed by the relevant bank in accordance with its respective terms and conditions in the event of premature cancellation or termination of the IPP and/or credit card account.
2. 0% interest Instalment Plans are not applicable for Corporate Cards, American Express Credit Cards and DBS Black Cards.
3. If Credit Card 0% Interest Instalment Payment of Premium option is chosen, cancellation can only be effected after the policy has been in force for 3 months.
4. 0% interest Instalment Plans are available only if premium exceeds SGD500.

Declarations:

1. Where a third party's Credit Card is used, I/We declare that the card holder has authorized and consented to such use.
2. If I have opted for the 0% Interest Instalments, I agree to be bound by DBS/POSB or UOB or Citibank Terms and Conditions governing Instalment Payment Plan posted at their respective websites.

Signature of Cardholder _____ Date _____

- Notes:
1. Credit Card payment and effective date of cover is subject to Credit Card issuer's approval.
 2. All charges will be made in Singapore dollars.
 3. We will only accept Credit Cards issued in Singapore.

FOR PRODUCER USE ONLY

Signature:	
Producer Name:	Producer Code:
Address:	
Phone Number:	Email Address:

For Office Use Only

Provider: _____
 Plan Type: _____
 For Addition (+) Notified on: _____ For Deletion (-) Notified on: _____
 Administrator: _____

AIG Asia Pacific Insurance Pte. Ltd.
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