

Sapphire Enhanced Application Form



Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) or any amendments thereof: You are to disclose in this application form, 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 the Policy.

Eligibility:

- Adult(s): 16 - 70 years old, renewable up to 75 years old.
- Dependent(s): From 15 days to 18 years old (extended to 25 years old for full time students studying in recognized tertiary institution).
- Person(s) below 21 years old are not eligible for Plans 3 & 4.
- Person(s) under Occupational Class 3 are subject to 100% premium loading on Basic Plans 1, 2 & 3 but are not eligible to be Insured under Basic Plan 4 or any Comprehensive Plans.
- Person(s) under Occupational Class 4 are not eligible for any Plans. For further information about Occupation Class, please visit www.AIG.com.sg

Details of Applicant (Policyholder) *

Name (Mr / Mrs / Ms) :		Passport / NRIC No:
Date of Birth : (DD/ MM/ YYYY)	Gender : Male / Female	Marital Status : Single / Married / Others
Address :		Nationality:
Postal Code :		
Home/Office No :	Mobile No :	Email:
Occupation :	Nature Of Business :	Job Description :

* The Policyholder indicated in this form has the right under Section 49L of the Insurance Act (Cap. 142) 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 49M of the Insurance act (Cap. 142) for the purpose of payment of the Policyholder's death benefit.

Detail of Spouse (if enrolling)

Name (Mr / Mrs / Ms) :		Passport / NRIC No:
Date of Birth : (DD/ MM/ YYYY)	Gender : Male / Female	Marital Status : Single / Married / Others
Address :		Nationality:
Postal Code :		
Home/Office No :	Mobile No :	Email:
Occupation :	Nature Of Business :	Job Description :

Please indicate your plan chosen (All premium inclusive of 7% GST)

Applicant	Occupational Class *	Benefit	Plan 1 (\$\$)	Plan 2 (\$\$)	Plan 3 (\$\$)	Plan 4 (\$\$)
<input type="checkbox"/> Main Applicant	<input type="checkbox"/> 1 & 2	<input type="checkbox"/> Basic	<input type="checkbox"/> 135	<input type="checkbox"/> 230	<input type="checkbox"/> 303	<input type="checkbox"/> 588
		<input type="checkbox"/> Comprehensive	<input type="checkbox"/> 189	<input type="checkbox"/> 323	<input type="checkbox"/> 436	<input type="checkbox"/> 837
	<input type="checkbox"/> 3	<input type="checkbox"/> Basic	<input type="checkbox"/> 270	<input type="checkbox"/> 460	<input type="checkbox"/> 606	N.A
<input type="checkbox"/> Spouse (If enrolling)	<input type="checkbox"/> 1 & 2	<input type="checkbox"/> Basic	<input type="checkbox"/> 135	<input type="checkbox"/> 230	<input type="checkbox"/> 303	<input type="checkbox"/> 588
		<input type="checkbox"/> Comprehensive	<input type="checkbox"/> 189	<input type="checkbox"/> 323	<input type="checkbox"/> 436	<input type="checkbox"/> 837
	<input type="checkbox"/> 3	<input type="checkbox"/> Basic	<input type="checkbox"/> 270	<input type="checkbox"/> 460	<input type="checkbox"/> 606	N.A
<input type="checkbox"/> Single Parent / Widowed / Divorced (if enrolling for Child Cover)	<input type="checkbox"/> 1 & 2	<input type="checkbox"/> Basic	<input type="checkbox"/> 202	<input type="checkbox"/> 345	<input type="checkbox"/> 454	<input type="checkbox"/> 882
		<input type="checkbox"/> Comprehensive	<input type="checkbox"/> 283	<input type="checkbox"/> 484	<input type="checkbox"/> 654	<input type="checkbox"/> 1255
	<input type="checkbox"/> 3	<input type="checkbox"/> Basic	<input type="checkbox"/> 405	<input type="checkbox"/> 690	<input type="checkbox"/> 909	N.A

* We reserve the right to cancel this Policy from the effective date should an incorrect occupational class be indicated

Payment Mode

Authorization of premium payment through Credit Card

I / We agree to pay the premiums according to the plan chosen and I / We hereby authorize AIG Asia Pacific Insurance Pte. Ltd. to charge the stated annual premium to the following credit card. Where a third party credit card is used, I / We declare that the cardholder has authorized and consented to its use.

- Credit Card: (please tick accordingly)
- VISA MasterCard Diners Amex
- One Time Payment Only OR
- One Time & Recurring Payment

Cardholder's Name _____

Credit Card No. Expiry Date (mm-yy) -

I/We understand that SAPPHIRE ENHANCED is a Personal Accident Policy and benefits shall be payable upon the occurrence of an Accident, subject to applicable terms and conditions. I/We understand that all Pre-Existing Conditions are not covered. If I am/ We are switching policy, I/We should consider whether this will result in any cost and whether the benefits under the new policy are more suitable.

I am/We are aware that I/We can seek advice from a qualified advisor before I/We sign this application 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.

I/We hereby declare that I am/ We are ordinarily resident in Singapore as defined by "Insurance Act (Cap. 142) (Amendment of First Schedule) Order 2010".

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 material 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 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/sg-privacy_1030_237853.html 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) enrol 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 send an SMS to 76161 in the following format "optout<space>NRIC/FIN number" or call us at +65 6419 3000. Alternatively, you or such individual can opt out via our website at <https://www-411.aig.com.sg/contactus/CustomerForm.aspx>.

Signature of Applicant

Date

For Official Use - SAPPHIRE ENHANCED APPLICATION FORM

Producer Name/ Agency: _____ Producer Code _____

Tel (Office): _____ Tel (Mobile): _____ Email: _____

Sapphire Enhanced Product Summary



SUMMARY OF BENEFIT AND PREMIUM

Sum insured for Basic Benefit (in S\$) :		Plan 1	Plan 2	Plan 3	Plan 4
1.	Accidental Death & Permanent Disablement	100,000	200,000	300,000	500,000
2.	Accident Medical Reimbursement	up to 4,000	up to 6,000	up to 8,000	up to 10,000
3.	Weekly Benefit for Temporary Total Disablement	100 per week	100 per week	200 per week	500 per week
4.	Traditional Chinese Medicine	up to 750	up to 750	up to 750	up to 750
5.	Mobility Aid & Ambulance Services Reimbursement	4,000	4,000	4,000	4,000
6.	FREE Cover for Children (except Benefit 3)	20%	20%	20%	20%
Premium for Basic Coverage (Benefits 1 to 6) (inclusive of 7% GST) :					
Annual Premium – Class 1 & 2		135	230	303	588
Annual Premium – Class 1 & 2 (Single Parent/ Widowed/ Divorced)		202	345	454	882
Annual Premium – Class 3 ONLY		270	460	606	N.A
Annual Premium – Class 3 ONLY (Single Parent/ Widowed/ Divorced)		405	690	909	N.A

Sum insured for Comprehensive Benefit (in S\$) :		Plan 1	Plan 2	Plan 3	Plan 4
7.	Daily Hospital Income	50	100	150	250
8.	Emergency Medical Evacuation	up to 10,000	up to 20,000	up to 30,000	up to 50,000
9.	Lifestyle Maintenance	1,000	1,500	2,000	3,000
10.	Compassionate Allowance	5,000	10,000	15,000	25,000
11.	FREE Cover for Child Support Fund	5,000	10,000	15,000	25,000

Premium for Comprehensive Coverage (Benefits 1-11)(inclusive of 7% GST) :

Annual Premium – Class 1 & 2	189	323	436	837
Annual Premium – Class 1 & 2 (Single Parent/ Widowed/ Divorced)	283	484	654	1255

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.com.sg or www.gia.org.sg or www.sdic.org.sg).

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



Bring on tomorrow

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