



# Travel - Annual Plan Extension Form

(For trip beyond 90 days)

Policyholder Name: \_\_\_\_\_

Departure Date for this Trip: \_\_\_\_\_ Destination: \_\_\_\_\_

Return Date for this Trip: \_\_\_\_\_

Annual Policy Number: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ (MasterCard/Visa only)

Expiry Date: \_\_\_\_\_

**PREMIUM (S\$):** \_\_\_\_\_

**Extension premium will be based on Per-Trip plan pricing.**

\* If the extension period is beyond the annual plan policy period, insured is required to renew the annual plan first.

\*The extension up to 92 days is valid only for one (1) trip in each annual plan policy period.

\*Extension must have the same plan type as existing annual plan.

\_\_\_\_\_  
Signature of Insured Person or his/her  
Authorised Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer Name

\_\_\_\_\_  
Producer Code

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