



DIAMOND HOSPITAL INCOME PLAN APPLICATION FORM

Statement pursuant to Section 23(5) of the Insurance Act 1966 or any amendments thereof, You are to disclose in this application, 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: 16 - 64 years old, renewable to 69 years old.
- Child(ren): from 15 days to 18 years old. (extended to 25 years old for full time students studying in recognized tertiary institution)
- Person(s) under occupational Class 3 and Class 4 are not eligible for this product. For further information on Occupation Class, please visit www.AIG.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: Postal Code:		Nationality:
Home/ Office No:	Mobile No:	Email:
Occupation:	Nature Of Business:	Job Description:

Person(s) to be Insured							
Name	NRIC/Passport No./Nationality	Date of Birth	Occupation	Gender	Weight (Kg)	Height (m)	BMI*
Applicant							
Spouse							
Child 1							
Child 2							
Child 3							

- BMI Formula: $\text{Weight} \div (\text{Height} \times \text{Height})$
- Note that persons (including children) with BMI lower than 15 or more than 40 will not be eligible for this product

Important Information:

If you answer "Yes" to any of the below questions, you will **NOT** be eligible for cover. Please tick accordingly.

Declaration of Health		
1	Have you or any of the persons to be insured ever had a policy application for life, accident, disability, critical illness or medical insurance postponed, declined, withdrawn or accepted subject to special terms (being charged with extra premium or exclusions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have you or any of the persons to be insured ever been admitted in a hospital lasting at least 24 hours for any illness that required surgery, observation or treatment in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Benefits	Diamond Hospital Income Plan		
	Plan 1	Plan 2	Plan 3
Daily Hospital Cash (Up to 365 days per sickness)	\$50 per day	\$100 per day	\$150 per day
Daily Hospital Cash (Up to 365 days per accident)	\$200 per day	\$300 per day	\$500 per day
Intensive Care Cash (Up to 30 days per sickness)	\$100 per day	\$200 per day	\$300 per day
Intensive Care Cash (Up to 30 days per accident)	\$200 per day	\$300 per day	\$500 per day
Accident Medical Reimbursement	\$5,000	\$7,500	\$10,000
Overseas Hospital Cash (Up to 365 days per sickness)	\$50 per day	\$100 per day	\$150 per day
Overseas Hospital Cash (Up to 365 days per accident)	\$200 per day	\$300 per day	\$500 per day
Discharge Transportation Cash	\$50	\$50	\$50

AIG Asia Pacific Insurance Pte.Ltd.

AIG Building
78 Shenton Way, #09-16
Singapore 079120
www.AIG.sg
Co.Reg.No. 201009404M

Annual Premium in SG Dollars (inclusive of GST)							
Age Last Birthday	Plan 1	Plan 2	Plan 3	Age Last Birthday	Plan 1	Plan 2	Plan 3
0 - 4 years old	\$327.01	\$514.43	\$748.74	35 - 39 years old	\$263.85	\$408.50	\$580.65
5 - 9 years old	\$194.56	\$291.35	\$394.23	40 - 44 years old	\$274.03	\$425.81	\$609.18
10 - 14 years old	\$195.59	\$292.35	\$395.24	45 - 49 years old	\$284.22	\$442.11	\$634.64
15 - 19 years old	\$204.76	\$308.67	\$421.74	50 - 54 years old	\$291.35	\$455.36	\$655.01
20 - 24 years old	\$211.89	\$320.89	\$441.09	55 - 59 years old	\$357.56	\$566.40	\$833.29
25 - 29 years old	\$243.46	\$373.86	\$524.62	60 - 64 years old	\$450.26	\$723.27	\$1,081.85
30 - 34 years old	\$259.77	\$402.38	\$570.46	65 - 69 years old (renewal only)	\$574.54	\$923.10	\$1,413.95

Please circle selected Plan and indicate premium					
	Main Applicant	Spouse	Child 1	Child 2	Child 3
Plan	1 / 2 / 3	1 / 2 / 3	1 / 2 / 3	1 / 2 / 3	1 / 2 / 3
Premium S\$					
Total Premium S\$					

Authorization of premium payment via 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.(AIG) to charge the stated annual premium to the following credit card. Where a third party card is used, I/We declare that the cardholder has authorized and consented to its use.



mastercard

Visa

Name Of CardHolder: _____

Total Premium to be charged: _____

Credit Card Number: _____

Expiry Date: _____

Please tick accordingly

One Time Payment

One Time & Recurring Payment

Declaration & Authorization

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 this application form 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 www.aig.sg/privacy 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 the individual on whose behalf you are submitting information for, wishes to opt out of being enrolled in contests, prize draws and similar promotions and from receiving marketing messages, please call us at +65 6419 3000 to do so or opt out via our online form on our website at www.aig.sg/contact-online.

Signature of Applicant: _____

Date: _____

For Official Use – DIAMOND HOSPITAL INCOME PLAN APPLICATION FORM			
Producer Name / Agency:		Producer Code:	
Office:	Mobile:	Email:	

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 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 websites (www.AIG.sg or www.gia.org.sg or www.sdic.org.sg).

This application form is not 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.