



BUSINESS TRAVEL RENEWAL – INSTRUCTION FORM

Date of Instruction :	
To :	Accident & Health Department – Group Unit via fax @ 6415 7131
Attn. :	
From :	Producer Code :

Policy Type :	Corporate Travel / Corporate Assist
Policy No. :	
Policyholder :	
Period of Insurance :	

RENEWAL **NAMED** **UN-NAMED**

<input type="checkbox"/> Existing Benefits Terms & Conditions <input type="checkbox"/> Revised Benefits Terms & Conditions	<input type="checkbox"/> Named Basis as per Existing Listing <input type="checkbox"/> Named Basis as per attached UPDATED Listing <input type="checkbox"/> Existing Headcount <input type="checkbox"/> UPDATED Headcount (Please attached) <input type="checkbox"/> Additional Remarks : <hr/> <hr/> <hr/>
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MODE OF PAYMENT

<input type="checkbox"/> Cheque Payment	Bank/ Cheque No : _____ Amount : _____ Date of cheque : _____
<input type="checkbox"/> Credit Card Payment	Cardholder Name : _____ Credit Card No : _____ Expiry Date : _____ (MM/DD/YY)
<input type="checkbox"/> Additional Remarks	<hr/> <hr/> <hr/>

ADDITIONAL CHANGES (where applicable)

<input type="checkbox"/> Change of Address	New Address : _____ <hr/> <hr/>
<input type="checkbox"/> Change of Entity Name / Addition of Subsidiary(ies)	<hr/> Please attach ACRA
<input type="checkbox"/> Change of Servicing Producer	Please attach Letter of Appointment



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<input type="checkbox"/> Cancellation	Effective Date : _____ Reason(s) : _____ Client's Letter : Please furnish / attach
<input type="checkbox"/> Additional Remarks	_____ _____ _____ _____ _____

By submitting information to AIG relating to any identifiable individual, you represent and warrant that you have the authority to provide that personal information to AIG.

With respect to any individual about whom you provide personal information to AIG, you undertake and warrant that:

- (i) you 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 or transferred by AIG, as set out in the consent clause contained at (ii) below; and
- (ii) the individual agrees and consents that AIG may collect, use and process his/her 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 (or AIG's group companies') service providers, reinsurers, agents, distributors, business partners; (iii) brokers, 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 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 the 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 the above representation and warranty.

Authorised Signature:		Company Stamp:
Authorised Client's Name:		
Authorised Client's Designation:		
Date signed:		