



# Sapphire Enhanced Application Form

Statement pursuant to Section 25(5) of the Insurance Act (Cap.142) (or any subsequent amendments thereof): You are to disclose in this Proposal Form, fully and faithfully, all the facts which you know or ought to know in respect of the risk that is being proposed, otherwise, the policy hereunder may be void.

**Eligibility:**

- Adult: 16 – 70 years old, renewable to 75 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) 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.

Details of Applicant (Policyholder)*			
Name as in ID	:		
Address	:		
ID No.	:		
Date of Birth	:	Nationality	:
Marital Status	:	Gender	:
Tel No. (Mobile)	:	Occupation	:
Tel No. (Home)	:	Tel No. (Office)	:
Email	:		

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.

Details of Spouse (If enrolling)			
Name as in ID	:		
ID No.	:	Nationality	:
Date of Birth	:	Gender	:
Occupation	:	Occupational Class	:
Job Description	:	Nature of Business	:

## Summary of Benefits and Premiums (in S\$)

Sum insured for Basic Benefits		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%
Premiums 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	NA
Annual Premium – Class 3 ONLY (Single Parent / Widowed / Divorced)		405	690	909	NA
Sum insured for Comprehensive Benefits		Plan 1	Plan 2	Plan 3	Plan 4
7.	Daily Hospital Income	50	100	150	250
8.	Emergency Medical Evacuation	10,000	20,000	30,000	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
Premiums for Comprehensive Coverage (Benefits 1 to 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	1,255

**Please indicate your plan choice (All premiums inclusive of 7% GST)**

Applicant	Occupation Class*	Benefit	Plan 1	Plan 2	Plan 3	Plan 4
<input type="checkbox"/> Main Applicant	1 & 2	Basic	<input type="checkbox"/> 135	<input type="checkbox"/> 230	<input type="checkbox"/> 303	<input type="checkbox"/> 588
		Comprehensive	<input type="checkbox"/> 189	<input type="checkbox"/> 323	<input type="checkbox"/> 436	<input type="checkbox"/> 837
	3	Basic	<input type="checkbox"/> 270	<input type="checkbox"/> 460	<input type="checkbox"/> 606	<input type="checkbox"/> N.A.
<input type="checkbox"/> Spouse (If enrolling)	1 & 2	Basic	<input type="checkbox"/> 135	<input type="checkbox"/> 230	<input type="checkbox"/> 303	<input type="checkbox"/> 588
		Comprehensive	<input type="checkbox"/> 189	<input type="checkbox"/> 323	<input type="checkbox"/> 436	<input type="checkbox"/> 837
	3	Basic	<input type="checkbox"/> 270	<input type="checkbox"/> 460	<input type="checkbox"/> 606	<input type="checkbox"/> N.A.
<input type="checkbox"/> Single Parent / Widowed / Divorced (if enrolling for Child Cover)	1 & 2	Basic	<input type="checkbox"/> 202	<input type="checkbox"/> 345	<input type="checkbox"/> 454	<input type="checkbox"/> 882
		Comprehensive	<input type="checkbox"/> 283	<input type="checkbox"/> 484	<input type="checkbox"/> 654	<input type="checkbox"/> 1,255
	3	Basic	<input type="checkbox"/> 405	<input type="checkbox"/> 690	<input type="checkbox"/> 909	<input type="checkbox"/> N.A.

\*Applicants who are of Class 3 Occupational Risk may enroll for Plans 1, 2 or 3 of the Basic Coverage only. We reserve the right to cancel this policy from the effective date should an incorrect occupational class be indicated.

**Payment Mode**

**Cheque** Please make cheque payable to: **AIG Asia Pacific Insurance Pte. Ltd.** Bank \_\_\_\_\_ Cheque No. \_\_\_\_\_

**Credit Card (MasterCard / Visa)**

I/We hereby authorise AIG Asia Pacific Insurance Pte. Ltd. (AIG) to charge the above premium to the following credit card. Where a third party credit card is used, I/We declare that the cardholder has authorised and consented to its use.

One Time Payment  
– Annual Plan

Automatic Recurring Payment  
– Annual Plan

Automatic Recurring Payment  
– Monthly Plan

Name as on card \_\_\_\_\_

Card No.

Card Expiry Date:

**GIRO**

If the below boxes are not ticked, please take it that I have opted for full payment.

Automatic Recurring Payment  
– Annual Plan

Automatic Recurring Payment  
– Monthly Plan

Please complete the Interbank GIRO Payment Authorisation Form

**Annual premium via GIRO with Automatic Renewal with First Year annual premium to be paid by credit card (MasterCard/ Visa):**

I/We hereby authorise AIG Asia Pacific Insurance Pte. Ltd. (AIG) to charge the above premium to the following credit card. Where a third party credit card is used, I/We declare that the cardholder has authorised and consented to its use.

Name as on card \_\_\_\_\_

Card No.

Card Expiry Date:

**For Official Use – Sapphire Enhanced Application Form**

Producer Name :	Agency :
Producer Code :	Tel No. :
Address :	Fax No. :
	Email :

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## Important Notice

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- If this proposal is accepted or when the cover commences, it is a fundamental and absolute Special Condition of this contract of insurance that for individually-owned policies, the premium due must be paid to the insurer/broker/agent before the inception of the cover. No insurance will be in force until premium is received. This document is not a contract of insurance. The specific terms, exclusions and conditions applicable to this insurance are set out in the policy terms and conditions.
- This quote is valid for only 30 days from the date of issue.
- You, as the Policyholder indicated in this form, have the right under Section 49L of the Insurance Act (Cap. 142) to create a trust of your policy money in favour of your nominated beneficiary or beneficiaries, or to nominate a beneficiary or beneficiaries under Section 49M of the Insurance Act (Cap. 142) for the purpose of payment of your death benefit.
- 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 websites ([www.aig.com.sg](http://www.aig.com.sg) or [www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

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## Declaration and Authorisation

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I/We declare that:

- I/We understand that all pre-existing conditions are not covered.
- I/We am aware that I/we can seek advice from a qualified advisor before I/we sign this proposal 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.
- If I am/we are switching policies, I/we should consider whether this will result in any costs and whether the benefits under the new policy are more suitable for me/us.
- I/We hereby declare that I am/we are ordinarily resident in Singapore as defined in the First Schedule of the Insurance Act (Cap. 142).
- I/We understand that I/we must inform AIG immediately if any of the information that I/we have given AIG in this form changes or is no longer accurate. I/we understand and acknowledge that it is my/our duty to disclose fully and faithfully, all the facts which I/we know or ought to know in respect of this proposed insurance and to ensure that all information provided to AIG is accurate and updated. Examples of such information include, but are not limited to, a change in occupation or nature of business.
- 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 materials 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 form or otherwise obtained) and disclose such information to the following, whether in or outside of Singapore:
  - a) AIG's group companies;
  - b) AIG's (or AIG's group companies') service providers, reinsurers, agents, distributors, business partners;
  - c) brokers, my/his/her authorized agents or representatives, legal process participants and their advisors, other financial institutions;
  - d) governmental/regulatory authorities, industry associations, courts, other alternative dispute resolution forums, for the purposes stated in AIG's Data Privacy Policy which include:
    - Processing, underwriting, administering and managing my/his/her relationship with AIG;
    - Audit, compliance, investigation and inspection purposes and handling regulatory/governmental enquiries;
    - Compliance with legal or regulatory obligations, risk management procedures and AIG internal policies
    - Managing AIG's infrastructure and business operations; and
    - 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](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, AIGs group companies, service providers and business partners using, processing and disclosing y/his/her personal information to:

- a) Enroll 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>.

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Signature of Proposer

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Date

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**PART 1: FOR APPLICANT'S COMPLETION**

Date:	Name of Billing Organisation ("BO"): <b>AIG Asia Pacific Insurance Pte. Ltd.</b>	
To: Name of Financial Institution:	Applicant's Name:	NRIC/Passport of Insured/Applicant:
Branch:	Policy Type:	
a) I/We hereby instruct you to process AIG Asia Pacific Insurance Pte. Ltd.'s instruction to debit my/our account. b) You are entitled to reject AIG Asia Pacific Insurance Pte. Ltd.'s debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft and impose the charges accordingly. c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you upon receipt of my/our written revocation through AIG.		
My/Our Name(s):	My/Our Contact (Tel/Fax) Number(s):	
My/Our Account Number:	My/Our Signature(s)/Thumbprint*(s):	
	(As in Financial Institution's Record)	

**PART 2: FOR AIG ASIA PACIFIC INSURANCE PTE. LTD.'S COMPLETION**

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">Bank</th> <th style="width:10%;">Branch</th> <th style="width:80%;">Account to be credited</th> </tr> <tr> <td style="text-align: center;">7</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1 4 0 0 1 0 0 1 0 2 6 1 0 8 2</td> </tr> </table>	Bank	Branch	Account to be credited	7	2	1 4 0 0 1 0 0 1 0 2 6 1 0 8 2	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:100%;">Policy/Reference No.</th> </tr> <tr> <td style="height: 20px;"></td> </tr> </table>	Policy/Reference No.	
Bank	Branch	Account to be credited							
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Policy/Reference No.									
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Bank	Branch	Account to be debited							

**PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION**

**To: AIG Asia Pacific Insurance Pte. Ltd.**  
 AIG Building  
 78 Shenton Way #07-16, Singapore 079120  
 c/o Citibank. N.A. A/C Svcs. Dept

The Application is hereby **REJECTED** (please tick where applicable)

<input type="checkbox"/> Signature/Thumbprint# differs from Financial Institution's records <input type="checkbox"/> Signature/Thumbprint# incomplete/unclear <input type="checkbox"/> Account operated by signature/thumbprint#	<input type="checkbox"/> Wrong Account Number <input type="checkbox"/> Amendments not countersigned by customer <input type="checkbox"/> Others: _____
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Name of Approving Officer	Authorised Signature	Date
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\* For thumbprints, please go to the bank branch with your identification.  
 # Please delete where inapplicable

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Customer Service Group  
AIG Building  
78 Shenton Way #07-16  
Singapore 079120

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