

AIGAssist™
ENROLMENT FORM

Insured 1

Name: _____
 NRIC/PP: _____ D.O.B. _____
 E-mail: _____
 Address in Singapore: _____
 _____ Postal Code: _____
 H: _____ HP: _____

Insured 2 (Applicable for Family Plan only)

Name: _____
 NRIC/PP: _____ D.O.B. _____
 E-mail: _____
 Address in Singapore: _____
 _____ Postal Code: _____
 H: _____ HP: _____

Number of Accompanying Children: _____ (For Family Plan, children must be unmarried and unemployed and must be no older than 18 years of age or up to the attainment of 23 years of age if studying full-time in a recognised institution of higher learning. Each child must be related to at least one insured adult. For Annual Plan, each child must be the legal child of the insured adult(s). There is no limit to the number of accompanying children.)

■ Please tick (✓)

Choice of Plan	Choice of Benefit	Area
<input type="checkbox"/> Individual Plan <input type="checkbox"/> Family Plan	<input type="checkbox"/> Classic <input type="checkbox"/> Superior <input type="checkbox"/> Premier	<input type="checkbox"/> Asean <input type="checkbox"/> Asia <input type="checkbox"/> Worldwide

Per-trip: For any Trip is 182 days	Annual: For any Trip is 90 days
<input type="checkbox"/> Per Trip Furthest Destination from Singapore: _____ Length of Trip: _____ (both days inclusive) Date of Departure: _____ _____ DD MM YYYY Date of Return: _____ _____ DD MM YYYY	<input type="checkbox"/> Annual Effective Date: _____ _____ DD MM YYYY Expiry Date: _____ _____ DD MM YYYY

Total Premium Payable (No GST required)	S\$
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Mode of Payment	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Card Expiry Date: _____ _____ MM YYYY Card Account No: _____ _____ NB: Policy will be issued upon receipt of approval from the respective credit card company
<input type="checkbox"/> Cash Payment <input type="checkbox"/> Cheque Payment Bank _____ Cheque No _____ This will serve as an official receipt once cheque clears	

Warranty and Declaration: The Insured Person(s) hereby warrant and declare for themselves and on behalf of all members of the travelling party as follows:
 (I) You are not travelling contrary to the advice of a Medical Practitioner or for the purpose of obtaining medical treatment.
 (II) You are currently in good health, free from all physical impairment and deformity.
 (III) You understand and agree that no insurance is in force until an Application is accepted by the Company and a Policy is issued pursuant thereon.
 (IV) You are aware of and agree to abide by the Policy's terms, conditions and exclusions.
 (V) You agree and authorise any medical source (including hospitals and clinics), insurance officer or any other organisation to release to the Company at any time any information concerning the Insured Person (s) if required.

Important Notice:
 1. Statement pursuant to Section 25(5) of the Insurance Act (Cap. 142) (or any subsequent amendments thereof): You are to disclose in this application, 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 issued hereunder may be void and you may receive nothing from the Policy.
 2. Neither the brochure nor the Enrolment Form is a contract of insurance. However, your warranties, declarations and disclosures therein and herein shall form the basis of the Policy. The specific terms, conditions and exclusions applicable to the insurance are set out in the Policy, a copy of which is available upon request.
 3. Pre-existing medical conditions are not covered by the Policy.

 Signature of Insured Person or his/her Authorised Representative Date Producer Name Producer Code