



**AIA Singapore Private Limited**

# **Solitaire Personal Accident (II)**

**APPLICATION AND PRODUCT SUMMARY**

**January 2023**

## **SUBMISSION CHECKLIST**

Application Form

Product Summary Cover Page

Interbank Giro



APPLICATION FORM FOR PERSONAL ACCIDENT INSURANCE (PARTNERSHIP DISTRIBUTION)

Insurance Adviser's Unit Code, Referral's Unit Code, Insurance Adviser's Code, Referral's Code, Insurance Adviser's Name, Referral's Name

Policy 1, Policy 2, Safe Choice, Corporate ID: WM, Master Policy No. (For Worksite Marketing Only)

WARNING: In accordance with Section 23(5) of the Insurance Act 1966, as may be amended from time to time, you are to fully and faithfully disclose in this Application Form all facts which you know, or ought to know, or ought to know, failing which you may receive nothing from the policy and/or the policy issued may be void.

1 DETAILS OF APPLICANT/OWNER (Please tick the circles as appropriate)

Name (shown on NRIC/FIN/Passport), Date of Birth, Gender, NRIC/FIN/Passport No., Country of Residence, Place of Birth, Marital Status, Residency Status, Annual Income, Citizenship, Foreign Permanent Residence Address, Current Residence Address, Mailing Address, Contact Details, Occupation, Business Address, Postal Code

Please note: Your Contact Details (email address, home, office and/or mobile telephone number) and/or Current Residence Address declared in this form will be used and will replace the contact details and residence address given to AIA Singapore for all your past and existing policies.



\* A 0 7 0 7 2 2 0 1 0 2 0 8 \*



Policy 1 **P**

Safe Choice **P**

Policy 2 **P**

**4 SAFE CHOICE**

Plan:  Plan 1  Plan 2  Plan 3  Plan 4  Optional Benefit: Waiver of premium  
 Family Option:  Spouse  Children  Family  
 Regular Premium Payment Frequency:  Monthly  Semi-annually  Annually

**DETAILS OF PROPOSED DEPENDANTS**

**Name of Spouse**

NRIC/FIN/Passport No.: *For Singapore PRs and Pass holders, please use Singapore NRIC or FIN No.* Gender:  Male  Female

Date of Birth: dd mm yyyy Country of Residence:

Occupation: Residency Status:  Singapore  Singapore PR  
 Class:  Pass Holders  Others  
 Citizenship: *if not Singaporean*

<b>Name of Child 1:</b>	<b>Name of Child 3:</b>
NRIC/FIN/Passport No.:	NRIC/FIN/Passport No.:
Date of Birth: dd mm yyyy	Date of Birth: dd mm yyyy
Residency Status: <input type="radio"/> Singapore <input type="radio"/> Singapore PR <input type="radio"/> Pass Holders <input type="radio"/> Others	Residency Status: <input type="radio"/> Singapore <input type="radio"/> Singapore PR <input type="radio"/> Pass Holders <input type="radio"/> Others
Country of Residence:	Country of Residence:
Citizenship: <i>if not Singaporean</i> Gender: <input type="radio"/> Male <input type="radio"/> Female	Citizenship: <i>if not Singaporean</i> Gender: <input type="radio"/> Male <input type="radio"/> Female

<b>Name of Child 2:</b>	<b>Name of Child 4:</b>
NRIC/FIN/Passport No.:	NRIC/FIN/Passport No.:
Date of Birth: dd mm yyyy	Date of Birth: dd mm yyyy
Residency Status: <input type="radio"/> Singapore <input type="radio"/> Singapore PR <input type="radio"/> Pass Holders <input type="radio"/> Others	Residency Status: <input type="radio"/> Singapore <input type="radio"/> Singapore PR <input type="radio"/> Pass Holders <input type="radio"/> Others
Country of Residence:	Country of Residence:
Citizenship: <i>if not Singaporean</i> Gender: <input type="radio"/> Male <input type="radio"/> Female	Citizenship: <i>if not Singaporean</i> Gender: <input type="radio"/> Male <input type="radio"/> Female

**5 DETAILS OF PREVIOUS & CONCURRENT INSURANCE APPLICATIONS AND PURSUITS OF PROPOSED INSURED**

**Important Note:**  
 Your total coverage, including previous and concurrent applications within AIA and with other insurers, is an important and material fact which the Company uses to assess this policy.

**5.1** Do the Applicant/ Owner and the Proposed Insured(s) have any in-force insurance policy(ies) or pending insurance application(s)?  
 If yes, please give details.  Yes  No

	Applicant/Owner			Proposed Insured		
Insurance Company						
Country of Insurance Company	<input type="radio"/> Singapore <input type="radio"/> Non- Singapore	<input type="radio"/> Singapore <input type="radio"/> Non- Singapore	<input type="radio"/> Singapore <input type="radio"/> Non- Singapore	<input type="radio"/> Singapore <input type="radio"/> Non- Singapore	<input type="radio"/> Singapore <input type="radio"/> Non- Singapore	<input type="radio"/> Singapore <input type="radio"/> Non- Singapore
Death						
Personal Accident						
Others						



Policy 1 **P**

Safe Choice

**P**

Policy 2 **P**

**6 LIFESTYLE DETAILS OF PROPOSED INSURED**

**6.1** Are you contemplating a trip or had been outside Singapore for a total of more than 90 days in a year, other than for leisure or social purposes? If yes, please give details.

No  Yes

Country & Cities visited

Frequency per year

Duration per trip

mth(s)

Note:

Lifestyle declarations are not required for AIA Solitaire PA (II) plan and/or AIA Platinum AccidentCare plans.

**7 HEALTH DETAILS ON PROPOSED INSURED AND/OR DEPENDANTS**

**7.1** Do you have or have you had any physical defects, impairments, deformities, and/or conditions affecting mobility, sight, and/or hearing?

Proposed Insured	Proposed Dependants (if applicable)				
	Spouse	Child 1	Child 2	Child 3	Child 4
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

**7.2** Are you now a member of a military force (except NS men), are you contemplating or have you, in the last 5 years engaged in any private flying or hazardous sports or races or flying other than as a fare paying passenger on a regular scheduled airline?

Proposed Insured	Proposed Dependants (if applicable)				
	Spouse	Child 1	Child 2	Child 3	Child 4
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Note:

Health declarations are not required for the following:

- + AIA Solitaire PA (II) **and** Proposed Insured is in occupation class 1, 2 and 3 and/or;
- + AIA Platinum AccidentCare (**Silver** plan) applied on or after 1 September 2015\*.

\*capped at 1 application per Proposed Insured

**8 REMARKS** In connection with insurance applied for, if any answer to question 8 is "Yes", give details below, quoting the relevant Proposed Insured/Dependants and question number(s).

**9 DECLARATION**

**1. YOUR GUIDE TO HEALTH INSURANCE - Tick as appropriate**

- I have been informed and directed to view or download a copy of "Your Guide to Health Insurance" (applicable only to accident and health business) from www.aia.com.sg, or www.lia.org.sg
- I have been informed and I request to be given a hardcopy of "Your Guide to Health Insurance" (applicable only to accident and health business).

**2. RESIDENCY – Please answer according to your Citizenship/Residency that you are holding.**

	APPLICANT/ OWNER		PROPOSED INSURED		PROPOSED DEPENDANTS (If Applicable)									
					SPOUSE		CHILD 1		CHILD 2		CHILD 3		CHILD 4	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>A. For Singapore Citizen</b>														
A.1	Have you resided outside of Singapore continuously for at least 5 years preceding the date of application?													
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A.2	Are you currently residing in Singapore?													
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>B. For Singapore Permanent Resident &amp; employment pass, work permit, dependant pass or other work pass holders</b>														
	Have you resided in Singapore for a total of less than 183 days in the 12 months preceding the date of application?													
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C. For student pass or long term visit pass holders</b>														
C.1	Does your pass have a duration of less than 90 days?													
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C.2	Have you resided in Singapore continuously for less than 90 days during the 12 months preceding the date of application?													
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D.	If you do not belong to any of the above categories, please tick here													
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* For Applicant/Owner application, both the Proposed Insured and Applicant need to answer; where the Applicant is not an individual, only the Proposed Insured needs to answer.

**I/We acknowledge and agree that the Policy to be issued in relation to this application shall be deemed to be a Singapore Policy.**

**10 ADDITIONAL DECLARATION**

I/We agree and declare on behalf of myself and any other person or persons, firm or corporation, who may have or claim any interest in any insurance on this application that:

1. No statement, information or agreement made by/to or given by/to the person soliciting/taking this application or any other persons, shall be binding on AIA Singapore Private Limited ("AIA Singapore"), unless presented in writing.
2. The statements and answers in this application together with any required questionnaire or amendments (the "Information") are full, complete, true and correct and that no information or material has been withheld. I/We understand that AIA Singapore, believing the Information to be such, will rely and act on the Information accordingly. I/We further agree that the Information shall form the basis of the contract between the parties hereto. I/We understand that if any of the Information is not full or complete or true or correct, the Policy issued hereunder may be void and I/we will receive only a refund of the premiums (without interest) less any and all medical expenses incurred in AIA Singapore's consideration of my/our application.
3. AIA Singapore shall assume no liability whatsoever, and that my/our Policy/Policies will only be effective after this application is accepted by AIA Singapore and the first premium duly paid in full to and accepted by AIA Singapore during the Insured's lifetime and good health.
4. All my/our declarations made and my/our statements or answers in this application and in any required questionnaire or amendments together with the relevant Policy shall constitute the entire contract between the parties in so far as it may be relevant to the Policy or Policies I/we have requested.
5. I (the Applicant/Owner if other than the Proposed Insured) am not an undischarged bankrupt and no bankruptcy application (including any statutory demand) or order has been made against me/us within the last twelve months.
6. I am/We are aware that the Policy Contract and all other documents are considered to be received by me/us within 7 days of posting to the address which I/we have instructed AIA Singapore to send correspondence to. I/We agree to inform AIA Singapore immediately of any change in my/our correspondence address.
7. I/We have received a copy of (1)Your Guide to Health Insurance and (2) the Product Summary (applicable only to accident and health business), the contents of which have been explained to me/us to my/our satisfaction.



8. I/We hereby authorise, agree and consent to:
- a. any medical source, insurance office or organisation to release to AIA Singapore, any relevant information concerning me/us at any time irrespective of whether the proposal is accepted by AIA Singapore; and
  - b. AIA Singapore to release to any medical source or insurance office any relevant information concerning me/us at any time, irrespective of whether the proposal is accepted by AIA Singapore; and
  - c. AIA Singapore or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my/our health status in relation to this application and any resulting claim; and
  - d. AIA Singapore Private Limited (“**AIA Singapore**”), its associated persons/organisations, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively “**AIA Persons**”) to collect, use, disclose, store, retain and/or process (collectively, “**Use**”) all personal data and information (“**Personal Data**”) that had/had been provided to AIA Persons and/or that AIA Persons possess about me/us (whether from me/us or a third party), in the manner and for the purposes described in the AIA Personal Data Policy (“**PD Policy**”) which is available on AIA Singapore’s website, including but not limited to, processing of this Application/form and/or to provide subsequent advice or services to me/us in relation to this Application/Policy/form/AIA Vitality Programme and/or any other existing or future policy/policies/programmes that I/we may hold/participate with AIA Singapore. Without prejudice to the foregoing, I/we agree to comply with the terms of the PD Policy, including where such PD Policy is amended from time to time by AIA Singapore in accordance with its terms. Where Personal Data of another person is disclosed by me/us, I/we represent and warrant that I/we have obtained the consent of the individual concerned, except to the extent such consent is not required under relevant laws: (i) to collect such Personal Data; (ii) to disclose such Personal Data to the AIA Persons; and (iii) for the AIA Persons to Use such Personal Data in the manner and for the purposes described in the PD Policy. I/We hereby specifically waive (on our own behalf and on behalf of each such other person, and I/we represent and warrant that such other person has granted me/us authority to so waive) any right to bring a claim of any nature against any of the AIA Persons in respect of any above-mentioned Use and/or any Use of Personal Data in the nature of or for any of the purposes described above or in the PD Policy. I/We hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein.

This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective whether or not my/our application is accepted by AIA Singapore. A photocopy of this authorisation shall be effective and valid as the original

9. **Deemed Delivered**

We understand that the policy document and all other documents from AIA Singapore are considered delivered and received (i) if made available electronically via My AIA, upon receipt of the relevant SMS and/or email notification informing me that the document is accessible on My AIA; and (ii) if posted, 7 days after the date of posting to the last known address notified to AIA Singapore.

10. **Electronic Receipt of Policy Documents and Correspondences**

I/We acknowledge and accept that if I/we had opted to receive my/our Policy Document and/or correspondences relating to my/our Policy (“Correspondences”) electronically, my/our Policy Documents and/or Correspondences will be made available in my/our My AIA. My AIA is AIA Singapore’s secure customer internet portal available on AIA Singapore’s corporate website.

I/We understand and agree to be notified via email and/or SMS to retrieve my/our Policy Document and/or Correspondences in My AIA once my/our application has been officially approved by AIA Singapore and/or Correspondences are available for viewing. If I/we had opted to receive Policy Documents and Correspondences electronically, I/we acknowledge that the terms and conditions governing the upload, access and viewing of electronic documents in AIA Singapore’s customer portal, (a copy of which is available upon request) have been explained to me/us and I/we agree to be bound by them.

I/We understand that not all of the Correspondences are currently available via electronic statements.

I/We consent to AIA Singapore providing me/us with hard copies of Correspondences that are currently unavailable electronically. I also understand and accept that AIA Singapore may cease providing hardcopies when the electronic copies become available in future.

I/We agree and accept that AIA (Singapore) will not be responsible for any consequences arising from my/our failure to (i) provide AIA Singapore with a true, complete and accurate email address and mobile number and/or (ii) notify AIA Singapore of any change(s) to my/our email address and mobile number. I/We acknowledge and accept that my/our Policy Document and/or Correspondences will be delivered via post if my/our email address and mobile number are not provided in this proposal.

**Document Delivery Preference**

	Policy Contract (Hardcopy version is <b>only</b> available for applicant/Owner <b>age 60 and above</b> )	All other correspondences (Hardcopy version is <b>only</b> available for applicant/Owner <b>age 60 and above</b> )
Policy 1	<input type="radio"/> Receive my contract in electronic version <input type="radio"/> Receive my contract in hardcopy version	<input type="radio"/> Receive future correspondences electronically <input type="radio"/> Receive future correspondences in hardcopy
Policy 2	<input type="radio"/> Receive my contract in electronic version <input type="radio"/> Receive my contract in hardcopy version	<input type="radio"/> Receive future correspondences electronically <input type="radio"/> Receive future correspondences in hardcopy
Policy 3	<input type="radio"/> Receive my contract in electronic version <input type="radio"/> Receive my contract in hardcopy version	<input type="radio"/> Receive future correspondences electronically <input type="radio"/> Receive future correspondences in hardcopy
Policy 4	<input type="radio"/> Receive my contract in electronic version <input type="radio"/> Receive my contract in hardcopy version	<input type="radio"/> Receive future correspondences electronically <input type="radio"/> Receive future correspondences in hardcopy

Note: Only one option to be selected (either electronic OR hardcopy).



**11. Marketing Consent**

I want to know the latest promotions and customer benefits and consent to receiving marketing, advertising and promotional material from, and the conducting of consumer, marketing-related and other similar research and analysis by, AIA Persons<sup>1</sup> and to each of them collecting, using, disclosing, storing, retaining and processing all my personal data in accordance with the terms in this form and the AIA Personal Data Policy (Singapore). I also consent to AIA Persons disclosing my personal data to independent third parties and their representatives and for them to process my personal data, for such purposes.

Contact me by<sup>2</sup>:

- Post
- Electronic transmission to or through my email addresses and social media accounts
- Voice call
- Text message (e.g. SMS/MMS)

I understand that the consent provided by me in this form is in addition to and does not supersede any consent given previously for the above purposes.

I may withdraw one or more consents that I have given, at any time via AIA Customer Care Hotline at 1800-248-8000, My AIA SG or by completing and submitting the relevant forms.

<sup>1</sup> "AIA Persons" refers to AIA Singapore Private Limited, its associated persons/organisations, its and their third party service providers and its and their representatives, whether within or outside Singapore.

<sup>2</sup> According to the postal and email addresses and all telephone numbers (of which I confirm that I am the user and/or subscriber) in AIA Persons' records.

**12. Payment methods used by AIA**

I/We confirm and agree to the following:

- a) I/We are the legal and beneficial owner of the Singapore bank account that is linked to my/our Singapore NRIC/FIN in the use of PayNow.
- b) I/we agree and irrevocably authorise AIA Singapore to pay me/us all policy proceeds ("**Payment**") by making such Payment using PayNow to transfer to my/our bank account linked to my/our NRIC/FIN for the use of PayNow, and I/we accept all Payments made in such manner, save and except that Payment using PayNow will be made only if the amount does not exceed S\$200,000 (or such other permitted limit at the prevailing time);
- c) notwithstanding paragraph (b) above, where AIA Singapore in its sole and absolute discretion deems that it is not practicable for AIA Singapore to use PayNow, or that there is another preferable method of making Payment, AIA Singapore may make Payment using any other method as it deems fit in its sole and absolute discretion;
- d) all refunds of premiums or other payments will be effected by AIA Singapore to the source of the monies paid to AIA Singapore; however, if AIA Singapore is unable to ascertain or identify the origins of the payment to AIA Singapore, AIA Singapore may make such refunds to me/us using PayNow or such other methods as it deems appropriate in its sole and absolute discretion.
- e) Notwithstanding the above, I/we agree that payment will be made by cheque(s) if the insurance policy applied for is for business purposes and/or where the Applicant/Policyholder is not an individual.
- f) AIA Group is not responsible for verifying the authenticity, completeness and accuracy of my/our instructions and the contents of this application. Notwithstanding the foregoing, I/we authorize AIA Group to conduct any verifications on my/our accounts maintained with any persons or entities at its discretion, but such authorisation shall not be construed as creating any obligation on the part of the AIA Group to conduct such verification;
- g) AIA Group shall be discharged from all liabilities under and in connection with the Payment and I/we shall not hold AIA Group responsible or liable for any and all losses that I/we may incur in connection with the Payment using PayNow or other means to the accounts with details provided by me/us, including where I/we have provided incomplete, erroneous or inaccurate details of my/our account(s) or personal particulars ("**Inaccurate Information**");
- h) I/We shall indemnify and keep indemnified, the AIA Group, from and against and hold the AIA Group harmless in respect of any and all demands, claims, liabilities, losses, costs and expenses whatsoever (including all legal and other costs, charges and expenses, fines, penalties, levies and charges on a full indemnity basis) that may be incurred by such persons due to or in connection with the Payment using PayNow (including but not limited to the event where Inaccurate Information has been provided by me);
- i) AIA Group has the right to effect the Payment through any means for any reasons whatsoever, including the issuance of a cheque where another method to effect Payment is unsuccessful, and such payment shall constitute full and final discharge of any and all of AIA Singapore's obligations and liabilities to me/us in respect of the Payment.

In these terms and conditions, "**AIA Group**" means AIA Singapore, its related parties and service providers and its and their respective directors, employees, representatives, intermediaries, and agents.



Policy 1 **P**

Safe Choice **P**

Policy 2 **P**

13. I am/We are aware that the benefits of the Policy will generally only be payable as a result of an accident.
14. I/We understand and agree that AIA Singapore is entitled not to accept or process this application should a person connected with the relevant Policy be found to be a Prohibited Person, meaning a person or entity (including any director or direct / indirect shareholder or person having executive authority or natural persons appointed to act on my/our behalf, beneficiaries or my/our beneficial owners or beneficiaries' beneficial owners therein) subject to any laws, regulations and/or sanctions administered by any regulatory authorities in any country, which have the effect of prohibiting AIA Singapore from providing insurance coverage, transacting business with or otherwise offering any economic benefits to me/us or any other beneficiaries or assignees under the relevant Policy, and the decision of AIA Singapore shall be final. I/We further agree that in the event that AIA Singapore becomes aware subsequently that a person connected with the relevant Policy has become a Prohibited Person, AIA Singapore may block and/or terminate the relevant Policy, including but not limited to, making or receiving any payments under the relevant Policy. As an ongoing obligation, I/we will immediately inform AIA Singapore if there are any changes to the identities, status/constitution/establishment, particulars and identification documents of these persons. If an application is accepted or processed by AIA Singapore despite a person connected with the relevant Policy being a Prohibited Person, AIA Singapore shall be entitled to block and/or terminate the relevant Policy at any time, whether with effect from inception of the relevant Policy or otherwise.
15. By signing this application below, I/we confirm that the agent/broker or any representative of AIA Singapore has solicited insurance business from me/us in the Republic of Singapore and that the signing of this application has taken place in the Republic of Singapore.

**PLEASE NOTE:** You are discouraged from switching from an existing accident and/or health insurance policy to a new one without considering whether the switch is detrimental, as there may be potential disadvantages with switching. A penalty may be imposed for early policy termination and the new policy may cost more or have fewer benefits at the same cost.

**WARNING:** If a material fact is not disclosed in this proposal, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the Insurance adviser(s) but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal. Additionally and without prejudice to the parties' rights and obligations whether under law or otherwise, following the submission of your proposal, you must continue to disclose any and all material facts that may arise or which have changed from the information you had provided.

**WARNING:** Please note that with effect from 1 May 2005, all Policies, Renewal Certificates, Cover Notes, Endorsements for Policies with commencement date on or after 1 May 2005 carry a Payment Before Cover Warranty Clause which requires the premium to be paid in full on or before the date of inception of the Policy. Failing which there would be no liability under the Policy, Renewal Certificates, Cover Notes and Endorsements.

Declared in <b>SINGAPORE</b> on	Day:	Month:	Year:
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		<b>WITNESSED BY:</b>
SIGNATURE OF PROPOSED INSURED	SIGNATURE OF APPLICANT/OWNER	NAME & SIGNATURE OF AIA INSURANCE ADVISER(S)

Please note: copies of the terms and conditions on which the insurance will be made, and this completed application form, will be available on your request.

**Please sign Policy Illustration / Product Summary and Financial Health Review together with this application form.**

Policy No 

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**Product Summary Cover Page**

Life Insured :  Insured's Age Last Birthday (ALB) :

Insured's Occupation :  Occ Class  Insured's Gender# :  Male  Female

Smoker# :  Yes  No

Applicant / Owner :  Applicant's Owner's Age (ALB) :

Applicant's Gender# :  Male  Female

Currency : SGD Premium Frequency# :  Annual  Monthly  
 Semi Annual

Country of Residence: - Backdate : No

Maximum Coverage Age : 80 years old

# Please tick as appropriate

Plan/Rider	*Premium (\$)	Product Summary Version	No. of Pages
<b>Plan#</b>			
Tick <input type="checkbox"/> (PSQ / PSAG / S1) AIA Solitaire PA (II) (Plan 1)	S\$ _____	Ver. 1.1	15
<input type="checkbox"/> (PSQ / PSAG / S2) AIA Solitaire PA (II) (Plan 2)	S\$ _____	Ver. 1.1	15
<input type="checkbox"/> (PSQ / PSAG / S3) AIA Solitaire PA (II) (Plan 3)	S\$ _____	Ver. 1.1	15
<input type="checkbox"/> (PSQ / PSAG / S4) AIA Solitaire PA (II) (Plan 4)	S\$ _____	Ver. 1.1	15

**Rider(s) / Optional Benefit(s) #**Tick Lifestyle Maintenance Benefits Group

(PSW4 / F1) Plan 1 S\$ \_\_\_\_\_

(PSW4 / F2) Plan 2 S\$ \_\_\_\_\_

(PSW4 / F3) Plan 3 S\$ \_\_\_\_\_

(PSW4 / F4) Plan 4 S\$ \_\_\_\_\_

Tick Accidental Hospitalisation Benefits Group

(PSI6 / H1) Plan 1 S\$ \_\_\_\_\_

(PSI6 / H2) Plan 2 S\$ \_\_\_\_\_

(PSI6 / H3) Plan 3 S\$ \_\_\_\_\_

(PSI6 / H4) Plan 4 S\$ \_\_\_\_\_

Policy No **Product Summary Cover Page**

Life Insured :  Insured's Age Last Birthday (ALB) :

Insured's Occupation :  Occ Class  Insured's Gender# :  Male  Female

Smoker# :  Yes  No

Applicant / Owner :  Applicant's Owner's Age (ALB) :

Applicant's Gender# :  Male  Female

Currency : SGD Premium Frequency# :  Annual  Monthly  
 Semi Annual

Country of Residence: - Backdate : No

Maximum Coverage Age : 80 years old

# Please tick as appropriate

Plan/Rider	*Premium (\$)	Product Summary Version	No. of Pages
Tick <u>Monthly Disability Care Benefit Group</u>			
<input type="checkbox"/> (PSDC / U1) Plan 1	S\$ _____		
<input type="checkbox"/> (PSDC / U2) Plan 2	S\$ _____		
<input type="checkbox"/> (PSDC / U3) Plan 3	S\$ _____		
<input type="checkbox"/> (PSDC / U4) Plan 4	S\$ _____		

**Total (Plan + Rider(s)/Optional Benefit(s))** S\$ \_\_\_\_\_

\* For details on premiums please refer to the individual product summary for the basic plan/rider.

Note: The premiums are inclusive of prevailing GST.

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 your insurer or visit the GIA/LIA or SDIC web-sites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).



Policy No

**Product Summary Cover Page**

Life Insured :  Insured's Age Last Birthday (ALB) :

Insured's Occupation :  Occ Class  Insured's Gender# :  Male  Female

Smoker# :  Yes  No

Applicant / Owner :  Applicant's Owner's Age (ALB) :

Applicant's Gender# :  Male  Female

Currency : SGD Premium Frequency# :  Annual  Monthly  
 Semi Annual

Country of Residence: - Backdate : No

Maximum Coverage Age : 80 years old

# Please tick as appropriate

**Declarations:**

1. I acknowledge receipt of all pages of the Cover Page, Product Summary, Product Highlights Sheet and Bundled Product Disclosure, wherever applicable. The AIA Financial Services Consultant / Insurance Representative has explained the values/ key benefits/ information in the Cover Page, Product Summary and Bundled Product Disclosure, wherever applicable, to my satisfaction and that I have read and understood their contents.
2. I understand that the Cover Page, Product Summary and Bundled Product Disclosure, wherever applicable, do not form a part of any contract of insurance. They are simplified description of the product features and general exclusions and are not exhaustive.
3. I understand that it is the precise terms and conditions as appear in the policy contract which will bind the parties.
4. I have personally signed on this page.

Signature of Insurance Representative \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Prepared By (Name of Insurance Representative) \_\_\_\_\_ Name of Applicant \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

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# AIA SINGAPORE APPLICATION FORM FOR INTERBANK GIRO

## PART 1: To Be Completed By Bank Account Holder

### Important Notes :

- All fields are mandatory. Amendments made must be countersigned by the bank account holders. Use of correction fluid/tape is not allowed.
- The approval process for this GIRO application is approximately 2 months. Alternatively, for Non-Corporate Solutions policies, POSB/DBS Account Holders can apply for GIRO at our PAYEZ website, Internet banking or AXS kiosks and you will be notified within 7 days if the GIRO application is successful. Until your GIRO application is approved, kindly remit premium payments directly to AIA Singapore Private Limited.
- For Non-Corporate Solutions Policies, please mail to Life Operations at 03 Tampines Grande, #09-00, AIA Tampines Singapore 528799.
- For Corporate Solutions Policies, please mail to Corporate Solutions at 03 Tampines Grande, #07-00, AIA Tampines Singapore 528799.
- AIA Financial Services Consultants (AIA FSC) and their Family Members are not allowed to use their personal bank account (via GIRO) to pay premiums of Policy Owners, other than their own. Disciplinary action will be imposed accordingly for non-compliant.

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Billing Organisation: AIA Singapore Private Limited

a. I/We, hereby instruct you to process AIA Singapore Private Limited's instructions to debit my/our account.	d. (cont.) Without prejudice to the foregoing, I/ we agree to comply with the terms of the PD Policy, including where such PD Policy is amended from time to time by AIA Singapore in accordance with its terms. Where Personal Data of another person is disclosed by me/us, I/we represent and warrant that I/we have obtained the consent of the individual concerned, except to the extent such consent is not required under relevant laws: (i) to collect such Personal Data; (ii) to disclose such Personal Data to the AIA Persons; and (iii) for the AIA Persons to Use such Personal Data in the manner and for the purposes described in the PD Policy. I/We hereby specifically waive (on our own behalf and on behalf of each such other person, and I/we represent and warrant that such other person has granted me/us authority to so waive) any right to bring a claim of any nature against any of the AIA Persons in respect of any above-mentioned Use and/or any Use of Personal Data in the nature of or for any of the purposes described above or in the PD Policy. I/We hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein. This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective whether or not my/ our application is accepted by AIA Singapore. A photocopy of this authorisation shall be effective and valid as the original.
b. You are entitled to reject AIA Singapore Private Limited'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 on the account and impose charges accordingly.	
c. This authorization will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through AIA Singapore Private Limited.	
d. I/We hereby authorise, agree and consent to AIA Singapore, its associated persons/organisation, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively "AIA Persons") to collect, use, disclose, store, retain and/or process (collectively, "Use") all personal data and information ("Personal Data") that had/has been provided to AIA Persons and/or that AIA Persons possess about me/us (whether from me/us or a third party), in the manner and for the purposes described in the AIA Personal Data Policy ("PD Policy") which is available on AIA Singapore's website, including but not limited to, processing of this Application/form and/or to provide subsequent advice or services to me/us in relation to this Application/Policy/form/AIA Vitality Programme and/or any other existing or future policy/policies/programmes that I/we may hold/participate with AIA Singapore.	

### Name of Bank (Please tick only one):

- POSB/DBS       OCBC       UOB  
 Standard Chartered       Maybank       HSBC  
 Citibank       Others:

### For Non-HealthShield Policy Numbers:

- For loan repayment policy number prefix must be "R".
- Please ensure that policy numbers are written clearly.

Relationship of Account Holder to Policy Owner

1)																				
2)																				
3)																				
4)																				
5)																				

### For AIA HealthShield & AIA HSG Max Rider ONLY:

- For GIRO application of AIA HSG Max Rider, please apply under basic HealthShield prefix "H", e.g. to apply GIRO for E123456789 policy, indicate as H123456789

Relationship of Account Holder to Policy Owner

1)	H																			
2)	H																			
3)	H																			
4)	H																			
5)	H																			

AIA Financial Services Consultant / Insurance Representative & Agency / Distributor's Name:

--

### Bank Account Number (Please omit dash):

For OCBC Bank, please write full 10 or 12 digits account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### Bank Account Holder's Name(s):


**\* Please complete this section ONLY if Bank Account Holder is NOT the Policy Owner. For Joint Account holders, BOTH account holders' details must be furnished.**

### NRIC / Passport / FIN


### Date of Birth


### Nationality


### Occupation


### Bank Account Holder's Contact (Home/Mobile)


### Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Male	<input type="checkbox"/> Female

### Signature(s)/ Thumbprint(s)\* / Company Stamp (as in Bank's record):

--

\*Your thumbprint(s) need to be witnessed and verified by the Bank's staff. For signature(s), you have an option to approach your respective Bank for verification.

## PART 2 : To Be Completed By AIA Singapore Private Limited

For POSB/DBS Accounts, please use the following account number:

BANK SWIFT BIC	AIA Singapore Bank A/C No.
DBSSSGSGXXX	0060126499

For Other Bank Accounts, please use the following account number:

BANK	BRANCH	AIA Singapore Bank A/C No.
7232	141	010876001

## PART 3 : To Be Completed By Bank

To: AIA Singapore Private Limited

This application is hereby REJECTED (please tick for the following reason(s)):

- |  |   |
|--|---|
| <input type="checkbox"/> Signature/Thumbprint# differs from bank's records | <input type="checkbox"/> Wrong account number                     |
| <input type="checkbox"/> Signature/Thumbprint# is incomplete/unclear#      | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Account operated by Signature/Thumbprint#         | <input type="checkbox"/> Others: _____                            |

Name of Approving Officer

# Delete where applicable

Authorised Signature

Date

AIA Singapore Private Limited (Reg. No. 201106386R)

AIA Payment & GIRO Application  
3 Tampines Grande, #09-01, AIA Tampines, Singapore 528799  
Monday to Friday: 8.45am – 5.30pm  
AIA Customer Care Hotline: 1800 248 8000 AIA.COM.SG



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**Product Summary for AIA Solitaire PA (II)**

Version 1.1

This insurance plan is underwritten by AIA Singapore Private Limited (Reg. No. 201106386R) (“we, our, us, AIA Singapore”).

**Benefits Table**

Basic Benefits					
Please tick the required plan		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefit		Insured Amount (S\$)			
		Plan 1	Plan 2	Plan 3	Plan 4
1	Accidental Death Benefit	100,000	250,000	500,000	750,000
2	Accidental Major Dismemberment Benefit	300,000	750,000	1,500,000	2,250,000
3	Accidental Permanent Total Disability Benefit	300,000	750,000	1,500,000	2,250,000
4	Accidental Dismemberment and Burns Benefit	100,000	250,000	500,000	750,000
5	Additional Payout for Accidental Death Benefit (on Public/Private Transport/Pedestrian/PMD user/Building Fire)	100,000	250,000	500,000	750,000
6	Accident Medical Reimbursement Benefit	2,000	3,000	4,000	5,000
7	Traditional Chinese Medicine/ Chiropractic Reimbursement Benefit	500	750	1,000	1,250
8	Renewal Bonus (Up to 30% increase in Insured Amount on Items 1 to 5)	Yes	Yes	Yes	Yes
Optional: Lifestyle Maintenance Benefits Group					
Please tick if you are purchasing this optional benefit group. The plan type must be the same or lower than that selected under the Basic Benefits.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefit		Insured Amount (S\$)			
		Plan 1	Plan 2	Plan 3	Plan 4
9	Weekly Income Benefit	100	200	300	400
10	Mobility Aids Reimbursement Benefit	1,000	1,000	2,000	2,000
11	Home Modification Reimbursement Benefit	5,000	10,000	15,000	20,000
12	Family Support Fund Benefit	30,000	60,000	100,000	150,000
Optional: Accidental Hospitalisation Benefits Group					
Please tick if you are purchasing this optional benefit group. The plan type must be the same or lower than that selected under the Basic Benefits.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefit		Insured Amount (S\$)			
		Plan 1	Plan 2	Plan 3	Plan 4
13	Daily Accidental Hospital Income Benefit	50	150	250	350
14	Daily Accidental Intensive Care Unit (ICU) Benefit	50	150	250	350
15	Ambulance Services Benefit	200	200	200	200
16	Broken Bones Benefit	8,000	12,000	16,000	20,000
17	Emergency Medical Evacuation and Repatriation Benefit	10,000	25,000	50,000	75,000
Optional: Monthly Disability Care Benefit					
Please tick if you are purchasing this optional benefit. The plan type must be the same or lower than that selected under the Basic Benefits.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefit		Insured Amount (S\$)			
		Plan 1	Plan 2	Plan 3	Plan 4
18	Monthly Disability Care Benefit	500	1,000	1,500	2,000



**Premium Table (inclusive of 8% GST)**

**For ages 16-65 last birthday**

First Year and Renewal Premium (in S\$, inclusive of 8% GST)		For Occupational Classes 1 and 2				For Occupational Classes 3 and 4			
		Plan 1	Plan 2	Plan 3	Plan 4	Plan 1	Plan 2	Plan 3	Plan 4
<b>Basic Benefits</b>	Annual Premium	<b>222.06</b>	<b>368.41</b>	<b>590.47</b>	<b>847.85</b>	<b>388.60</b>	<b>645.98</b>	<b>1,034.58</b>	<b>1,498.88</b>
	Semi-annual Premium	115.47	191.57	307.04	440.88	202.07	335.91	537.98	779.42
	Monthly Premium	19.32	32.05	51.37	73.76	33.81	56.20	90.01	130.40
<b>Optional: Lifestyle Maintenance Benefits Group</b>	Annual Premium	<b>66.83</b>	<b>107.09</b>	<b>175.91</b>	<b>220.18</b>	<b>117.08</b>	<b>187.66</b>	<b>308.26</b>	<b>385.92</b>
	Semi-annual Premium	34.75	55.68	91.48	114.51	60.89	97.59	160.30	200.69
	Monthly Premium	5.82	9.31	15.31	19.15	10.18	16.31	26.82	33.58
<b>Optional: Accidental Hospitalisation Benefits Group</b>	Annual Premium	<b>40.33</b>	<b>69.97</b>	<b>105.52</b>	<b>139.59</b>	<b>70.57</b>	<b>122.48</b>	<b>184.53</b>	<b>244.11</b>
	Semi-annual Premium	20.99	36.39	54.87	72.58	36.69	63.68	95.97	126.93
	Monthly Premium	3.51	6.08	9.18	12.15	6.13	10.65	16.06	21.23
<b>Optional: Monthly Disability Care Benefit</b>	Annual Premium	<b>52.49</b>	<b>80.74</b>	<b>121.11</b>	<b>161.48</b>	<b>102.95</b>	<b>157.45</b>	<b>236.18</b>	<b>314.90</b>
	Semi-annual Premium	27.29	41.98	62.98	83.97	53.53	81.87	122.81	163.75
	Monthly Premium	4.57	7.02	10.54	14.05	8.96	13.70	20.55	27.40

**For ages 66-79 last birthday**

First Year and Renewal Premium (in S\$, inclusive of 8% GST)		For Occupational Classes 1 and 2				For Occupational Classes 3 and 4			
		Plan 1	Plan 2	Plan 3	Plan 4	Plan 1	Plan 2	Plan 3	Plan 4
<b>Basic Benefits</b>	Annual Premium	<b>333.08</b>	<b>555.14</b>	<b>888.22</b>	<b>1,271.78</b>	<b>585.42</b>	<b>974.02</b>	<b>1,554.39</b>	<b>2,225.60</b>
	Semi-annual Premium	173.20	288.67	461.87	661.32	304.42	506.49	808.28	1,157.31
	Monthly Premium	28.98	48.30	77.28	110.64	50.93	84.74	135.23	193.63
<b>Optional: Lifestyle Maintenance Benefits Group</b>	Annual Premium	<b>100.15</b>	<b>160.44</b>	<b>263.53</b>	<b>329.78</b>	<b>175.64</b>	<b>281.48</b>	<b>462.37</b>	<b>578.87</b>
	Semi-annual Premium	52.09	83.42	137.04	171.48	91.34	146.37	240.44	301.02
	Monthly Premium	8.71	13.97	22.93	28.68	15.28	24.49	40.23	50.36
<b>Optional: Accidental Hospitalisation Benefits Group</b>	Annual Premium	<b>60.45</b>	<b>104.93</b>	<b>157.93</b>	<b>208.91</b>	<b>105.95</b>	<b>183.85</b>	<b>277.03</b>	<b>366.50</b>
	Semi-annual Premium	31.42	54.56	82.12	108.63	55.09	95.60	144.06	190.59
	Monthly Premium	5.26	9.13	13.75	18.18	9.22	16.00	24.10	31.89
<b>Optional: Monthly Disability Care Benefit</b>	Annual Premium	<b>262.43</b>	<b>403.73</b>	<b>605.60</b>	<b>807.46</b>	<b>511.74</b>	<b>787.28</b>	<b>1,180.92</b>	<b>1,574.56</b>
	Semi-annual Premium	136.46	209.94	314.91	419.88	266.10	409.39	614.08	818.77
	Monthly Premium	22.83	35.12	52.69	70.25	44.52	68.49	102.74	136.99

**Notes:**

1. The total distribution cost of this product is 73% of annual premiums for the first year and 40% of annual premiums for renewal years. Distribution cost, charges and expenses will be available upon written request.
2. The last entry age is 70 at last birthday. Ages 71 at last birthday and above apply to renewals only.
3. The coverage for the optional benefits will terminate on the Renewal Date on or immediately following the Insured's 75th birthday and no premiums will be applicable from Age 76 at last birthday and above



## A. **PRODUCT INFORMATION**

AIA Solitaire PA (II) is a personal accident plan that provides 24/7 worldwide coverage against accidental injuries, disability and death. You can also supplement the plan's basic benefits with the optional benefits for a more comprehensive coverage.

### **BASIC BENEFITS**

The Insured Amount for the following Basic Benefits will be reduced by 50% with effect from the renewal date on or immediately following the Insured's 75th birthday:

1. Accidental Death Benefit
2. Accidental Major Dismemberment Benefit
3. Accidental Permanent Total Disability Benefit
4. Accidental Dismemberment and Burns Benefit
5. Additional Payout for Accidental Death Benefit
6. Accident Medical Reimbursement Benefit
7. Traditional Chinese Medicine/Chiropractic Reimbursement Benefit

### **ACCIDENTAL DEATH BENEFIT**

We will pay the Insured Amount of this benefit if the Insured dies due to an injury within 365 days from the date of the accident after deducting any and all amounts paid or payable under the Accidental Dismemberment and Burns Benefit, Accidental Permanent Total Disability Benefit and Accidental Major Dismemberment Benefit..

### **ACCIDENTAL MAJOR DISMEMBERMENT BENEFIT**

We will pay the Insured Amount for this benefit if the Insured suffers an Injury which results in any of the following events within 365 days from the date of the Accident after deducting any and all amounts paid or payable under the Accidental Dismemberment and Burns Benefit and Accidental Permanent Total Disability Benefit.

Where a disability is on "Permanent" basis, we will pay this benefit according to the terms of this policy after 6 consecutive calendar months from the date of the disability as diagnosed by a Physician and the Insured is beyond any hope of improvement or recovery.

#### Events

1. Permanent Total Loss of Sight of both eyes
2. Loss of or the Permanent Total Loss of Use of 2 Limbs
3. Loss of or the Permanent Total Loss of Use of 1 Limb and the Permanent Total Loss of Sight of 1 eye
4. Permanent Total Loss of Speech and Hearing

### **ACCIDENTAL PERMANENT TOTAL DISABILITY BENEFIT**

We will pay the Insured Amount for this benefit if the Insured suffers Permanent Total Disability due to an injury within 365 days from the date of the accident after deducting any and all amounts paid or payable under the Accidental Dismemberment and Burns Benefit and Accidental Major Dismemberment Benefit.

We will pay this benefit according to the terms of this policy after 6 consecutive calendar months from the date of the disability as diagnosed by a Physician and the Insured is beyond any hope of improvement or recovery.

**"Permanent Total Disability"** means as a result of an injury, being totally and continuously disabled, on a Permanent basis, and prevented from:

- (a) engaging in each and every occupation or employment for compensation or profit for which the Insured is reasonably suited by reason of his education, training or experience; or
- (b) performing 3 or more Activities of Daily Living if the Insured has no occupation at the time of sustaining the injury.



“Activities of Daily Living” refers to the following and always requiring the physical assistance of another person:

- (a) Washing the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- (b) Dressing the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- (c) Transferring the ability to move from a bed to an upright chair or wheelchair and vice versa;
- (d) Mobility the ability to move indoors from room to room on level surfaces;
- (e) Toileting the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- (f) Feeding the ability to feed oneself once food has been prepared and made available.

## ACCIDENTAL DISMEMBERMENT AND BURNS BENEFIT

We will pay the percentage of the Insured Amount for this benefit according to the Schedule of Indemnity below if the Insured sustains any of the following losses within 365 days from the date of the accident as diagnosed by a Physician.

### Schedule of Indemnity

<u>Event</u>	<u>% of Insured Amount</u>
1. Permanent Total Loss of Sight of 1 eye	100
2. Loss of or the Permanent Total Loss of Use of 1 Limb	125
3. Permanent and incurable insanity	100
4. Permanent total loss of hearing	
- both ears	75
- 1 ear	25
5. Permanent total loss of speech	50
6. Total loss of the lens of 1 eye	50
7. Loss of or the Permanent Total Loss of Use of four Fingers and thumb of a hand	70
8. Loss of or the Permanent Total Loss of Use of four Fingers of a hand	40
9. Loss of or the Permanent Total Loss of Use of 1 thumb	
- both phalanges	30
- 1 phalanx	15
10. Loss of or the Permanent Total Loss of Use of a Finger	
- 3 phalanges	10
- 2 phalanges	7.5
- 1 phalanx	5
11. Loss of or the Permanent Total Loss of Use of Toes	
- all toes of 1 foot	15
- great toe– 2 phalanges	5
- great toe– 1 phalanx	3
- a toe other than the great toe	1
12. Fractured leg with established non-union or patella with established non-union	10
13. Shortening of leg by at least 5 cm	7.5
14. Third Degree Burns	
Area damage as a percentage of total body surface area	
<b>Head</b> – equals to or greater than 2% but less than 5%	50
<b>Head</b> – equals to or greater than 5% but less than 8%	75
<b>Head</b> – equals to or greater than 8%	100
<b>Body</b> – equals to or greater than 10% but less than 15%	50
<b>Body</b> – equals to or greater than 15% but less than 20%	75
<b>Body</b> – equals to or greater than 20%	100

The percentage of the Insured Amount payable for losses which are not specifically set out in the Schedule of Indemnity table above will be determined at our sole and absolute discretion.

No claim shall be payable under this benefit additionally for any specific item which is part of a greater item for which a claim is payable under this Policy. In particular, if a claim is payable for the loss of a whole member of the body, then no claim shall be payable for loss of part of that member.



If we admit any of the losses listed in the table above as being in a Permanent state, we will pay for such loss under this benefit in accordance with the terms of this Policy upon the expiry of six (6) consecutive calendar months from the date of the disability as Diagnosed by a Physician and provided that on the expiry of such period, the Insured shall be beyond any hope of improvement or recovery.

Any number of events listed in the table above arising from the same Accident may be payable provided that the aggregate sum payable from the same such Accident shall not exceed 125% of the Insured Amount.

**ADDITIONAL PAYOUT FOR ACCIDENTAL DEATH BENEFIT  
(PUBLIC TRANSPORT / PRIVATE TRANSPORT / PEDESTRIAN / PERSONAL MOBILITY DEVICE USER / BUILDING FIRE)**

We will pay the Insured Amount of this benefit on top of Accidental Death Benefit after deducting any and all amounts paid or payable under the Accidental Dismemberment and Burns Benefit, Accidental Permanent Total Disability Benefit and Accidental Major Dismemberment, if the Insured suffers an Injury and dies within 365 days from the date of the Accident:

- (a) while travelling as a fare-paying passenger in a Public Transport,
- (b) while travelling as a passenger or as the driver in a Private Transport;
- (c) as a pedestrian where such loss is caused by Public Transport, Private Transport or Personal Mobility Device;
- (d) Personal Mobility Device user; or
- (e) arising from building fire.

**ACCIDENT MEDICAL REIMBURSEMENT BENEFIT**

If the Insured sustains an Injury and requires medical treatment, we will reimburse the Reasonable and Customary expenses incurred for:

- (a) treatment by a Physician;
- (b) treatment by a Physiotherapist as recommended in writing by a Physician;
- (c) admission in a Hospital; and/or
- (d) the employment of a Licensed or Graduate Nurse.

subject to the following:

- (i) such expenses are incurred within 365 days from the date of the Accident;
- (ii) the total reimbursements under this benefit arising from the same Accident shall not exceed the Insured Amount for this benefit, regardless any and all renewals of this Policy;
- (iii) no reimbursement will be made for expenses incurred as a result and in respect of any Injury for which compensation is payable under any law or government programs or for which benefits are payable under any other insurance policies except to the extent that such charges are not reimbursed by such laws, programs or other policies.

For the avoidance of doubt, costs of appliances, devices and equipment to assist with or facilitate movement of or by the Insured (including but not limited to walking sticks, canes, walking frames, braces, crutches, walkers, wheelchairs, and motorised scooters) and all other types of medical appliances, devices and equipment are expressly excluded from coverage under this benefit.

This benefit shall not be applicable to this policy if the Insured is not a citizen or permanent resident of Singapore or does not have a valid pass in Singapore on the date of the accident, and the medical expenses are incurred outside Singapore.

**TRADITIONAL CHINESE MEDICINE (TCM) / CHIROPRACTIC REIMBURSEMENT BENEFIT**

If the Insured sustains an Injury and requires treatment by a Traditional Chinese Medicine Practitioner or Chiropractor, we will reimburse such Reasonable and Customary medical expenses incurred, provided that:

- (a) such expenses are incurred within 365 days from the date of the Accident;
- (b) the total reimbursements under this benefit arising from the same Accident shall not exceed the Insured Amount for this benefit, regardless any and all renewals of this Policy; and



- (c) no reimbursement will be made for expenses incurred as a result and in respect of any Injury for which compensation is payable under any laws, government programs or for which benefits are payable under any other insurance policies except to the extent that such charges are not reimbursed by such laws, programs or other policies.

This benefit shall not be applicable to this policy if the Insured is not a citizen or permanent resident of Singapore or does not have a valid pass in Singapore on the date of the Accident and the medical expenses are incurred outside of Singapore.

### **RENEWAL BONUS BENEFIT**

Upon renewal of the policy, a 5% renewal bonus on the respective Insured Amounts of the Accidental Death Benefit, Accidental Major Dismemberment Benefit, Accidental Permanent Total Disability Benefit, Accidental Dismemberment and Burns Benefit and Additional Payout for Accidental Death Benefit will be given up to a maximum of 6 years, provided that:

- (a) no claim has been admitted on the Accidental Dismemberment and Burns Benefit before the policy year in which the renewal bonus applies; and
- (b) once a claim on the Accidental Dismemberment and Burns Benefit has been admitted, this Renewal Bonus Benefit shall terminate and shall not apply to all renewals of the policy. Termination of this Renewal Bonus Benefit shall not affect renewal bonuses which have already been accrued to the policy prior to the termination.

If there is a change in the selected plan at renewal, the renewal bonus shall be derived from the revised Insured Amount, starting the first day of cover in the policy year in which the change of plan was effected.

For clarity, any amounts payable under the Accidental Death Benefit, Accidental Major Dismemberment Benefit, Accidental Permanent Total Disability Benefit, Accidental Dismemberment and Burns Benefit and/or Additional Payout for Accidental Death Benefit shall take into account the relevant renewal bonuses accrued to the policy in relation to the respective benefits.

Note: You could refer to the policy contract for the full definitions, exclusions and benefit limitations of Basic Benefits.

### **OPTIONAL: LIFESTYLE MAINTENANCE BENEFITS GROUP**

The following benefits shall only apply if the Lifestyle Maintenance Benefits Group has been specifically elected by you subject to our acceptance (if required) and stated on the Policy Schedule or an endorsement. These benefits are issued in consideration of your payment in advance of all additional premiums applicable to these benefits.

The coverage of all the benefits under Lifestyle Maintenance Benefits Group will terminate on the renewal date on or immediately following the Insured's 75th birthday.

### **WEEKLY INCOME BENEFIT**

#### **(a) Weekly Income Benefit for Temporary Total Disability**

If the Insured suffers Temporary Total Disability due to an injury within 90 days from the date of the accident, we will pay the Insured Amount of the Weekly Income Benefit for every full seven days the Insured suffers the disability (or a pro-rated sum, if the disability does not extend to the full seven days), beginning from the date of the disability as diagnosed by a Physician.

“**Temporary Total Disability**” means being totally and continuously disabled on a temporary basis as a result of an injury and prevented from performing each and every duty pertaining to the Insured's occupation, domestic duties or attending school as the case may be.

#### **(b) Weekly Income Benefit for Temporary Partial Disability**

If:

- (i) the Insured suffers Temporary Partial Disability due to an injury within 90 days from the date of the accident; or
- (ii) the Insured experiences Temporary Partial Disability immediately following a period of Temporary Total Disability under sub-benefit (a) above,





we will pay 25% of the Insured Amount of the Weekly Income Benefit for every full seven days the Insured suffers the disability (or a pro-rated sum, if the disability does not extend to the full seven days) beginning from the date of the disability as diagnosed by a Physician.

**“Temporary Partial Disability”** means being partially and continuously disabled on a temporary basis as a result of an injury and prevented from performing one or more duties necessary to the Insured’s occupation, domestic duties or attending school as the case may be.

(c) Sub-benefits (a) and (b) above are subject to the following conditions:

- (i) a medical certificate or equivalent must be issued by a Physician certifying that the Insured is medically unfit for and exempt from usual duties such as work, school or domestic duties;
- (ii) both sub-benefits (a) and (b) will not be paid together for the same period of disability;
- (iii) this benefit is not payable in excess of 52 weeks for the same accident, regardless of all renewals of the policy and all claims admitted for the same accident which comprise sub-benefits (a) and/or (b) ;
- (iv) if we admit a claim under (a) or (b), our liability shall accrue from the date of the disability as diagnosed by a Physician and provided that proof by you of the disability has been received and accepted by us; and
- (v) if we require at any time, you shall furnish satisfactory proof of the continuance of the disability during the payment period at your cost.

This benefit under (a) and/or (b) shall not be applicable to this policy if the Insured is not a citizen or permanent resident of Singapore or does not have a valid pass in Singapore on the date of the Accident, and the Physician who has diagnosed such disability is registered with a medical council outside Singapore.

#### **MOBILITY AIDS REIMBURSEMENT BENEFIT**

If the Insured requires the use of mobility aids as recommended by a Physician, we will reimburse the Reasonable and Customary expenses incurred in the purchase of the mobility aids up to the Insured Amount for this Mobility Aids Reimbursement Benefit, provided that:

- (a) such expenses are incurred within 90 days from the date of the accident;
- (b) all claims admitted under this benefit for the same accident shall not exceed the said Insured Amount;
- (c) no claims shall be admitted for charges incurred as a result of any injury for which compensation is payable under any laws, government programs or other insurance policies except to the extent that such charges are not reimbursed by such laws, programs or other policies; and
- (d) we shall have sole and absolute discretion in admitting claims for any items that are not listed in the definition of “Mobility Aids” below.

For purpose of this benefit, “Mobility Aids” shall mean equipment to assist walking or movement from place to place including but not limited to walking sticks, canes, walking frames, braces, crutches, walkers, wheelchairs, and motorised scooters.

#### **HOME MODIFICATION REIMBURSEMENT BENEFIT**

We will reimburse the Reasonable and Customary expenses incurred for home modification up to the Insured Amount for this benefit, provided that:

- (a) such expenses are incurred within 90 days from the date of the accident;
- (b) either 50% or more of the Insured Amount of the Accidental Major Dismemberment Benefit Accidental Dismemberment and Burns Benefit or Accidental Permanent Total Disability Benefit suffered by the Insured; is paid or payable for the same injury;
- (c) a written certification has been issued by a practitioner in rehabilitative services or similar medical professional recommending that home modification is reasonably necessary;
- (d) all claims admitted under this benefit for all accidents during the Insured’s lifetime should not exceed the Insured Amount of this benefit;
- (e) claims for all items not expressly set out in the definition of “Home Modifications” shall be assessed and determined at our sole and absolute discretion; and
- (f) no claims shall be admitted for charges incurred as a result of any injury for which compensation is payable under any laws, government programs or other insurance policies except to the extent that such charges are not reimbursed by such laws, programs or other policies.

For the purpose of this benefit, **“Home Modification”** means modifying the physical and/or certain structural parts of the Home for the sole purpose of adapting the Home to facilitate movement by the Insured in and around the Home in view of certain disabilities suffered by the Insured. Such modifications and related expenses include the following:



- (a) fixing bath safety grip handles and grab bars, raised toilet seats, walk in bath tubs, widening the bathroom doors and repositioning an existing sink in the bathroom and toilets;
- (b) modifying the width of the entrances, exits and doorways to accommodate a wheelchair, lowering the locks on doors and fixing ramps for entrances, exits and doorways;
- (c) fixing wall mounted rails and grab bars in the bedrooms; and
- (d) cost and expenses arising from obtaining a written certification from a practitioner in rehabilitative services or such similar medical professional recommending that home modification is reasonably necessary.

#### **FAMILY SUPPORT FUND BENEFIT**

If we admit a claim under either the Accidental Death Benefit or Accidental Permanent Total Disability Benefit, we will pay the Insured Amount of this Family Support Fund Benefit.

Note: You could refer to the policy contract for the full definitions, exclusions and benefit limitations for Lifestyle Maintenance Benefits group.

#### **OPTIONAL: ACCIDENTAL HOSPITALISATION BENEFITS GROUP**

The following benefits shall only apply if the Accidental Hospitalisation Benefits Group has been specifically elected by you subject to our acceptance (if required) and stated on the Policy Schedule or an endorsement. These benefits are issued in consideration of your payment in advance of all additional premiums applicable to these benefits.

The coverage of all the benefits under Accidental Hospitalisation Benefits Group will terminate on the renewal date on or immediately following the Insured's 75th birthday.

#### **DAILY ACCIDENTAL HOSPITAL INCOME BENEFIT**

If the Insured is confined in a hospital due to an injury, we will pay the Insured Amount of the Daily Accidental Hospital Income Benefit for each day of the confinement, provided that:

- (a) this benefit shall not be payable in excess of 365 days for the same accident; and
- (b) we will not pay more than the Insured Amount of this benefit for each day of confinement.

This benefit shall not be applicable to this policy if the Insured is not a citizen or permanent resident of Singapore or does not have a valid pass in Singapore on the date of the accident and is confined in a hospital outside of Singapore.

#### **DAILY ACCIDENTAL INTENSIVE CARE UNIT BENEFIT**

If the Insured is confined in an ICU in a hospital due to an injury, we will pay the Insured Amount of this benefit, in addition to the Daily Accidental Hospital Income Benefit, for each day of the confinement in the ICU, provided that:

- (a) the Insured Amount of Daily Accidental Hospital Income Benefit is payable for each day of confinement in the ICU;
- (b) this benefit shall not be payable in excess of 30 days for the same accident; and
- (c) we will not pay more than the Insured Amount of this benefit for each day of confinement in the ICU.

This benefit shall not be applicable to this policy if the Insured is not a citizen or permanent resident of Singapore or does not have a valid pass in Singapore on the date of the accident and is confined in a hospital outside of Singapore.

#### **AMBULANCE SERVICES BENEFIT**

If the Insured sustains an injury and requires an ambulance to transport him to a local hospital by land, we will reimburse the Reasonable and Customary expenses incurred (inclusive of attendants), up to the Insured Amount of this benefit and we will not pay more than the Insured Amount of this benefit for the same accident.

No claims shall be admitted for charges incurred as a result of any injury for which compensation is payable under any laws, government programs or other insurance policies except to the extent that such charges are not reimbursed by such laws, programs or other policies.





## BROKEN BONES BENEFIT

If the Insured sustains any of the following injuries within 90 days from the date of the accident as diagnosed by a Physician, we will pay a percentage of the Insured Amount of the Broken Bones Benefit according to the Schedule of Injuries table below:

<b>Schedule of Injuries</b>	<b><u>% of Insured Amount</u></b>
<b>Fractures of:</b>	
<b>A. Hip or Pelvis (excluding thigh and coccyx)</b>	
Multiple Fractures, one Compound, one Complete	60
All other Compound Fractures	30
Multiple Fractures, at least one Complete	15
All other Fractures	12
<b>B. Thigh or Heel</b>	
Multiple Fractures, one Compound, one Complete	30
All other Compound Fractures	24
Multiple Fractures, at least one Complete	15
All other Fractures	12
<b>C. Lower leg, skull, clavicle, ankle, elbows, upper or lower arm (including wrist but excluding Colles' fracture)</b>	
Multiple Fractures, one Compound, one Complete	24
All other Compound Fractures	15
Multiple Fractures, at least one Complete	12
Depressed fracture of the skull needing surgical intervention	7.2
All other Fractures	6
<b>D. Colles' Fracture of the lower arm</b>	
Compound	12
Other	6
<b>E. Shoulder blade, knee cap, sternum, hand (excluding fingers and wrist), foot (excluding toes and heel)</b>	
All Compound Fractures	12
All other Fractures	6
<b>F. Spinal Column (vertebrae but excluding coccyx)</b>	
All compression Fractures	12
All spinous, transverse process or pedicle Fractures	12
Fracture leading to permanent neurological damage	12
All other vertebral Fractures	6
<b>G. Lower Jaw</b>	
Multiple Fractures, one Compound, one Complete	15
All other Compound Fractures	12
Multiple Fractures, at least one Complete	9.6
All other Fractures	4.8
<b>H. Rib or ribs, cheekbone, coccyx, upper jaw, nose, toe or toes, finger or fingers</b>	
Multiple Fractures, one Compound, one Complete	9.5
All other Compound Fractures	7.2
Multiple Fractures, at least one Complete	4.8
All other Fractures	2.4
<b>I. Dislocations requiring surgery under anaesthesia</b>	
(a) Spine or back, diagnosed by x-ray (excluding slipped disc)	48
(b) Hip	30
(c) Knee	15
(d) Wrist or elbow	12
(e) Ankle, shoulder blade or collarbone	6
(f) Fingers, toes, or jaw	2.4
<b>J. Internal injuries or concussion</b>	
Internal injuries resulting in open abdominal or thoracic or cardiothoracic surgery (excluding hernia)	15
Concussion characterised by loss of consciousness and some degree of amnesia	15



<u>Fractures of:</u>	<u>% of Insured Amount</u>
<b>K. Injury requiring admission in a hospital for a minimum period of 48 hours, and where no other benefits from A to J of the Schedule of Injuries is payable</b>	1.2

Provided that:

- (i) any amount payable under this benefit shall be reduced by all amounts previously paid or payable under this benefit; and
- (ii) the aggregate sum payable for all claims admitted under this benefit shall not exceed 100% of the Insured Amount of this benefit during the Insured's lifetime.

we will admit a claim for the following items under this benefit only once during the Insured's lifetime:

- (a) each of the injuries listed from (a) to (f) under sub-paragraph (I) of the Schedule of Injuries table; and
- (b) sub-paragraphs (A) to (H) of the Schedule of Injuries table, where a subsequent injury involves or covers:
  - (i) fracture of a bone where an earlier claim for the fracture of the same bone was admitted; and/or
  - (ii) the same injury which was earlier admitted.

### **EMERGENCY MEDICAL EVACUATION AND REPATRIATION BENEFIT**

The Insured will have access to the following services provided by service providers appointed by us, or their authorised representatives ("**External Service Provider**").

#### **(a) Emergency Medical Evacuation**

If the Insured sustains an injury while travelling outside Singapore, the Insured's Home Country and his usual place of residence or employment and requires Emergency Medical Evacuation as determined to be medically appropriate and necessary by us or the External Service Provider, we or the External Service Provider shall arrange for such evacuation using the means best suited to do so, based on the medical severity of the Insured's condition.

All decisions on the means of transportation and the destination, to which the Insured should be transported, shall be made by us or the External Service Provider and will be based solely upon medical necessity.

The expenses covered will be for services provided and/or arranged by us or the External Service Provider for the transportation, medical services and medical supplies incurred as a result of providing the Emergency Medical Evacuation, up to the Insured Amount for this benefit. We shall pay directly to the External Service Provider or any third party for the covered expenses for the evacuation.

"**Emergency Medical Evacuation**" means: (a) the Insured's medical condition warrants immediate transportation from the place where the Insured is injured to the nearest hospital where appropriate medical treatment can be obtained as determined at our or the External Service Provider's sole discretion; and/or (b) after being treated at a local hospital, the Insured's medical condition warrants transportation to Singapore to obtain further medical treatment.

#### **(b) Repatriation**

If the Insured sustains an injury and dies as a result of the same accident within 365 days from the date of the accident while travelling outside of Singapore, the Insured's Home Country and his usual place of residence or employment, we or the External Service Provider shall make the necessary arrangements for the return of the Insured's remains to Singapore or to his Home Country, or arrange for local burial at the place of death.

This benefit covers expenses for services provided and/or arranged by us or the External Service Provider for the transportation costs and expenses, incurred as a result of returning the Insured's mortal remains to Singapore or to his Home Country or burial costs and expenses at the place of death up to the Insured Amount for this benefit. We shall pay directly to the External Service Provider or any third party for the covered expenses.

We will not cover any expenses incurred for (a) and (b) above if they:

- (a) incurred for services provided by parties other than the External Service Provider, or any expenses already included in the cost of a scheduled trip;
- (b) not approved nor arranged by the External Service Provider, unless the Insured or his travelling companions cannot for reasons beyond their control notify the External Service Provider during a medical emergency. In such event, we reserve the right to only reimburse for such expenses which would have been incurred by the



- External Service Provider under the same circumstances, and only up to the Insured Amount of this Emergency Medical Evacuation and Repatriation Benefit for each policy year; and
- (c) that exceed the Insured Amount of this Emergency Medical Evacuation and Repatriation Benefit for each policy year.

Note: You could refer to the policy contract for the full definitions, exclusions and benefit limitations for Accidental Hospitalisation Benefits group.

#### **OPTIONAL: MONTHLY DISABILITY CARE BENEFIT**

The following benefits shall only apply if the Monthly Disability Care Benefit has been specifically elected by you subject to our acceptance (if required) and stated on the Policy Schedule or an endorsement. These benefits are issued in consideration of your payment in advance of all additional premiums applicable to these benefits.

The coverage of all the benefits under Monthly Disability Care Benefit will terminate on the renewal date on or immediately following the Insured's 75th birthday.

#### **Monthly Disability Care Benefit**

If the Insured sustains an injury within 180 days from the date of the Accident and is unable to perform at least two (2) of the six (6) "Activities of Daily Living" as diagnosed by a Physician, we will pay the Insured Amount of this benefit following the expiry of the Deferment Period, subject to the following:

- (i) the total payment under this benefit shall not exceed more than 120 months during your lifetime, regardless any and all renewals of the Policy;
- (ii) this benefit shall cease to be payable as soon as the Insured no longer satisfies the requirement this benefit; and
- (iii) When two (2) or more periods of such disability are separated by 12 months or more from the last payment of this benefit, then it shall be treated as a new disability and a fresh Deferment Period shall apply.

While the Monthly Disability Care Benefit is payable following the expiry of the Deferment Period, we will waive the premium on this benefit. We will refund any premiums (without interest) which have been paid in respect of the period during which this benefit is paid.

Premiums shall be payable by you once the benefit ceases to be payable.

This benefit that may be payable shall not be applicable to this policy if the Insured is not a citizen or permanent resident of Singapore or does not have a valid pass in Singapore on the date of the Accident, and the Physician who has diagnosed such disability is registered with a medical council outside Singapore.

#### **Proof of Continuance of disability under Monthly Disability Care Benefit**

Though proof of disability under Monthly Disability Care benefit may have been accepted as satisfactory by us, we will be entitled to demand, at reasonable intervals from time to time and at your cost, the proof of the continuance of such disability. The Monthly Disability Care Benefit shall cease if the evidence required by us is not provided or is not satisfactory

**"Activities of Daily Living"** refers to the following and always requiring the physical assistance of another person:

- (a) Washing the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- (b) Dressing the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- (c) Transferring the ability to move from a bed to an upright chair or wheelchair and vice versa;
- (d) Mobility the ability to move indoors from room to room on level surfaces;
- (e) Toileting the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- (f) Feeding the ability to feed oneself once food has been prepared and made available.

Note: You could refer to the policy contract for the full definitions, exclusions and benefit limitations for Monthly Disability Care Benefit.



## **B. KEY PRODUCT PROVISIONS**

The following are some key provisions found in the policy contract of this plan. This is only a brief summary and you are advised to refer to the actual terms and conditions in the policy contract. Please consult your AIA Financial Services Consultant or Insurance Representative should you require further explanation.

### **1. Free Look**

After purchasing the policy, you have a 14-day free-look period starting from the day you receive your policy documents to review the documents carefully. During this time, if you choose to cancel your policy, the insurer will refund you the premiums without interest, inclusive of any Goods and Services Tax ("GST") you have paid, less any medical fees and other expenses, such as payments for medical check-ups and medical reports, incurred by the insurer.

If you opted for an electronic copy of your Policy, the 14-day free-look period will start when you receive our SMS or email notification, informing you that the policy contract documents are available for your viewing on our customer portal (My AIA SG or such other name as we may choose for our customer portal from time to time).

If we have posted your Policy to you, the 14-day free-look period will start seven (7) days from the date of our posting of your Policy to you.

### **2. Cancellation Clause**

This is a short-term accident and health policy and we are not required to renew this policy. We may terminate this policy by giving you 30 days' notice in writing. Should such cancellation occur, we shall return the unearned portion of premium provided there is no claims admitted under the policy for the same policy year.

Should you decide to cancel the coverage under this policy, we shall return the unearned portion of premium provided there is no claims admitted under the policy for the same policy year.

### **3. Terms of Renewal**

The policy is issued for a period of 1 year commencing from the effective date or each renewal date. This policy is not guaranteed yearly renewable may be renewed, subject to the following:

- (a) this policy is in force on the date of renewal and has not been cancelled under the Cancellation clause;
- (b) renewal is only available on each policy anniversary date, up to the policy anniversary date prior to the Insured's 80<sup>th</sup> birthday;
- (c) we receive and accept payment of this policy's premium according to the premium rates applicable to the Insured's age last birthday on the date of renewal.

### **4. Premium**

Premium payable for this policy are not guaranteed and are subject to our review from time to time at our absolute discretion. We will send you written notification at least 31 days in advance of any change in premium rate.

This policy is not a Medisave-approved policy and you may not use Medisave to pay the premium for this policy.

### **5. Policy Extensions**

Coverage shall extend to the following under the respective benefits while the policy is in force and subject to the terms and conditions of the respective benefits and the policy. You are advised to read the policy contract for the full list of policy extension.

- (a) Strike, riot and civil commotion
- (b) Terrorism
- (c) Drowning and suffocation by smoke, poisonous fumes, gas or drowning
- (d) Exposure to natural disasters such as floods, hurricanes, volcanic eruptions, earthquakes, tsunamis and landslides
- (e) Disappearance where body of the Insured is not found within 12 months from the date of disappearance following the sinking, wrecking or destruction of an aircraft or other conveyance in which the Insured was travelling
- (f) Hijack, murder and assault
- (g) Food poisoning
- (h) Private flight (as a non fare-paying passenger in a properly licensed private aircraft and/or helicopter while on a business trip when traveling outside Singapore)
- (i) Insect/animal bites, stings or attacks (including dengue Fever and Zika)
- (j) Amateur sports or activities as a form of recreation
- (k) Motor-cycling (rider and pillion)



## 6. Exclusions

There are certain conditions whereby the benefits under this plan will not be payable. These are stated as exclusions in the contract. The exclusions for this plan include, but are not limited to the following conditions. You are advised to read the policy contract for the full list of exclusions.

(a) War-related events

- war (whether declared, undeclared or otherwise), invasion, civil war, revolution or any warlike operations;

(b) Deliberate acts that endanger own self

- violation or attempted violation of the law or resistance to arrest; or
- suicide or attempted suicide or intentional self injury or from deliberate exposure to exceptional danger (except in an attempt to save human life), whether sane or insane;

(c) Health-related or Pre-existing Conditions

- childbirth, pregnancy, miscarriage, abortion, sterilisation, contraception, infertility or any complications and treatment arising from any of the foregoing notwithstanding that such event may have been accelerated or induced by Injury, and/or any treatment arising from any such event therefrom;
- any form of dental care or treatment (unless necessitated by Injury and provided that such dental care and/or treatment shall be applied to Sound Natural Teeth). Dentures and all related expenses are expressly excluded;
- any form of cosmetic, plastic or elective surgery unless necessitated by Injury;
- treatment of alcoholism, drug abuse or any other complications arising there-from, or Accidents caused by or whilst under the influence of drugs or alcohol or drug overdose (whether intentional, accidental or otherwise);
- congenital abnormalities and physical defects from birth, and/or any treatment arising from any such event;
- any kind of disease or illness save as expressly covered under Policy Extensions (Food Poisoning and Insect/Animal Bites, Stings or Attacks);
- AIDS and HIV or any complications associated with any HIV; or
- any Pre-existing Condition.

(d) Adventurous, Competitive activities or Occupations related

- engaging or taking part in air, military, naval training, exercises, manoeuvres, warlike operations or handling of explosives and demolition materials or while under orders for restoration of public order, whether in time of peace, declared, undeclared war or otherwise, except where operationally ready national service duties are carried out in Singapore or overseas (if applicable) pursuant to the Enlistment Act (Cap.93);
- engaging in air travel (except as a fare-paying passenger in any properly licensed private and/or commercial aircraft, or as a crew member in a properly licensed commercial aircraft operated by a commercial passenger airline on a regular scheduled passenger trip over its established passenger route, or as covered under Policy Extensions (Private Flight));
- engaging in a sport in a professional capacity or where the Insured would or could earn income or remuneration from engaging in such sport; or
- engaging in racing of all kinds (other than on foot and swimming); save expressly covered under Policy Extensions (Amateur Sports).

## 7. Change of Occupation

You must notify us in writing if the Insured's occupation changes as soon as possible. We shall increase or reduce the premiums according to the risk classification for the new occupation. We reserve the right to terminate or decline to renew the policy.

## 8. Change of Country of Residence or Citizenship

You must notify us in writing as soon as possible, if there is a change in your and/or the Insured's citizenship and/or usual country of residence or plans to stay outside Singapore for more than 180 consecutive days in a year, other than for leisure or social purposes. We reserve the right to terminate or decline to renew the policy or continue cover on prevailing or varied terms and conditions.



#### 9. No Cover

This Policy shall not cover or provide for the payment of claims or benefits to specific persons or entities where the application of or compliance with certain laws and regulations (as may be applicable to us, our parent company and/or our ultimate controlling entity, our reinsurers, their parent company and/or ultimate controlling entity) prohibit performance under the Policy based on:

- (a) the identity, domicile, residence, place of incorporation, establishment (whether incorporated or unincorporated), or citizenship, of you, the Insured or claimant or the parent company and ultimate controlling entity of you, the Insured or claimant; or
- (b) the country where the claim arises.

Should any person or entity be found to have been erroneously enrolled under this policy, insurance coverage for such person or entity shall cease with immediate effect and any unearned premiums paid in respect of such person or entity shall, subject to compliance with laws and regulations, be refunded without interest to you. Should any claim for payment of any nature be found to have been made under this policy by a person or entity excluded by this provision, no such payment will be made.

#### 10. Deferment Period

For any loss described as "Permanent" in the policy, it must have continued for a period of 6 consecutive calendar months from the date of the disability as diagnosed by a Physician and on the expiry of such period, the Insured shall be beyond any hope of improvement or recovery before we pay out any benefits according to the terms of the policy.

For any loss due to inability to perform Activities of Daily Living as described under Monthly Disability Care Benefit, it must have continued for a period of 90-day from the date of such disability.

#### 11. Termination

Your Policy shall automatically terminate on the earliest occurrence of the following:

- (a) on the premium due date if any premium on your Policy remains unpaid at the end of the Grace Period;
- (b) upon effective cancellation under the General Provisions (Cancellation) of your Policy;
- (c) on the policy anniversary occurring on or immediately following the Insured's 80<sup>th</sup> birthday;
- (d) upon the Insured's death;
- (e) when we exercise our right of termination under General Provisions (Change of Occupation), (Change of Country of Residence or Citizenship) or (No Cover)
- (f) the date of the Insured's Accident resulting in the aggregated payment of 100% or more of the Insured Amount under the Accidental Death, Accidental Major Dismemberment Benefit, Accidental Permanent Total Disability Benefit, Accidental Dismemberment and Burns Benefit and Additional Payout for Accidental Death Benefit.

Termination of this Policy will not affect an insured event that has arisen prior to such termination or loss resulting from such insured event. Our acceptance of any premium after termination will not create a liability for us.

#### 12. Claims Procedures

We must receive written notice of claim for loss within 60 days from the date of such loss. You could refer to the policy contract for details on claims procedures. You may also contact your AIA Financial Services Consultant, Insurance Representative or AIA Customer Care Hotline at 1800 248 8000.

#### **Important Notes:**

This insurance plan is underwritten by AIA Singapore Private Limited (Reg. No. 201106386R) ("AIA").

All insurance applications are subject to our underwriting and acceptance. Submission of an application and payment of premium does not constitute and should not be construed as acceptance by us. We reserve the right to withdraw the plan or reject applications, at anytime or for any reason without notice.

This product summary does not form a part of any contract of insurance. It is intended only to be a simplified description of the product features applicable to this plan and is not exhaustive. The contents of this product summary may vary from the terms of cover eventually issued. Please refer to the actual policy contract for all terms and conditions, including exclusions whereby the benefits under your policy may not be paid out. You are advised to read the policy contract. For the avoidance of doubt, only the terms and conditions as set out in the policy contract will bind the parties.

Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs. You are discouraged from switching from an existing accident and/or health insurance policy to a new one without



considering whether the switch is detrimental, as there may be potential disadvantages with switching. A penalty may be imposed for early policy termination and the new policy may cost more or have fewer benefits at the same cost.

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 your insurer or visit the GIA/LIA or SDIC web-sites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

The benefits of this policy will only be payable upon an accident occurring.

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