



SAPPHIRE ENHANCED APPLICATION FORM

Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) or any amendments thereof: You are to disclose in this application form, fully and faithfully, all the facts which you know or ought to know, otherwise the Policy issued may be void and you may receive nothing from the Policy.

Eligibility:

- Adult(s) : 16 - 70 years old, renewable up to 75 years old.
- Child(ren): from 15 days to 18 years old (extended to 25 years old for full time students studying in recognized tertiary institution).
- Person(s) below 21 years old are not eligible for Plans 3 & 4.
- Person(s) under Occupational Class 3 are subject to 100% premium loading on Basic Plans 1, 2 & 3 but are not eligible to be Insured under Basic Plan 4 or any Comprehensive Plans.
- Person(s) under Occupational Class 4 are not eligible for any Plans. For further information about Occupation Class, please visit www.AIG.com.sg

Details of Applicant (Policyholder) *		
Name (Mr / Mrs / Ms) :		Passport / NRIC No :
Date of Birth : (DD/ MM/ YYYY)	Gender : Male / Female	Marital Status : Single / Married / Others
Address :		Nationality :
Postal Code :		
Home/Office No :	Mobile No :	Email :
Occupation :	Nature Of Business :	Job Description :

* The Policyholder indicated in this form has the right under Section 49L of the Insurance Act (Cap. 142) to create a trust of the Policyholder's policy moneys in favour of his/ her nominated beneficiary or beneficiaries, or to nominate a beneficiary / beneficiaries under Section 49M of the Insurance act (Cap. 142) for the purpose of payment of the Policyholder's death benefit.

Detail of Spouse (if enrolling)		
Name (Mr / Mrs / Ms) :		Passport / NRIC No:
Date of Birth : (DD/ MM/ YYYY)	Gender : Male / Female	Marital Status : Single / Married / Others
Address:		Nationality:
Postal Code:		
Home/Office No:	Mobile No :	Email:
Occupation:	Nature Of Business :	Job Description :

Please indicate your plan chosen (All premium inclusive of 7% GST)

Applicant	Occupational Class *	Benefit	Plan 1 (S\$)	Plan 2 (S\$)	Plan 3 (S\$)	Plan 4 (S\$)
<input type="checkbox"/> Main Applicant	<input type="checkbox"/> 1 & 2	<input type="checkbox"/> Basic	<input type="checkbox"/> 135	<input type="checkbox"/> 230	<input type="checkbox"/> 303	<input type="checkbox"/> 588
		<input type="checkbox"/> Comprehensive	<input type="checkbox"/> 189	<input type="checkbox"/> 323	<input type="checkbox"/> 436	<input type="checkbox"/> 837
	<input type="checkbox"/> 3	<input type="checkbox"/> Basic	<input type="checkbox"/> 270	<input type="checkbox"/> 460	<input type="checkbox"/> 606	N.A.
<input type="checkbox"/> Spouse (If enrolling)	<input type="checkbox"/> 1 & 2	<input type="checkbox"/> Basic	<input type="checkbox"/> 135	<input type="checkbox"/> 230	<input type="checkbox"/> 303	<input type="checkbox"/> 588
		<input type="checkbox"/> Comprehensive	<input type="checkbox"/> 189	<input type="checkbox"/> 323	<input type="checkbox"/> 436	<input type="checkbox"/> 837
	<input type="checkbox"/> 3	<input type="checkbox"/> Basic	<input type="checkbox"/> 270	<input type="checkbox"/> 460	<input type="checkbox"/> 606	N.A.
<input type="checkbox"/> Single Parent/ Widow/Widower/ Divorced (if enrolling for Child Cover)	<input type="checkbox"/> 1 & 2	<input type="checkbox"/> Basic	<input type="checkbox"/> 202	<input type="checkbox"/> 345	<input type="checkbox"/> 454	<input type="checkbox"/> 882
		<input type="checkbox"/> Comprehensive	<input type="checkbox"/> 283	<input type="checkbox"/> 484	<input type="checkbox"/> 654	<input type="checkbox"/> 1255
	<input type="checkbox"/> 3	<input type="checkbox"/> Basic	<input type="checkbox"/> 405	<input type="checkbox"/> 690	<input type="checkbox"/> 909	N.A.

* We reserve the right to cancel this Policy from the effective date should an incorrect occupational class be indicated

AIG Asia Pacific Insurance Pte. Ltd.

AIG Building
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www.AIG.com.sg
Co.Reg.No. 201009404M



I/We agree to pay the premiums according to the plan chosen and I/We hereby authorize AIG Asia Pacific Insurance Pte. Ltd. (AIG) to charge the stated annual premium to the following credit card. Where a third party card is used, I/We declare that the cardholder has authorized and consented to its use.

Visa Mastercard Amex Diners

Cardholder's Name : _____ Total Premium to be charged: _____

Credit Card Number : _____ Expiry Date: _____

Please tick accordingly One Time Payment One Time & Recurring Payment

Declaration & Authorization

- I/We hereby declare and agree on behalf of myself/ourselves and any person(s), firm or corporation, that any information collected or held by AIG (whether obtained in this application form or otherwise obtained) may be used and disclosed by AIG to its associated individuals/companies or any independent third parties (within or outside Singapore) for any matters relating to this application form, any Policy issued and to provide advice or information concerning products and services which AIG believes may be of interest to me/us, and to communicate with me/us for any purposes.
- I/We understand that **SAPPHIRE ENHANCED** is a Personal Accident Policy and benefits shall be payable upon the occurrence of an Accident, subject to applicable terms and conditions. I/We understand that all Pre-Existing Conditions are not covered. If I am/ We are switching policy, I/We should consider whether this will result in any cost and whether the benefits under the new policy are more suitable.
- I am/We are aware that I/We can seek advice from a qualified advisor before I/We sign this application form. Should I/We choose not to, I/We take sole responsibility to ensure that this product is appropriate to my/our financial needs and insurance objectives.
- I/We hereby declare that I am/ We are ordinarily resident in Singapore as defined by "Insurance Act (Cap. 142) (Amendment of First Schedule) Order 2010".
- I/We hereby declare that I/we have received, read and understood, or have been advised of and understand, the contents of the brochure and any information material relating to this insurance product.

Signature of Applicant: _____ Date: _____

SUMMARY OF BENEFIT AND PREMIUM				
Sum insured for Basic Benefit (in S\$) :	Plan 1	Plan 2	Plan 3	Plan 4
1. Accidental Death & Permanent Disablement	100,000	200,000	300,000	500,000
2. Accident Medical Reimbursement	up to 4,000	up to 6,000	up to 8,000	up to 10,000
3. Weekly Benefit for Temporary Total Disablement	100 per week	100 per week	200 per week	500 per week
4. Traditional Chinese Medicine	up to 750	up to 750	up to 750	up to 750
5. Mobility Aid & Ambulance Services Reimbursement	4,000	4,000	4,000	4,000
6. FREE Cover for Children (except Benefit 3)	20%	20%	20%	20%
Premium for Basic Coverage (Benefits 1 to 6) (inclusive of 7% GST) :				
Annual Premium – Class 1 & 2	135	230	303	588
Annual Premium – Class 1 & 2 (Single Parent/ Widowed/ Divorced)	202	345	454	882
Annual Premium – Class 3 ONLY	270	460	606	NA
Annual Premium – Class 3 ONLY (Single Parent/ Widowed/ Divorced)	405	690	909	NA
Sum insured for Comprehensive Benefit (in S\$) :				
7. Daily Hospital Income	50	100	150	250
8. Emergency Medical Evacuation	10,000	20,000	30,000	50,000
9. Lifestyle Maintenance	1,000	1,500	2,000	3,000
10. Compassionate Allowance	5,000	10,000	15,000	25,000
11. FREE Cover for Child Support Fund	5,000	10,000	15,000	25,000
Premium for Comprehensive Coverage (Benefits 1 to 11) (inclusive of 7% GST) :				
Annual Premium – Class 1 & 2	189	323	436	837
Annual Premium – Class 1 & 2 (Single Parent/Widowed/Divorced)	283	484	654	1255

For Official Use - SAPPHIRE ENHANCED APPLICATION FORM		
Producer Name / Agency :	Producer Code :	
Office:	Mobile:	Email :

This Policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your Policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact AIG Asia Pacific Insurance Pte. Ltd. or visit the AIG, GIA or SDIC web-sites (www.AIG.com.sg or www.gia.org.sg or www.sdic.org.sg).

Neither this application form nor the brochure is a contract of insurance. However, your declarations or disclosures shall form the basis of the contract of insurance. The terms, conditions and exclusions applicable to this insurance are set out in the Policy, a copy of which is available upon request.

This Insurance is underwritten by : AIG Asia Pacific Insurance Pte. Ltd.