American Home Assurance Company
AIG Building 22 Martin Road Singapore 239058
Tel: 1800-419-3000 Fax: 6835-7406

AIGAssist™
APPLICATION FORM

Insured 1

Name:_____

NRIC/PP:_____ D.O.B. _____

E-mail: _____

Address in Singapore: _____

_____ Postal Code: _____

H: _____ HP: _____

Insured 2 (Applicable for Family Plan only)

Name: _____

NRIC/PP: _____ D.O.B._____

E-mail: _____

Address in Singapore:_____

_____ Postal Code: _____

H: _____ HP: _____

Number of Accompanying Children:_____ (For Family Plan, children must be unmarried and unemployed and must be no older than I8 years of age or up to the attainment of 23 years of age if studying full-time in a recognised institution of higher learning. Each child must be related to at least one insured adult. For Annual Plan, each child must be the legal child of the insured adult(s). There is no limit to the number of accompanying children.)

■ **Please tick** (√)

Choice of Plan	Choice of Benefit	Area
☐ Individual Plan ☐ Family Plan	☐ Classic ☐ Superior ☐ Premier	☐ Asean ☐ Asia ☐ Worldwide

Per-trip: For any Trip is 182 days	Annual: For any Trip is 90 days
☐ Per Trip Furthest Destination from Singapore:_____ Length of Trip:_____ (both days inclusive) Date of Departure DD MM YYYY Date of Return DD MM YYYY	☐ Annual Effective Date DD MM YYYY Expiry Date DD MM YYYY

Total Premium Payable (No GST required)	S$

Mode of Payment	
☐ Cash Payment ☐ Cheque Payment Bank_____ Cheque No _____ This will serve as an official receipt once cheque clears	☐ Visa ☐ MasterCard Card Expiry Date MM YYYY Cardholder's Name: _____ Card Account No: NB: Policy will be issued upon receipt of approval from the respective credit card company

Warranty and Declaration: The Insured Person(s) hereby warrant and declare for themselves and on behalf of all members of the travelling party as follows:

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

Important Notice:

1. Statement pursuant to the Insurance Act or any amendments thereof: You are to disclose in this Form, fully and faithfully, all the facts that you know or ought to know, otherwise, the Policy issued may be void and you may receive nothing from the Policy.
2. Neither the brochure nor the Application Form is a contract of insurance. However, your warranties, declarations and disclosures therein and herein shall form the basis of the Policy. The specific terms, conditions and exclusions applicable to the insurance are set out in the Policy, a copy of which is available upon request.
3. Pre-existing medical conditions are not covered by the Policy.

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