



AIA STAR PROTECTOR PLUS APPLICATION (PARTNERSHIP DISTRIBUTION)

Insurance Adviser's Unit Code: <input type="text"/>	Referral's Unit Code: <input type="text"/>
Insurance Adviser's Code: <input type="text"/>	Referral's Code: <input type="text"/>
Insurance Adviser's Name: <input type="text"/>	Referral's Name: <input type="text"/>

Policy 1  P

Policy 2  P

Corporate ID: WM

Master Policy No. (For Worksite Marketing Only)

**WARNING:** In accordance with Section 25(5) of the Insurance Act Cap.142, 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, 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: dd mm yyyy

Place of Birth:  United States of America  Others (Country):

Gender:  Male  Female

Marital Status:  Single  Married  Widowed / Divorced / Separated

Residency Status:  Singapore  Singapore PR  Pass Holders  Others

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

Country of Residence:

Contact Details: Home: Country Code - Phone No.  Office: Country Code - Phone No.   
Mobile: Country Code - Phone No.  Email:

Current Residence Address   
*Please submit the following document(s) to show proof of this address.  
(i) For Singaporeans and PRs residing in Singapore- Copy of NRIC  
(ii) For Singaporeans and PRs residing overseas and Pass holders- Letters from government or banks, or utility or telephone bills (dated within the last 6 months)*

Citizenship:   
*if not Singaporean*

Foreign Permanent Residence Address - Please provide the full address in English. (Compulsory for non-Singaporeans)  
*For Passers-by, please submit copy of passport or foreign identification card that shows proof of this address.  
If the address on the document(s) differs from this address, please explain the reason(s) in writing.*

Postal Code:

Mailing Address (Use of P.O. Box is not allowed):   
*For Singaporeans, PRs and Pass holders - if different from Current Residence Address. Only Singapore Mailing address is allowed.  
For Passers-by - if different from Foreign Permanent Residence Address.*

Postal Code:

Please provide the reason if:  
1. Your "Current Residence Address" is different from your identity documents and/or  
2. Your Foreign Permanent Address is different from your identity documents and/or  
3. Your "Mailing Address" is different from your "Current Residence Address"  
Note: Please provide separate reasons if all the addresses do not match.

Relationship of Applicant/Owner to Proposed Insured:  Parent  Legal Guardian

PART0008 (10/2017 04/2019 09/2020)



\* A 3 8 0 9 2 0 0 1 0 2 0 6 \*

**2 DETAILS OF PROPOSED INSURED**

Name (shown on NRIC/FIN/Passport):			
Date of Birth:	dd	mm	yyyy
Gender: <input type="radio"/> Male <input type="radio"/> Female			
Place of Birth: <input type="radio"/> United States of America <input type="radio"/> Others (Country): _____	Country of Residence:		
NRIC/FIN/Passport No.: <i>For Singapore PRs and Pass holders, please use Singapore NRIC or FIN No.</i>	Residency Status: <input type="radio"/> Singapore <input type="radio"/> Singapore PR <input type="radio"/> Pass Holders <input type="radio"/> Others		
Name of School / College attending:		Citizenship: <i>if not Singaporean</i>	

**3 DETAILS OF CONTINGENT OWNER**

Name (shown on NRIC/FIN/Passport):	NRIC/FIN/Passport No.: <i>For Singapore PRs and Pass holders, please use Singapore NRIC or FIN No.</i>
Date of Birth:	dd mm yyyy
Relationship:	
Place of Birth: <input type="radio"/> United States of America <input type="radio"/> Others (Country): _____	

**4****AIA STAR PROTECTOR PLUS**  
*(Policy 1)***AIA STAR PROTECTOR PLUS**  
*(Policy 2)*

Plan: <input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3	Plan: <input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3
Optional Benefit: Critical Illnesses	Optional Benefit: Critical Illnesses
<input type="radio"/> Option 1: S\$30,000 <input type="radio"/> Option 2: S\$50,000 <input type="radio"/> Option 3: S\$100,000	<input type="radio"/> Option 1: S\$30,000 <input type="radio"/> Option 2: S\$50,000 <input type="radio"/> Option 3: S\$100,000
Regular Premium Payment Frequency: <input type="radio"/> Monthly <input type="radio"/> Semi-annually <input type="radio"/> Annually	Regular Premium Payment Frequency: <input type="radio"/> Monthly <input type="radio"/> Semi-annually <input type="radio"/> Annually

**5 CREDIT CARD AUTHORISATION**

I authorise AIA Singapore to charge to my credit card and issuer of the card the initial premium and all subsequent premiums including additional premiums levied (if any) payable to AIA Singapore. Should payment not be successfully effected pursuant to this authorisation for any reason, AIA Singapore shall under no circumstances be held responsible or liable for any non-inception, lapse or termination of the policy due to late or non-payment of premiums. This authorisation shall be binding and remain valid, notwithstanding death of the cardholder, irrespective of whether or not this application is accepted by AIA Singapore.

Name of Cardholder (as shown on Credit Card): \_\_\_\_\_ Contact No.(HP): \_\_\_\_\_ Credit Card No.: \_\_\_\_\_  Visa  Mastercard

Card Expiry Date (MM/YY): \_\_\_\_/\_\_\_\_ Relationship of Cardholder to the Policyowner \_\_\_\_\_ Name of Issuing Bank: \_\_\_\_\_ Country of Issuing Bank: \_\_\_\_\_

Recurring Payment:  Yes - applicable to monthly, quarterly and semi-annually modes for the FIRST YEAR'S premium only  
 No

Cardholder's Signature (as per Credit Card)

Date (DD/MM/YYYY)

**Important Notes**

- Credit Card payments for renewal premium and single premium policies will NOT be accepted.
- Credit Card deduction will be processed upon receipt of this authorisation by AIA Singapore. The deduction does not constitute approval of the application.
- For applications on monthly mode, premiums for the first two months will be deducted for initial premium.
- Recurring Credit Card Payment is not applicable to AIA Healthshield Gold Max Plans.

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

6.1 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						
Death						
Total & Permanent Disability						
Critical Illness						
Personal Accident						
Disability Income						
Others						

**Important Note:**

Before replacing one policy with another, you should find out whether you are entitled to free switching and consider carefully whether any fees, charges or disadvantages that may arise from a replacement will outweigh any potential benefits. Some of these disadvantages may include additional fees and charges, incurring penalties and the new policy may cost more or have fewer benefits at the same cost. Also, the new policy may be less or not suitable for you as you may not be insurable at standard terms and the new policy terms may be different.

6.2 Is this proposal to replace or intended to replace in full or in part any insurance policy or investment products with AIA Singapore or any other financial adviser or institution?  
 No  Yes – Please give details:

6.3 Is any application for or reinstatement of your life, critical illness, accidental, medical, disability or health-related insurance policy pending or has it ever been declined, postponed, rated or modified in any way? (If yes, please indicate Company and provide details).  
 No  Yes – Please indicate company:

**7 HEALTH DETAILS OF PROPOSED INSURED (For Child Critical Illnesses Benefit)**

7.1 a. Height (metres):	c. Was there any weight change in the past year? If yes, how much and state the reason: <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>
b. Weight (kilograms):	
d. Name and Address of the Proposed Insured's doctor:	Give date, reason and result of last consultation:

7.2 Has the child received medical advice, counselling or treatment in connection with AIDS, AIDS Related Complex or any other AIDS related condition, been told the child has any of these; or that the child had HIV testing done OR in the last 3 months had any of the following symptoms for more than one week continuously: fatigue, weight loss, diarrhoea, enlarged nodes or unusual skin lesions?  Yes  No

7.3 To the best of your knowledge and belief, has any member of the child's immediate family ever had tuberculosis, diabetes, cancer, cardiomyopathy, polycystic disease, mental disease or any AIDS related condition?  Yes  No

Relationship	Age at Onset	Current Age	Illness/Age at Death (if deceased)



**7.4** Has the child ever had, or have been told or been treated for:

a. any respiratory disease, prolonged cough, bronchitis, asthma, heart problems, fits, epilepsy or disorder affecting the nervous system?  Yes  No

b. any heart disorder, blood disorder, diabetes, endocrine disorder, liver disease or any gastrointestinal disorder, kidney problems, nephritis or abnormality of the genitourinary system?  Yes  No

c. condition affecting the sight, hearing or speech, physical or developmental defects, abnormal or premature birth or any cancer, growth, tumor?  Yes  No

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**7.5** In the past 5 years, has the child had any (other than for immunisation or vaccination)

a. of the following tests done? If yes, please give details as indicated below  Yes  No

Test	Date	Reason	Results	Test	Date	Reason	Results
a. Blood Test				g. Liver Function Tests			
b. Biopsy				h. PAP Smear			
c. Chest X-Ray				i. Ultrasound			
d. CT Scan				j. Urine			
e. ECGs				k. Others. Please specify			
f. Cholesterol							

b. illness, operation, medical advice, investigations or hospital treatment not mentioned above?  Yes  No

**8 REMARKS** In connection with insurance applied for, if any answer to question 7 is "Yes", give details below, quoting the relevant question number(s).

**9 DECLARATION**

1. RESIDENCY – Please answer according to your Citizenship/Residency that you are holding.	Applicant/Owner		Proposed Insured	
	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"/>
A.2 Are you currently residing in Singapore?	<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"/>
<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"/>
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"/>
<b>D. If you do not belong to any of the above categories, please tick here</b>		<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.

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

**2. 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](http://www.aia.com.sg), or [www.lia.org.sg](http://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).

**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/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.

**7. Deemed Delivered**

I/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.

**8. 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 not available for applicant/Owner below the age of 60)	All other correspondences
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).



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 that 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.

- 10. 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.
- 11. I/We have received a copy of (1)Your Guide to Health Insurance and (2) the Product Summary, (3) "Your Guide to Life Insurance" and (4) "Your Guide to Health Insurance" (applicable only to accident and health business), the contents of which have been explained to me/us to my/our satisfaction.
- 12. I am/We are aware that the benefits of the Policy will generally only be payable as a result of an accident.
- 13. 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.
- 14. By signing this application, 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 to switch between an existing accident and/or health insurance Policy 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:
<b>WITNESSED BY</b>			
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.**