

Please note that all discounts are subject to approval.

_____ page(s) of name list attached Plan Type: _____	
Details of Trip	
Destination(s): _____	Zone of Travel: _____
Date of Departure: _____ (dd/mm/yyyy)	Date of Return: _____ (dd/mm/yyyy)
Contact Reference:	
Address: _____	
Postal Code: _____	Main email to send policies: _____
Contact Person: _____	Tel: _____

Purpose of Trip (Select one) ☐ Business ☐ Leisure ☐ School Trip ☐ Others, please indicate

Additional Cover only for School Trips

☐ School Group - Unlimited Emergency Medical Evacuation coverage for Classic Plan

☐ For request of cover for musical instrument(s) please refer to Underwriter for a quote.

Additional Premium

Payment: CREDIT CARD (Mastercard/Visa only)

Credit Card Number:

Credit Card Expiry: _____ (MM/YY)

Cardholder's Name: _____

Total Premium (after discount)

Producer Code: _____ Billing company name: _____

Producer Name: _____ Billing company address: _____

Warranty and Declaration: I hereby warrant and declare for myself and on behalf of all Insured Person(s) in the travelling party as follows:

- (I) 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 or material relating to this insurance product.
- (II) I/We understand and agree that no insurance is in force until an Application is accepted by the Company, payment received in full and a Policy is issued.
- (III) I/We are aware of and agree to abide by the Policy's terms, conditions and exclusions.
- (IV) I/We are not travelling contrary to the advice of a Qualified Medical Practitioner or for the purpose of obtaining medical treatment.
- (V) I/We are currently in good health, free from all physical impairment and deformity.
- (VI) I/We agree and authorise any medical source (including hospitals and clinics), insurance officer or any other organisation to release to the Company at any time any information concerning the Insured Person(s) if required.
- I/We hereby declare that I/We are ordinarily resident in Singapore as defined by "Insurance Act 1966 (First Schedule)". I agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the authority to provide that information to AIG, I have informed the individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by AIG, as set out in the contents of the consent clause contained below and the individual agrees and consents, that AIG may collect, use and process my/his/her personal information (whether obtained in this application form or otherwise obtained) and disclose such information to the following, whether in or outside of Singapore: (i) AIG's group companies; (ii) AIG's (or AIG's group companies') service providers, reinsurers, agents, distributors, business partners; (iii) brokers, my/his/her authorised agents or representatives, legal process participants and their advisors, other financial institutions; (iv) governmental / regulatory authorities, industry associations, courts, other alternative dispute resolution forums, for the purposes stated in AIG's Data Privacy Policy which include:
- (a) Processing, underwriting, administering and managing my/his/her relationship with AIG;
 - (b) Audit, compliance, investigation and inspection purposes and handling regulatory / governmental enquiries;
 - (c) Compliance with legal or regulatory obligations, risk management procedures and AIG internal policies;
 - (d) Managing AIG's infrastructure and business operations; and
 - (e) Carrying out market research and analysis and satisfaction surveys.

Note: Please refer to (and if submitting information relating to another individual, refer such individual to) the full version of AIG's Data Privacy Policy found at <https://www.aig.sa/privacy> before you provide your consent, and/or the above representation and warranty.

I also consent, and if I am submitting information relating to another individual, I represent and warrant that such individual also consents, to AIG, AIG's group companies, service providers and business partners using, processing and disclosing my/his/her personal information to:

- (a) enrol me/him/her in contests, prize draws and similar promotions; and
- (b) contact me/him/her to market other insurance, and/or financial products and/or services of AIG, AIG's group companies and/or AIG's business partners.

Important Notice

- 1 Statement pursuant to Insurance Act 1966 or any amendments thereof: You are to disclose in this Form, fully and faithfully, all the facts that you know or ought to know,
- 2 otherwise, the policy issued may be void and you may receive nothing from the policy.
Neither the brochure nor the Application Form is a contract of insurance. However, your warranties, declarations and disclosures therein and herein shall form the
- 3 basis of the policy. The specific terms, conditions and exclusions applicable to the insurance are set out in the policy.
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.sg or www.gia.org.sg or
- 4 www.sdic.org.sg).

Pre-existing medical conditions are not covered by the policy.

[If you or the individual on whose behalf you are submitting information wishes to opt out of being enrolled in contests, prize draws and similar promotions and from receiving marketing messages, please send an SMS to 76161 in the following format "optout<space>NRIC/FIN number" or call us at +65 6419 3000. Alternatively, you or such individual can opt out via our website at <https://www-411.aig.com.sg/contactus/CustomerForm.aspx>.]

**Signature of Contact Person
or Authorised Agent**

Date

Producer Name & Code

For Individual Per Trip

Page: _____

Total no of insured members: _____

Total Premium for this page (before discount, if applicable): \$ _____

S/No	Full Name	NRIC / FIN No.	Date Of Birth	Contact No	Original Premium
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Remarks:-

For Family Per Trip

Total no of insured members: _____

Total Premium for this page (before discount, if applicable): \$ _____

S/No	Full Name	NRIC / FIN No.	Date Of Birth	Contact No	Original Premium
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Remarks:-