



AIA SINGAPORE AMENDMENT TO REQUEST FOR CHANGE

Particulars of Insured and Policy Owner/Trustee/Assignee

Name of Insured

NRIC/Passport/FIN No.

Name of Policy Owner/Trustee/Assignee

NRIC/Passport/FIN No.

Name of Trustee (if any)

NRIC/Passport/FIN No.

Policy Number(s)

Amendment to Request for Change to Policy(ies)

Declaration and Authorisation

- I/We, save and except as otherwise stated above, certify that there has been no change in my condition of health, and that I have received no medical attention, consultation or examination whatsoever, since the date of completion of said application or request for change; further, that all my answers as written in the course of said application or request for change, including those relating to my occupation, are still true
- I/We hereby request that the Policy(ies) stated in this form be changed in accordance with the above application.
- I/We understand and agree that no application is valid until this change form is received by AIA Singapore Private Limited ("AIA Singapore") during the life time of the Insured and is finally accepted by AIA Singapore.
- I/We understand and agree that the application shall not be considered as effected by reason of any money paid or settlement made in payment of, or on account of any premium, until this form has been duly approved by the authorised Officer of AIA Singapore.
- I/We understand and agree that the application of the Contracts (Rights of Third Parties) Act (Cap. 53B) and any subsequent revision or replacement thereof is expressly excluded insofar as this contract of insurance is concerned.
- I/We understand and agree that my/our application is subject to the terms and conditions as stated in the Policy Contract and is effective only when it has been officially accepted and notified to me/us by AIA Singapore.



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AIA Singapore Private Limited (Reg No. 201106386R)
AIA Customer Service Centre, 1 Finlayson Green, Singapore 049246
Monday to Friday: 8.45am – 5.30pm
AIA Customer Care Hotline: 1800 248 8000 AIA.COM.SG

7. 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.
8. I/We hereby authorise, agree and consent to 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**"), 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 of whether or not my/our Application/form is accepted by AIA Singapore. A photocopy of this authorisation shall be valid and effective as the original.

Signature of Insured

** Applicable if insured is above age 16*

Date

Signature of Policy Owner/Trustee/Assignee

Date

Signature of Trustee (if any)

Date

FSC/IR's Name

FSC/IR's Code

FSC/IR Unit Name

Mobile No.

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