



AIA SINGAPORE PERSONAL LINES REQUEST FOR CHANGE FORM

TO: PERSONAL LINES OPERATIONS

Policy No(s).

Name of Insured NRIC/FIN/Passport No.

Name of Policyowner NRIC/FIN/Passport No.

FSC/IR Name FSC/IR Code

PART 1: MODE OF PREMIUM PAYMENT

I would like to change the mode of premium payment for the above policy(ies) from the next Premium Due Date to:

- Annually Monthly

Important Notes:

- Change to Monthly mode can only be done upon Policy Anniversary.
- Only applicable to AIA Elite Homecare, CoverMax and Taxi Care.

PART 2: ADD / DELETE ITEMS / BENEFIT(S)

2(a) I would like to **ADD** the following items / benefit(s) for the above policy(ies):

Benefits to be added	Sum Assured

Important Notes:

- Only applicable to AIA Elite Homecare or Covermax, addition of default of Security Bond or waiver of Counter Indemnity or POLO.
- For additional of Worldwide Scheduled Personal Valuables, kindly submit receipts/valuation reports for the items.
- Contents sum assured must be at least double that of Worldwide Scheduled and Unscheduled Personal Valuables sum insured.

Worldwide Scheduled Personal Valuables

Description	Coverage
(a) _____	S\$ _____
(b) _____	S\$ _____
(c) _____	S\$ _____
(d) _____	S\$ _____
(e) _____	S\$ _____
Total*	S\$ _____

* The total amount must tally with the sum assured declared under 2(a) for Worldwide Scheduled Personal Valuables.

2(b) I would like to **DELETE** the following items/benefit(s) for the above policy(ies) from the next Premium Due Date :

Benefits to be deleted	Sum Assured

Important Notes:

- Only applicable to AIA Elite Homecare or CoverMax Flexible Plan.

PART 3: INCREASE / REDUCE SUM ASSURED (APPLICABLE TO AIA ELITE HOMECARE OR COVER MAX FLEXIBLE PLAN)

3(a) I would like to **INCREASE** the sum assured of my plan for the above policy(ies) as follows:

Type of Coverage / Plan	New Sum Assured



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3(b) I would like to REDUCE the sum assured of my plan for the above policy(ies) as follows:

Type of Coverage / Plan	New Sum Assured

PART 4: TERMINATION OF POLICY

I would like to terminate the policy(ies).

Effective Date:

Important Notes:

1. Please attach In-principle Approval(IPA) cancellation letter for Domestic Help policy cancellation. Domestic Help policy will be cancelled once Ministry of Manpower (MOM) discharge the security bond / Counter indemnity.
2. Terminating the existing Personal Lines Policy could result in higher premium or lesser benefits at the same cost.

PART 5: OTHERS (Please indicate the changes/request below)

DECLARATION AND AUTHORISATION

1. I/We hereby request that the policy(ies) stated in this form be changed in accordance with the above application.
2. I/We hereby 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.
3. I/We understand and agree that 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.
4. 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.
5. I/We understand and agree that the application of the Contracts (Right of Third Parties) Act 2001 (No.39 of 2001) and any subsequent revision or replacement thereof is expressly excluded insofar as this contract of insurance is concerned.
6. 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/has 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 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.

Declared in Singapore

on Month (e.g. Jan, Feb) / Day / Year

SIGNATURE / NAME / NRIC OF WITNESS

SIGNATURE OF POLICY OWNER