

Premier Client Solutions Application Form



Statement pursuant to Section 25(5) of the Insurance Act 1966 or any subsequent amendments thereof: You are to disclose in the application, fully and faithfully, all the facts which you know or ought to know in respect of the risk that is being proposed, otherwise, the policy issued hereunder may be void.

APPLICANT'S INFORMATION

| | | | |
|-------------------|----------------------|-------------------------|----------------------|
| First Name: | <input type="text"/> | Salutation: | <input type="text"/> |
| Last Name: | <input type="text"/> | Nationality: | <input type="text"/> |
| Date of Birth: | <input type="text"/> | NRIC/FIN/Passport No: | <input type="text"/> |
| Name of Employer: | <input type="text"/> | Occupation/Designation: | <input type="text"/> |
| Home Phone: | <input type="text"/> | Mobile Phone: | <input type="text"/> |
| Email Address: | <input type="text"/> | | |
| Mailing Address: | <input type="text"/> | | |
| | <input type="text"/> | | |

SPOUSE'S INFORMATION

| | | | |
|-------------------|----------------------|-------------------------|----------------------|
| First Name: | <input type="text"/> | Last Name: | <input type="text"/> |
| Date of Birth: | <input type="text"/> | NRIC/FIN/Passport No: | <input type="text"/> |
| Name of Employer: | <input type="text"/> | Occupation/Designation: | <input type="text"/> |

RISK LOCATION DETAILS (Please tick accordingly)

Insured Risk Location:

Dwelling Type:

Bungalow Semi-Detached Terrace HDB

Condominium/Executive Condominium Others: _____

Is the Property above 50 Years Old? No Yes

Year Built: Year Renovated:

Occupancy Type:

Owner occupied Rented by you Rented to others Others : _____

SECURITY DETAILS (Please tick accordingly)

Any Domestic Helper(s) living at the Premises? No Yes

Is the Property likely to be unoccupied for 30 consecutive days? No Yes

Type of Safe available: Free Standing Bolted Down None

Other security features available:

Fire Alarm Burglar Alarm CCTV Fire Extinguisher

None Others: _____

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COVERAGE OPTIONS (Please tick accordingly)

Figures to be indicated in Singapore dollars only.

| Coverage | <input type="checkbox"/> Plan A | <input type="checkbox"/> Plan B | |
|---|---------------------------------|---------------------------------|-----------------------------|
| Building | - | \$800,000 | Deductible: \$200 |
| Additions and Alterations | \$50,000 | - | Deductible: \$200 |
| Contents | \$150,000 | \$250,000 | Deductible: \$200 |
| Valuable Articles | | | |
| <ul style="list-style-type: none"> Jewellery – Unscheduled | \$8,500 | \$12,000 | Per Article Limit: \$10,000 |
| <ul style="list-style-type: none"> Fine Art – Unscheduled | \$8,500 | \$12,000 | Per Article Limit: \$10,000 |
| Worldwide Personal Liability | \$1,000,000 | \$2,000,000 | |
| Total Premium Payable (Incl. 8% GST) | \$888.22 | \$1,635.14 | |

| Coverage | <input type="checkbox"/> Plan C | Deductibles | Unscheduled Items Per Article Limit |
|------------------------------|---|-------------|-------------------------------------|
| Building | | | |
| Additions and Alterations | | | |
| Contents | | | |
| Valuable Articles | Please complete Page 3 – Valuable Article Listing | | |
| Worldwide Personal Liability | | | |

PERIOD OF INSURANCE

Coverage to take effect on: _____

LOSS HISTORY

Have you made any claims on similar insurance in the last 3 years? No Yes

Has any insurer ever refused to accept, renew or continue with your insurance cover? No Yes

If the answer is “Yes” to any of the above questions, please provide details.

Premier Client Solutions Application Form



VALUABLE ARTICLE LISTING

Figures to be indicated in Singapore dollars only
Please use an extra sheet if additional space is required.

| No | Class* | Description | Scheduled Item Coverage Limit | Unscheduled Item Coverage Limit |
|----|--------|-------------|-------------------------------|---------------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |

*Class categories available:

Bicycle
Furs
Jewellery
Wine

Camera
Golfer's Equipments
Silverware
Handbags

Coins
Musical Instruments
Stamps
Books

Fine Art
Mobilephones
Computer and Laptop
Others

Premier Client Solutions Application Form



PAYMENT INFORMATION

Credit Card Installment (VISA/MASTERCARD ONLY)

6 Months

12 Months

Issuing Bank:

DBS/POSB

UOB

Credit Card Full Payment (VISA / MASTERCARD ONLY)

Credit Card Number: _____

Exp Date: _____

Name of Cardholder: _____

Cheque (Full Payment)

Cheque Number: _____

Bank: _____

IMPORTANT NOTE

No insurance is in force until premiums are received and the Policy is issued by AIG Asia Pacific Insurance Pte Ltd. This document is not a contract of insurance. The specific terms, exclusions and conditions applicable to this Insurance are set out in the Policy

DECLARATION

I/We declare:

- i. that the above particulars are true and correct and I/We agree that my/our warranties, declaration and disclosures herein shall form the basis of the contract between AIG Asia Pacific Insurance Pte. Ltd. (AIG) and myself/ourselves if the application is being approved.
- ii. When a third party credit card is used, I/we declare that the cardholder has authorised and consent to such use.
- iii. I/We are aware of and agree to abide by the Policy's terms, conditions and exclusions.
- iv. that I /We are ordinarily resident(s) in Singapore as defined by the Insurance Act 1966.
- v. that I/We have received, read and understood, or have been advised of and understand, the contents of the brochure and any information material relating to this insurance product.
- vi. that in respect of any risk to be insured, no loss, damage, injury or liability has arisen in the last three (3) years, and there is no reason that may cause my property to be at higher risk of loss or damage than normal.

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 http://www.aig.com.sg/sg-privacy_1030_237853.html 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.

If you or such individual 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 <http://www.aig.sg/contact-online>.

Signature of Proposer

Date

PRODUCER INFORMATION

| | |
|---------------|---------------|
| Producer Name | Producer Code |
|---------------|---------------|

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 www.sdic.org.sg).