

Student Assist Application Form

TRAVEL GUARD

www.AIG.com.sg

The Student

Name: _____

Date of Birth: _____ Passport / NRIC No: _____

Address (Singapore): _____

_____ Postal Code: _____

Home: _____ Handphone: _____

E-mail: _____

Country : _____ Name of Institution: _____

Spouse (Applicable for Family Plan)

Name: _____

Date of Birth: _____ Passport / NRIC No: _____

Number of Accompanying Child(ren): _____

The Sponsor (the individual financing the student's overseas education)

Name: _____

Date of Birth: _____ Passport / NRIC No: _____

Relationship to Student : _____

Choice of Plan (S\$) Inclusive of 7% GST (Please tick accordingly)

Individual					
Duration	Type of Plan				Premium
	Core	Core + Plan A	Core + Plan B	Core + Plan C	
6 months (182 days)	<input type="checkbox"/> \$321.00	<input type="checkbox"/> \$433.35	<input type="checkbox"/> \$770.40	<input type="checkbox"/> \$995.10	
1 Year	<input type="checkbox"/> \$385.20	<input type="checkbox"/> \$572.45	<input type="checkbox"/> \$1,134.20	<input type="checkbox"/> \$1,508.70	

Family					
Duration	Type of Plan				Premium
	Core	Core + Plan A	Core + Plan B	Core + Plan C	
6 months (182 days)	<input type="checkbox"/> \$706.20	<input type="checkbox"/> \$953.37	<input type="checkbox"/> \$1,694.88	<input type="checkbox"/> \$2,189.22	
1 Year	<input type="checkbox"/> \$847.44	<input type="checkbox"/> \$1,259.39	<input type="checkbox"/> \$2,495.24	<input type="checkbox"/> \$3,319.14	

Effective Date:

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DD MM YYYY

AIG Asia Pacific Insurance Pte. Ltd.

AIG Building 78 Shenton Way. #07-16
Singapore 079120
Tel : 6419 3000 Fax: 6835 7406
Co. Reg. No. 201009404M

01 Apr 2013

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Mode of Payment (kindly tick accordingly)

☐ Cash

☐ Cheque Payment Bank: _____ Cheque No. _____

☐ Credit Card Payment ☐ MasterCard ☐ Visa ☐ Amex ☐ Diners

Expiry Date

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MM

YYYY

Card No

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NB: For credit card payments, Policy will be issued upon receipt of approval from the respective credit card company

Parent/Guardian (For Students below 16 years of age)

Name: (Mr/Ms/Mrs/Dr) _____

Passport/NRIC No: _____ Relationship to Student: _____

Signature of Parent/Guardian

Date (DD/MM/YYYY)

Signature of Insured Person
or his/her Authorised Representative

Date (DD/MM/YYYY)

Producer Name: _____ Producer Code _____

Warranty and Declaration:

The Insured Person(s) hereby warrant and declare for themselves and on behalf of all members of 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 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.
- (VII) I hereby declare that I am ordinarily resident in Singapore as defined by "Insurance Act (Chapter 142) (First Schedule)".

Important Notice:

- 1. Statement pursuant to the Insurance Act or any amendments thereof: You are to disclose in this Form, fully and faithfully, all the facts that you know or ought to know, otherwise, the policy issued may be void and you may receive nothing from the policy.
- 2. Neither the brochure nor the Application Form is a contract of insurance. However, your warranties, declarations and disclosures therein and herein shall form the basis of the policy. The specific terms, conditions and exclusions applicable to the insurance are set out in the policy.
- 3. This product 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.com.sg or www.gia.org.sg or www.sdic.org.sg). Pre-existing medical conditions are not covered by the policy.

I/We agree that any information collected or held by AIG (whether contained in the Application or otherwise obtained) may be used and disclosed by AIG to its associated individuals/companies or any independent third parties (within or outside Singapore) for any matters relating to this application, any policy issued and to provide advice or information concerning products and services which AIG believes may be of interest to me/us and to communicate with me/us for any purpose.

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