

# Student Assist Application Form



1. Complete this form and submit via [www.aig.sg/contact-online](http://www.aig.sg/contact-online)
2. After submission, an AIG representative will contact you on your application within 5 to 7 working days

## Insured details – Student

Full Name (as per NRIC/Passport): \_\_\_\_\_

NRIC/Passport No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address in Singapore: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Overseas Destination: \_\_\_\_\_ Name of Overseas Institution: \_\_\_\_\_

## Insured 2 – Spouse (Only applicable for Family Plan)

Full Name (as per NRIC/Passport): \_\_\_\_\_

NRIC/Passport No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Number of Accompanying Children: \_\_\_\_\_ Child or Children shall mean a person below 18 years of age and must not be employed during the policy period.

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

Full Name (as per NRIC/Passport): \_\_\_\_\_

NRIC/Passport No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

## Parent/Guardian (For students below 16 years of age)

Full Name (as per NRIC/Passport): \_\_\_\_\_

NRIC/Passport No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

| Individual Plan                                | Choice of Plan                     |  |  |  |
|--|------------------------------------|--|--|--|
|  | <input type="checkbox"/> Core Plan | <input type="checkbox"/> Core + Plan A | <input type="checkbox"/> Core + Plan B | <input type="checkbox"/> Core + Plan C |
| <input type="checkbox"/> Six months (182 days) | S\$327.00                          | S\$452.89                              | S\$830.58                              | S\$1,082.37                            |
| <input type="checkbox"/> One year              | S\$392.40                          | S\$602.23                              | S\$1,231.70                            | S\$1,651.35                            |
| <input type="checkbox"/> Family Plan           | Choice of Plan                     |  |  |  |
|  | <input type="checkbox"/> Core Plan | <input type="checkbox"/> Core + Plan A | <input type="checkbox"/> Core + Plan B | <input type="checkbox"/> Core + Plan C |
| <input type="checkbox"/> Six months (182 days) | S\$719.40                          | S\$996.37                              | S\$1,827.27                            | S\$2,381.21                            |
| <input type="checkbox"/> One year              | S\$863.28                          | S\$1,324.90                            | S\$2,709.74                            | S\$3,632.97                            |

Effective Date:     
DD MM YYYY

## Payment Details


 Visa

Card Number:

Card Expiry Date:      
M M Y Y

Cardholder's Name: \_\_\_\_\_

NB: Policy will be issued upon receipt of approval from the respectively credit card company.  
 Where a third party's credit card is used, I/We declare that the cardholder has authorised and consented to such use in a Letter of Authorisation.



# Student Assist Application Form

## 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.
- (VII) 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 [www.aig.com.sg/privacy](http://www.aig.com.sg/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 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 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 websites ([www.aig.sg](http://www.aig.sg) or [www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).
4. Pre-existing medical conditions are not covered by the policy.

[If you, or the individual on whose behalf you are submitting information for, wishes to opt out of being enrolled in contests, prize draws and similar promotions and from receiving marketing messages, please call us at +65 6419 3000 to do so or opt out via our online form on our website at [www.aig.sg/contact-online](http://www.aig.sg/contact-online).]

\_\_\_\_\_  
**Signature of Insured Person or his/her Authorised Representative**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Producer Name**

\_\_\_\_\_  
**Producer Code**



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