

Student Assist Application Form

The Student

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

(Please underline Family Name)

Date of Birth: _____ Passport / NRIC No: _____ Sex: _____

Address (Singapore): _____

Postal Code: _____

Home: _____ Handphone: _____

E-mail: _____

Country: _____

Name of Institution: _____

Beneficiary: In the event of a death claim, the benefits under this Policy shall be paid to the insured Person's estate.

Choice of Plan (S\$) (Please circle accordingly)

Long Term Plan				
Duration	Type of Plan		Premium (S\$)	
	Classic	Elite		
1 year	\$ 385.20	\$ 719.04		
2 years	\$ 695.50	\$ 1,202.68		
3 years	\$ 1,016.50	\$ 1,763.36		
4 years	\$ 1,309.68	\$ 2,444.95		
Duration	Optional Plan			Premium (S\$)
	Plan A	Plan B	Plan C	
1 year	\$ 700.85	\$ 821.76	\$ 1,129.92	
2 years	\$ 1,399.56	\$ 1,643.52	\$ 2,259.84	
3 years	\$ 2,095.06	\$ 2,465.28	\$ 3,389.76	
4 years	\$ 2,796.98	\$ 3,287.04	\$ 4,519.68	
Total Premium			S\$	

Short Term Plan	
Duration	Premium (S\$)
1 month	\$ 64.20
2 months	\$ 128.40
3 months	\$ 192.60
4 months	\$ 256.80
5 months	\$ 321.00
6 months	\$ 385.20
Total Premium	S\$

With effect from 1st February 2009, all amounts stated are in Singapore Dollars (Inclusive of 7% GST)

Effective Date:

DD	MM	YYYY

Date of Issue:

DD	MM	YYYY

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

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

Passport/NRIC No: _____ Relationship to Student: _____

Signature of Parent/Guardian

Date (DD/MM/YYYY)

Family Insurance Protection

If your spouse and children are joining you abroad, please call our hotline at 1800 419 3000 for their insurance needs.

Mode of Payment (kindly tick accordingly)

Cheque Payment Bank: _____ Cheque No _____

Credit Card Payment Visa MasterCard

Expiry Date

--	--	--	--	--	--

MM YYYY

Card No

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

Signature of Insured Person
or his/her Authorised Representative

Date (DD/MM/YYYY)

Producer Name: LOH LENG NGAH Producer Code 501055

H/P: (65)93897756 Fax: (65)67286919 Email: lengah@8links.com

Warranty and Declaration:

The insured Person(s) hereby warrant and declare for themselves and on behalf of all members of the travelling part as follows:

- i) You are not travelling contrary to the advice of a Medical Practitioner, or for the purpose of obtaining medical treatment.
- ii) You are currently in good health, free from all physical impairment and deformity.
- iii) You understand and agree that no insurance is in force until an Application is accepted by the Company and a Policy is issued pursuant thereon.
- iv) You are aware of and agree to abide by the Policy's terms, conditions and exclusions.
- v) You agree and authorize any medical source (including hospital and clinics), insurance officer or any other organization to release to the Company at any time any information concerning the Insured Person(s) if required.

Important Notice:

1. Statement pursuant to Section 25(5) of Insurance Act, Cap 142 (or any Subsequent amendments thereof); You are to disclose in this enrolment 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 and you may receive nothing from the Policy.
2. Neither the brochure nor the Enrolment form is a contract of insurance. However, your warranties, declarations and disclosures therein and herein form the basis of the Policy. The specific terms, conditions and exclusions applicable to the insurance are set out in the policy, a copy of which is available upon request.
3. Pre-existing medical conditions are not covered by the Policy (See Main Exclusions)
4. AIG Student Assist will not cover any loss, injury, damage or legal liability arising directly or indirectly from travel in, to, or through Afghanistan, Cuba, Democratic Republic of Congo, Iran, Iraq, Sudan or Syria.

