

# AIA FOREIGN WORKER PROTECTOR PLUS

Affordable coverage for your  
foreign workers to keep them  
protected all year round



HEALTHIER, LONGER,  
BETTER LIVES



Can you keep up with the rising medical costs while showing your foreign workers how much you care for their well being and welfare?

Introducing AIA Foreign Worker Protector Plus, an affordable medical insurance plan that is designed to meet most of your foreign workers' hospitalization and surgical costs, giving them greater assurance in moments of need.

All full-time actively at-work foreign workers aged between 16 and 64 years old (entry age), renewable up to age 70, who hold a valid S Pass and Work Permit holder (foreign worker) are eligible for the plan.

## Why AIA Foreign Worker Protector Plus?

### Comprehensive Coverage

- Up to S\$100,000 per policy year for eligible medical expenses
- Up to S\$500 for emergency outpatient expenses
- Up to S\$5,000 for outpatient kidney dialysis or cancer treatment
- S\$3,000 in the event of death

### Comply with Ministry of Manpower's (MOM) Enhanced Medical Insurance Requirements

AIA Singapore's products and solutions<sup>1</sup> meet the mandatory requirements set out by Ministry of Manpower (MOM) for medical insurance coverage for Foreign Workers (S Pass and Work Permit Holders).

Click the link to find out more.

<https://www.aia.com.sg/en/our-products/corporate-medical-insurance/coverage-for-foreign-workers>

### Affordability

Low annual premiums from S\$119.90<sup>2</sup> per foreign worker

### Portfolio Pricing

Premium rates are determined based on the entire AIA Foreign Worker Protector Plus portfolio – your workers' claim submissions will not incur a corresponding increase in premiums during policy renewal

### Customer-Centric

24/7 dedicated customer service hotline to help you with claims and enquiries

#### FOOTNOTE:

<sup>1</sup> Foreign Worker Protector Plus, Flexi Vital Care Plus, and customized Group Hospital & Surgical plans.

<sup>2</sup> Based on Plan 1 (25% co-insurance) for group size 51 to 100 foreign workers.

## Benefits Table

Core Plan: Group Hospitalization & Surgical (GHS)	Plan 1 (S\$)	Plan 2 (S\$)	Plan 3 (S\$)
<b>1a. Daily Room &amp; Board</b> (maximum 120 days) <sup>3</sup>	4-bedded room in a Singapore Government Restructured Hospital	4-bedded room in a Singapore Government Restructured Hospital	4-bedded room in a Singapore Government Restructured Hospital
<b>1b. Intensive Care Unit (ICU)</b> (maximum 30 days) <sup>3</sup>	60,000 per policy year (co-insurance of 25% is applicable for claims in excess of 15,000)	80,000 per policy year (co-insurance of 25% is applicable for claims in excess of 15,000)	100,000 per policy year (co-insurance of 25% is applicable for claims in excess of 15,000)
<b>1c. Community Hospital</b> (maximum 60 days) <sup>3</sup>			
<b>2. Other Hospital Services</b> (including implants)			
<b>3. Surgical Fee</b>			
<b>4. In-Hospital Doctor's Consultation</b> (maximum 120 days) <sup>3</sup>			
<b>5. Pre &amp; Post-Hospitalization Specialist Consultation, Diagnostic X-ray and Laboratory Tests</b> Expenses incurred 90 days prior to admission and 90 days after discharge			
<b>6. Emergency Accidental Outpatient Treatment (per policy year)</b> Expenses incurred within 31 days of accident, provided treatment is sought within 24 hours of accident (includes Accidental Dental)	500	500	500
<b>7. Outpatient Kidney Dialysis / Cancer Treatment</b> Up to maximum limit per Policy Year	5,000	5,000	5,000
<b>8. Death</b>	3,000	3,000	3,000

### Pro-ration Factor

The pro-ration factor below shall apply if a member is admitted to a higher class of ward, a private or overseas hospital.

Type of Ward / Hospital	Pro-Ration Factor
Class A Ward in a Singapore Government Restructured Hospital	65%
Any Private Hospitals in Singapore	50%
Any Overseas Hospitals	50%

FOOTNOTE:

<sup>3</sup> 25% co-insurance will apply if the maximum no. of days is exceeded.

## Exclusions to Group Hospitalization & Surgical (GHS)

There are certain conditions under which no benefits will be payable. These are stated as exclusions in the policy contract. The exclusions for this plan include, but are not limited to, the following conditions. You are advised to read the policy contract for the full list of exclusions.

- Repeated occurrences of Sickness or Injury while employed by the Policyholder resulting in Investigation and treatment of psychological, emotional, mental conditions and intentional self-inflicted injuries while sane or insane.
- Repeated occurrences of Sickness or Injury while employed by the Policyholder arising from drug addiction to prescribed or non-controlled drugs, or while under the influence of alcohol, or alcoholism.
- Repeated occurrence while employed by the Policyholder for Injury arising from direct participation in a strike, riot, or civil commotion.
- Acquired Immuno-Deficiency Syndrome (AIDS), AIDS related complexes and all illnesses or diseases associated with the Human Immuno-Deficiency Virus (HIV), unless acquired due to Medically Necessary blood transfusions or occupational related infections (where proof of which must be made available to the Company).

## Optional Rider

### Group Accidental Death & Dismemberment (GADD)

<b>DEATH</b>	Provides 24-hours worldwide coverage against death due to accident. The sum assured is payable in a lump sum.
<b>TOTAL AND PERMANENT DISABILITY (TPD)</b>	<p>a. Total &amp; Permanent Disability Benefit - Provides coverage against TPD as a result of accident prior to the insured's 65<sup>th</sup> birthday. TPD shall mean that the disability must be total and permanent and that there is no work, occupation, or profession that the insured can ever sufficiently do or follow to earn or obtain any wages, compensation or profit. The sum assured is payable in a lump sum.</p> <p>b. Mobility Aid Extension Benefit - In the event of TPD, this benefit provides for the reimbursement of the cost of equipment necessary for mobility (e.g. wheelchair). The amount payable is 95% of the expenses up to a maximum of S\$1,000.</p>
<b>MAJOR BURNS</b>	Provides coverage against 3 <sup>rd</sup> degree burns.
<b>COMPASSIONATE DEATH ALLOWANCE</b>	Pays a benefit of S\$2,000 in addition to the above-mentioned Death benefit.
<b>CHILDREN EDUCATION FUND</b>	Pays a benefit of S\$5,000 in addition to above-mentioned Death benefit if as a result of an accident the member leaves behind a dependant child. Dependant child is an unmarried child below 25 years old and unemployed.
<b>ACCIDENTAL DEATH DUE TO COMMON CARRIER</b>	Pays a benefit of 10% of the sum assured up to a maximum of S\$10,000, in addition to the above-mentioned Death benefit, if as a result of an accident, whilst boarding, alighting or travelling in a duly licensed commercial aircraft as a fare-paying passenger, the member dies within 12 months of the date of accident.
<b>COMATOSE STATE DUE TO COMMON CARRIER</b>	Pays a benefit of 20% of the sum assured up to a maximum of S\$20,000, if as a result of an accident, whilst boarding, alighting or travelling in a duly licensed commercial aircraft as a fare-paying passenger, the member is hospitalized and is in a comatose state within 30 days of the date of accident.
<b>EXCLUSIONS</b>	<p>Self-destruction or any attempt thereat.</p> <p>War, participation in a riot, violation or attempted violation of the law or resistance to arrest.</p> <p>Travelling or flying in, ascending or descending from any aerial device or aircraft, unless the insured is travelling as a fare-paying passenger in a duly licensed commercial aircraft and the said aircraft was not engaged in any rescue, instructional or training purposes during such flight.</p> <p>Racing on horse or wheels.</p>

## Premium Table

Group Size	Core Plan: Group Hospitalization & Surgical (GHS)		
	Plan 1 (S\$)	Plan 2 (S\$)	Plan 3 (S\$)
3 to 10	277.95	310.65	337.90
11 to 24	179.85	201.65	223.45
25 to 50	158.05	174.40	190.75
51 to 100	119.90	136.25	147.15

Group Size	Optional Upgrade to Core Plan (0% Co-Insurance)		
	Plan 1 (S\$)	Plan 2 (S\$)	Plan 3 (S\$)
3 to 10	316.10	348.80	381.50
11 to 24	207.10	228.90	250.70
25 to 50	179.85	196.20	218.00
51 to 100	141.70	152.60	168.95

The premiums above are inclusive of Core Plan: Group Hospitalization & Surgical (GHS)  
There is no difference in rates for Foreign Workers aged 50 and below, and aged above 50.

### Optional Rider

#### Group Accidental Death & Dismemberment (GADD)

Occupational Class	Sum Assured (S\$) 60,000
I	34.88
II	49.05
III	65.40
IV	81.75

### Occupational Classifications

<b>Class 1</b>	Clerical, administrative or other similar non-hazardous occupations
<b>Class 2</b>	Occupations where some degree of risk is involved, e.g. supervision of manual workers, totally administrative job in an industrial environment
<b>Class 3</b>	Occupations involving regular light to medium manual work but no substantial hazard which may increase the risk of sickness or accident
<b>Class 4</b>	High risk occupations involving heavy manual work including hot works

### IMPORTANT NOTES

This insurance plan is underwritten by AIA Singapore Private Limited (Reg. No. 201106386R) ("AIA"). All insurance applications are subject to AIA's underwriting and acceptance. This brochure is not a contract of insurance. The precise terms and conditions of this plan, including exclusions whereby the benefits under your policy may not be paid out, are specified in the policy contract. You are advised to read the policy contract.

Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs. You are discouraged from switching from an existing accident and/or health insurance policy to a new one without considering whether the switch is detrimental, as there may be potential disadvantages with switching. A penalty may be imposed for early policy termination and the new policy may cost more or have fewer benefits at the same cost.

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 your insurer or visit the GIA/LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

This advertisement has not been reviewed by the Monetary Authority of Singapore. Information is correct as of 31 July 2025.





**AIA SINGAPORE PRIVATE LIMITED (REG. NO. 201106386R)**  
**AIA FOREIGN WORKER PROTECTOR PLUS APPLICATION FORM**

**WARNING:** In accordance with Section 25(5) of the Insurance Act, as may be amended from time to time, you are to fully and faithfully disclose in this Application Form all facts which you know, or ought to know, failing which you may receive nothing from the policy and/or the policy issued may be void.

**(Group Size: 3 - 100 Employees)**

Please type/write clearly in **CAPITAL** letters and tick (✓) in the boxes where appropriate.

Do refer to the policy contract for more information.

**COMPANY PARTICULARS**

Name of Company (herein the policyholder):

Company Registration No. / Unique Entity No. (UEN) :

Nature of Business:

Mailing Address:

Postal Code:

**COMMENCEMENT OF INSURANCE COVERAGE**

Effective Date:

DD/MM/YYYY  
(Commencement Date)

**CONTACT DETAILS OF AUTHORISED PERSON-IN-CHARGE**

Name:

Identification Number:

(NRIC/FIN No.)

Email Address:

Office No.:

Mobile No.:

**CORPORATE BANK ACCOUNT DETAILS**

(All claims incurred under the Foreign Workers shall be made payable to the Company's Bank account)

Policy Name:

Sub Office:

Bank Name:

Branch Code:

Account Holder Name:

Account Number:

Note: The bank details for the main office will be used for all sub offices unless otherwise specified. Please provide sub office bank details if they differ.

## OTHER SUBMISSION DOCUMENTS REQUIRED

- Accounting and Corporate Regulatory Authority (ACRA Bizfile)  
(Latest copy of not more than 12 months)
- MAS 314 (Form) List of Authorised Signatories and Beneficial Owners\*
- Excel Template for Members Census Reporting\*

## USEFUL INFORMATION



\* Forms can be downloaded from <https://ebenefits.aia.com.sg/build#/login/information-library>  
OR you can scan the QR code to get to the URL

- **MAS 314 Form** : Click on Administration >> MAS 314 List of Authorised Signatory and Beneficial Owners
- **Excel Template for Members Census Reporting**: Click on Administration >> Excel Template for Member Census Reporting
- **HR AIA eBenefits User ID Request Form**: Click on Administration >> eBenefits UserID and Password Application

## INSURANCE COVERAGE DETAILS

Plan Choice (please tick one based on your selected plan and group size)	PLAN 1 Annual Premium* (Per Insured Member)	PLAN 2 Annual Premium* (Per Insured Member)	PLAN 3 Annual Premium* (Per Insured Member)
<b>Core Plan:</b>			
<b>Group Hospitalization &amp; Surgical (GHS)</b>			
<i>There is no difference in rates for Foreign Workers aged 50 and below, and aged above 50.</i>			
3 to 10 workers	S\$ 277.95 <input type="checkbox"/>	S\$ 310.65 <input type="checkbox"/>	S\$ 337.90 <input type="checkbox"/>
11 to 24 workers	S\$ 179.85 <input type="checkbox"/>	S\$ 201.65 <input type="checkbox"/>	S\$ 223.45 <input type="checkbox"/>
25 to 50 workers	S\$ 158.05 <input type="checkbox"/>	S\$ 174.40 <input type="checkbox"/>	S\$ 190.75 <input type="checkbox"/>
51 to 100 workers	S\$ 119.90 <input type="checkbox"/>	S\$ 136.25 <input type="checkbox"/>	S\$ 147.15 <input type="checkbox"/>
<b>Optional Upgrade to Core Plan (0% Co-Insurance)</b>			
<i>The premiums below are inclusive of Core Plan: Group Hospitalization &amp; Surgical (GHS) There is no difference in rates for Foreign Workers aged 50 and below, and aged above 50.</i>			
3 to 10 workers	S\$ 316.10 <input type="checkbox"/>	S\$ 348.80 <input type="checkbox"/>	S\$ 381.50 <input type="checkbox"/>
11 to 24 workers	S\$ 207.10 <input type="checkbox"/>	S\$ 228.90 <input type="checkbox"/>	S\$ 250.70 <input type="checkbox"/>
25 to 50 workers	S\$ 179.85 <input type="checkbox"/>	S\$ 196.20 <input type="checkbox"/>	S\$ 218.00 <input type="checkbox"/>
51 to 100 workers	S\$ 141.70 <input type="checkbox"/>	S\$ 152.60 <input type="checkbox"/>	S\$ 168.95 <input type="checkbox"/>
<b>Number of workers to be insured</b> (please indicate)	_____no.	_____no.	_____no.
<b>Optional Rider: Group Accidental Death &amp; Dismemberment (GADD)</b>			
Occupation Class	Lives	Annual Premium* (Per Insured Member)	
I	_____no.	S\$ 34.88 <input type="checkbox"/>	
II	_____no.	S\$ 49.05 <input type="checkbox"/>	
III	_____no.	S\$ 65.40 <input type="checkbox"/>	
IV	_____no.	S\$ 81.75 <input type="checkbox"/>	
* The amount stated includes 9% GST.			



## PAYMENT METHOD

Bank Transfer

Bank details of **AIA Singapore Private Limited**

Payable to: AIA SINGAPORE PRIVATE LIMITED  
Currency: SGD  
Bank Name: Standard Chartered Bank  
Bank Address: 6 Battery Road  
Bank Code: 9496  
Branch Code: 001  
Account Name: AIA SG Pte Ltd - Npar (SGD)  
Account No.: **01-022-8773-2**  
Swift Code: SCBSG22XXX

Credit Card

Type of Card:  VISA  MASTERCARD  AMEX

Name of Cardholder (as printed on card): \_\_\_\_\_

Credit Card Number:

Card Expiry Date: MM   YY

- Note: 1. For VISA or MASTERCARD, the Cardholder must be a "Director" stated in the company's ACRA.  
2. AMEX card, only corporate cards starting with "37622", "37695", "3798" and "3773" are allowed.  
3. No third party credit card is allowed.

## CARDHOLDER'S AUTHORISATION

1. I, the Cardholder identified on this form hereby authorise AIA Singapore Private Limited ("AIA Singapore") to charge the aforesaid card and the issuer of the said card to pay the premium due under this application, including any additional premiums payable after the submission of this application.
2. I hereby authorise, agree and consent to AIA Singapore to use and/or disclose any information collected and /or held (whether contained in this form or otherwise obtained) to its associated individuals /organisations and/or independent third parties, within or outside Singapore, with regard to any matters pertaining to this form /aforesaid Policies. I hereby specifically waive any right to bring a claim of any nature against AIA Singapore, its associated individuals/organisations and/or independent third parties, within or outside Singapore, in respect of any above-mentioned disclosure and /or any disclosure in the nature described above.
3. Should payment not be successfully effected pursuant to this authorisation for any reason, AIA Singapore shall under no circumstances be held responsible or liable in any manner whatsoever including any subsequent expiry of the policies due to late or non-payment of premiums.
4. This authorisation shall be binding and remain valid, notwithstanding death of the Cardholder, irrespective whether or not this form/aforesaid policies are accepted by AIA Singapore. A photocopy of this authorisation shall be effective and valid as original.

\_\_\_\_\_  
**Cardholder's Signature**  
(as per Credit Card)

\_\_\_\_\_  
**Date**  
(DD/MM/YYYY)



## DECLARATION & AUTHORISATION

**The Applicant hereby agrees and declares, on behalf of itself and any other person or persons, firm or corporation, who may have or claim any interest in any insurance on this Application:**

1. No statement, information or agreement made by/to or given by/to the person soliciting/taking this Application or any other persons, shall be binding on AIA Singapore Private Limited ("AIA"), unless presented to AIA in writing and approved by an authorised officer of AIA .
2. The statements and answers contained in this Application, together with those contained in any required form including enrolment form, questionnaire or amendment of the Applicant, the statements and answers of the Applicant's employees and their dependants contained in any required form, or medical report, and any required supporting documents (collectively the "Information") are full, complete, true and correct and that no Information has been withheld. The Applicant further agrees that the Information shall form the basis of the contract between the parties hereto, and that the Information together with the group policy (including without limitation its riders, endorsements and any amendments thereto) shall constitute the entire contract between the parties. The Applicant understands that if any of the Information is not full or complete or true or correct, the group policy issued hereunder may be void and the Applicant/policyholder/employee/dependant as the case may be, may receive nothing from the group policy.
3. AIA shall assume no liability whatsoever and the group policy will only be effective after this Application and required forms, questionnaires or amendments have been completed by the Applicant, and its employees and their dependants, with the Application being accepted by AIA and the first premium fully paid for.
4. I/We hereby authorise, agree and consent to:
  - a) persons and organisations, whether within or outside Singapore, including but not limited to medical sources, hospitals, doctors, other healthcare professionals, laboratories, regulator, dispute resolution centres and insurers, their associated persons/organisations, my/our or the insured person's employers or financial service providers, or their third party service providers or representatives (collectively "Third Parties") disclosing and releasing to AIA, its associated persons/organisations, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively "AIA Persons"), any information concerning the policy owner and the insured person(s) at any time, including all personal data and information, medical information, medical history, consultation history and notes, prescriptions, treatments, descriptions of medical services rendered, and any employment and financial information, including the taking of copies of such records (collectively "Personal Data"), relevant for the Purpose (defined below);
  - b) the AIA Persons sharing the scope of sub-clause (a) above, along with any of the Personal Data, with any relevant Third Parties to procure their disclosure and release of additional relevant Personal Data for the Purpose;
  - c) the AIA Persons, including their approved medical examiners or laboratories, performing any necessary medical assessments and examinations and tests to determine, assess and evaluate the health of the insured person(s);
  - d) the AIA Persons collecting, using, disclosing, storing, retaining and/or processing (collectively, "Using"/"Use") the Personal Data for the Purpose; and
  - e) waive any right (on my own behalf and on behalf of the insured person( s) where applicable, in respect of which I/we represent and warrant that the insured person(s) have granted me/us authority to so waive) 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 any Personal Data for the Purpose.

Where I/we are not the insured person, I/we represent and warrant that I/we have obtained the consent of the insured person( s), except to the extent such consent is not required under relevant laws: ( i) to collect their Personal Data; (ii) to disclose their Personal Data to the AIA Persons; and (iii) for the AIA Persons and Third Parties to Use any of their Personal Data in the manner and for the purposes described in this Clause. 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. In this Clause, "Purpose" means any of the purposes described in the AIA Personal Data Policy, including but not limited to processing of this form, to provide subsequent advice or services to me/us or the insured person in relation to any existing or future policy/policies/programmes that I/we may hold/participate with AIA. 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. A photocopy of this authorisation shall be valid and effective as the original.

5. The Applicant is not insolvent or is unable to pay its debts as they become due, or making any assignment or arrangement for the benefit of its creditors, or is ceasing or threatening to cease to carry on its business.
6. Should a Relevant Person be found at any time to be a Prohibited Person, AIA Singapore is entitled, at its absolute discretion and without any liability to me/us, to (i) decline, block, suspend or cancel this application or any request, instruction, or transaction including any payment, transfer or receipt of money; (ii) decline to provide cover or to pay any claim or benefit under the Policy; and (iii) immediately terminate or void the Policy. AIA Singapore's decision in exercising this right shall be final. This right may only be waived in writing; no delay or failure in exercising this right shall be deemed as a waiver of the same. "Relevant Person" includes (a) persons and entities who are the policy holders, insured persons, beneficiaries, trustees, payees, or assigns; (b) their beneficial owners or affiliates; (c) (in the case of an entity) their directors, partners, or direct / indirect shareholders or persons having executive authority, or (d) natural persons appointed to act on their behalf. "Prohibited Person" includes a person or entity that is subject to any sanction, prohibition or restriction administered by any regulatory authorities in any country or jurisdiction, such that the provision of such cover, payment of such claim or provision of such benefit may in AIA Singapore's opinion expose it to any, or any risk of, sanction, prohibition or restriction. As an ongoing obligation, I/we will immediately inform AIA Singapore if there are any changes to the identities, status, constitution, establishment, particulars and identification documents of these Relevant Persons. I/we will indemnify AIA Singapore and hold it harmless from and against any and all related losses, damages, costs and/or expenses suffered and/or incurred, including but not limited to legal costs.

## DECLARATION & AUTHORISATION

7. By signing this Application, the Applicant confirms that the AIA Financial Services Consultant / Insurance Representative has solicited insurance business from the Applicant in the Republic of Singapore and that the signing of this Application has taken place in the Republic of Singapore.

**WARNING: If a material fact is not disclosed in this Application, any insurance coverage issued to you may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the AIA Financial Services Consultant(s)/Insurance Representative(s) but was not included in this Application. Please check to ensure you are fully satisfied with the information declared in this Application. Additionally and without prejudice to the parties' rights and obligations whether under law or otherwise, following the submission of this Application, you must continue to disclose any and all material facts that may arise or which have changed from the information you had provided.**

\_\_\_\_\_  
Authorised Signatory & Company Stamp

\_\_\_\_\_  
NRIC/ FIN No.

\_\_\_\_\_  
Date  
(DD/MM/YYYY)

\_\_\_\_\_  
Designation

## AIA CONSULTANT'S / INSURANCE REPRESENTATIVE'S DETAILS

### AIA Consultant's Details

Name of Consultant (1): \_\_\_\_\_

Contact No.: \_\_\_\_\_

Commission Share (%): \_\_\_\_\_

AIA Consultant Code: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Signature of AIA Consultant: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Consultant (2) (if applicable): \_\_\_\_\_

Contact No.: \_\_\_\_\_

Commission Share (%): \_\_\_\_\_

AIA Consultant Code: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Signature of AIA Consultant: \_\_\_\_\_

Date: \_\_\_\_\_

### AIA Consultant (1) Supervisor's Details

Name of Supervisor: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Supervisor Code: \_\_\_\_\_

### Insurance Representative's (Broker/ Financial Advisor's) Details

Name of Broker/Financial Advisor (FA): \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Signature of Broker/FA: \_\_\_\_\_

Date: \_\_\_\_\_



**AIA Singapore Private Limited**

(Reg. No. 201106386R)

**CORPORATE SOLUTIONS**

3 Tampines Grande, AIA Tampines, #07-00

Singapore, 528799

[aia.com.sg](http://aia.com.sg)