

Aviva Ltd
Request for Changes to Global Health



TO: INDIVIDUAL HEALTH SERVICES (Fax No.: (65) 6827 7315)

Name of Policyholder : _____
NRIC / Passport No. : _____ Policy No. : _____ - _____

I am aware that insurance is a long-term commitment and I can seek advice from a licensed financial adviser / representative before I sign this application. Should I choose not to, I take sole responsibility to ensure that this application is appropriate to meet my financial needs and insurance objectives. I understand that by making changes to my Policy, I may be losing valuable benefits and it may not be possible for me to obtain a similar level of protection on the same terms in the future.

I understand that I need to disclose to Aviva, fully and faithfully, all the following changes of material facts that I know or ought to know, otherwise, I may not receive any benefit from my Policy.

I, the legal owner of this Policy, hereby request that the stated Policy to be changed as indicated below with the understanding and agreement that the change when effected shall be an amendment to and will form part of the original Policy issued and also be binding on any person who shall have or claim any interest under the said Policy.

CHANGE OF PLAN DETAILS

Change from current Plan to *	Area of Cover	Deductible*	Name of Insured Person
<input type="checkbox"/> Elite <input type="checkbox"/> Supreme <input type="checkbox"/> Classic	<input type="checkbox"/> Area 1 – Worldwide <input type="checkbox"/> Area 2 – Worldwide excluding USA	<input type="checkbox"/> No deductible <input type="checkbox"/> US\$500/£300/€400/S\$850 <input type="checkbox"/> US\$1,000/£600/€800/S\$1,750 <input type="checkbox"/> US\$2,000/£1,200/€1,600/S\$3,500	1.
<input type="checkbox"/> Elite <input type="checkbox"/> Supreme <input type="checkbox"/> Classic	<input type="checkbox"/> Area 1 – Worldwide <input type="checkbox"/> Area 2 – Worldwide excluding USA	<input type="checkbox"/> No deductible <input type="checkbox"/> US\$500/£300/€400/S\$850 <input type="checkbox"/> US\$1,000/£600/€800/S\$1,750 <input type="checkbox"/> US\$2,000/£1,200/€1,600/S\$3,500	2.
<input type="checkbox"/> Elite <input type="checkbox"/> Supreme <input type="checkbox"/> Classic	<input type="checkbox"/> Area 1 – Worldwide <input type="checkbox"/> Area 2 – Worldwide excluding USA	<input type="checkbox"/> No deductible <input type="checkbox"/> US\$500/£300/€400/S\$850 <input type="checkbox"/> US\$1,000/£600/€800/S\$1,750 <input type="checkbox"/> US\$2,000/£1,200/€1,600/S\$3,500	3.
<input type="checkbox"/> Elite <input type="checkbox"/> Supreme <input type="checkbox"/> Classic	<input type="checkbox"/> Area 1 – Worldwide <input type="checkbox"/> Area 2 – Worldwide excluding USA	<input type="checkbox"/> No deductible <input type="checkbox"/> US\$500/£300/€400/S\$850 <input type="checkbox"/> US\$1,000/£600/€800/S\$1,750 <input type="checkbox"/> US\$2,000/£1,200/€1,600/S\$3,500	4.
<input type="checkbox"/> Elite <input type="checkbox"/> Supreme <input type="checkbox"/> Classic	<input type="checkbox"/> Area 1 – Worldwide <input type="checkbox"/> Area 2 – Worldwide excluding USA	<input type="checkbox"/> No deductible <input type="checkbox"/> US\$500/£300/€400/S\$850 <input type="checkbox"/> US\$1,000/£600/€800/S\$1,750 <input type="checkbox"/> US\$2,000/£1,200/€1,600/S\$3,500	5.

- * 1. For upgrade of plan, please submit Declaration of Continued Good Health form.
 2. All Dependant Child(ren) must apply for the same plan type and deductible amount. The chosen plan type must not be higher than the Proposer/Spouse/Co-habitant's.

CHANGE OF PREMIUM PAYMENT FREQUENCY / MODE

Change of payment frequency:

Annual Quarterly[#] Monthly[#]

Change of payment mode:

Cheque[^]

Telegraphic Transfer[^]

Any charges by the remitting bank in the course of submitting funds to Aviva Ltd must be borne by the applicants. This may mean that it is necessary to pay an amount in excess of the contribution due to the Policy to cover these charges. Please indicate your name (as in this application), Identity/Passport Number and the policy number in the TT application. Please remit the amount to the currency denominated bank account of Aviva Ltd as shown below:

Contract	Currency	Bank	Bank Account No.	Swift Code
USD	}	Citibank N.A (Singapore Branch)	0-820610-016	CITISGSG
EURO			0-820610-024	
GBP			0-820610-032	
SGD			0-820610-008	

[#] Factors will be applied for monthly and quarterly modes of payment: Monthly payment – 0.0853, Quarterly payment – 0.2548

[^]Applicable to annual mode only

CHANGE OF PREMIUM PAYMENT FREQUENCY / MODE (cont'd)

Credit Card

Card Payment Authorisation

Visa / Mastercard Authorisation

I authorize Aviva Ltd, until further notice in writing, to charge my card account, the premiums in respect of this insurance policy as and when these become due. I will advise in writing immediately if the card becomes stolen or if I wish to close my card account or cancel the authorisation.

Name of Cardholder : _____ Visa Mastercard

Card No.: _____ Bank: _____ Expiry Date (mm/yyyy): _____

Signature of Cardholder: _____ Date: _____

CHANGE OF PERSONAL PARTICULARS

Change of Address: _____

Change of Contact Details: _____ Residential _____ Mobile _____ Office _____

Change of Signature

(Please ensure that the previous signature is signed)

Name of Signatory

Previous Signature

New Signature

CHANGE OF MATERIAL INFORMATION*

Change in Occupation: _____

(Please specify nature of duties)

Change in Usual Country of Residence: _____

(Please specify new country of residence & address)

Other Material Changes: _____

(For e.g. change in sporting activities)

* Please state the names of the affected Insured Person(s).

OTHERS

Signature of Policyholder

Name & Signature of Insured Person
(if 16 years old & above)

Name & Signature of Insured Person
(if 16 years old & above)

Date (dd/mm/yyyy)