



Aviva COVID-19 Premium Deferment Form

*Eligible Period: 1 April 2020 to 30 September 2020

Part A Your Policy Details

Policy Number _____ Name of Assured/Assignee _____

If you cannot remember your policy number, please consent to us using your NRIC/Passport No. for the purpose of processing this request by providing your NRIC/Passport No. NRIC/Passport Number _____

Please checked this box if you would like to apply for premium deferment for your MINDEF / MHA / Public Officer Group Insurance Scheme (POGIS) / Exxon Mobile Voluntary Term Life Policy. [Delete where applicable.]

Part B Your Confirmation

I would like to apply for a deferment of my premiums, and I understand that:

- a) Premiums will be deferred for up to 6 months from the date the deferment approval.
- b) During deferment period, no premium deduction will be made via GIRO or credit card.
- c) Full premium payment in arrears needs to be made at the end of the deferment period. You can contact us to resume your existing GIRO or credit card arrangement for your policy.
- d) The policy will be treated according to the terms and conditions of the policy if premiums are not paid at the end of premium deferment period.
- e) Application for deferment will be reviewed at the discretion of Aviva and is subjected to approval.

Occupation: _____

Reason for deferment:

- Loss of job due to COVID-19
- Experienced a sustained income drop due to COVID-19 (such as for small business owners, private hire drivers etc)
- Been put on indefinite/extended no-pay leave due to COVID-19 (such as airline staff, entertainment venue staff etc)
- Been hospitalised due to COVID-19 and/or are paying for COVID-19 related hospitalisation bills for immediate family members. (This is provided the hospitalised patient has not travelled out of Singapore since 27 March 2020)
- Others, please specify: _____

Please submit one of the supporting documents:

- Letter from employer on retrenchment / extended no-pay leave
- Hospital bill
- Income statements/Pay Slips

Note: We may require additional documentation(s) where applicable.

Declaration

I/We acknowledge that the Company may reject any of my/our instructions including, but not limited to, those that, in the Company's sole and absolute discretion, are deemed incomplete, unclear or ambiguous, or if my/our signature(s) differ(s) from what was originally provided as a specimen to the Company, and the Company will not be responsible for any losses that may be incurred by me/us due to such rejection of any of my/our instructions.

I/We consent to Aviva Ltd (and Aviva related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Aviva Ltd.

I/We also consent to Aviva Ltd (and Aviva related group of companies) transferring my/our personal data to Aviva related group of companies and/or third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

For full details of the purposes of collection, use and disclosure of your personal data, please visit <http://www.aviva.com.sg/pdpa.html>.

Signature of Main Life Assured

► For age next birthday 17 years and above
► Your signature must be consistent with our record

Name:
Date:
Mobile number:
Email address:

Signature of Assured/Joint Life Assured

► Your signature must be consistent with our record

Name:
Date:
Mobile number:
Email address:

Signature of Assignee / Trustee(s)*

► Your signature must be consistent with our record

Name:
Date:
Mobile number:
Email address:

Important Note:

- a) * Signature of Trustee(s) are required for policies under Trust
- b) Mobile number and email address provided above will replace our records accordingly.

PSAPP012.02
Aviva: **Public**