

## GROUP PLUS QUOTATION FORM

**Statement pursuant to the Insurance Act or any amendments thereof: You are to disclose in this Quotation form, fully and faithfully, all the facts that you know or ought to know, otherwise the policy issued may be void and you or your employee may receive nothing from the policy.**

Submission of the duly completed Quotation Form does not amount to a contract of insurance being entered into between you and AIG Asia Pacific Insurance Pte. Ltd. ("AIG"). The Quotation form shall be subject to acceptance by AIG and no contract of insurance shall be in force until further approval is made by AIG.

### GENERAL INFORMATION

Name of Company: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Presently insured? **Yes / No**

If **Yes**, name of current insurer: \_\_\_\_\_

Type of Policy: \_\_\_\_\_

Period of Insurance: From: \_\_\_\_\_ to \_\_\_\_\_

Total No. of Employees: \_\_\_\_\_ No. of Employees to be insured: \_\_\_\_\_

1. Is there any employee based outside of Singapore? **Yes / No**  
Please advise if the employee is employed by the Singapore office ?  
**Yes/No, please elaborate.**

If **Yes** to Q1, kindly provide the following details:

S/N	No of employees	Age (Dd/mm/yy)	Country employee is located	Sum Insured

2. Is there any employee engaged in a hazardous occupation? **Yes / No**  
(Hazardous occupation eg. Welder, diver, sandblaster, offshore workers etc.)

If **Yes**, kindly provide the following details:

S/N	No of employees	Age (Dd/mm/yy)	Nature of work	Sum Insured

3. For employees that are working onboard an oilrig platform &/or vessel kindly complete the questionnaire below :

1.	Please state the location of the Offshore Site / On Board Vessel Risk	
2.	Please state the scope of duties involved in Offshore Site / On Board Vessel Risk	
3.	Please specify the general distance between the Offshore / On Board Vessel and the last place of disembarkment	
4.	Please identify and indicate the age range of the employees involved in offshore visitation	
5.	Please state the number of employees for each offshore visit	
6.	Kindly specify the number of hours that the employee is exposed to offshore / on board vessel risks per assignment	
7.	What is the mode of transport to the offshore site / on board vessel location stated	<input type="checkbox"/> Helicopter / Aircraft <input type="checkbox"/> Boat / Other Conveyance Others: _____ _____
8.	If mode of transport is via Helicopter or other Aircraft; please state the following:- a) Number of such transportation mode utilized per annum. b) Is the mode of transport:-	Per annum: _____ <input type="checkbox"/> Owned <input type="checkbox"/> Owned by client <input type="checkbox"/> Leased <input type="checkbox"/> Leased by client
9.	If mode of transport is via boat or similar water transportation; please state the following:- c) Number of such transportation mode utilized per annum. d) Is the mode of transport:-	Per annum: _____ <input type="checkbox"/> Owned <input type="checkbox"/> Owned by client <input type="checkbox"/> Leased <input type="checkbox"/> Leased by client
10.	Kindly specify loss history:	_____ _____ _____ _____

4. Please indicate if any of the employees travel in a privately chartered/leased/owned aircraft.

☐ Yes

☐ No

If Yes, please specify the following information:

1.	Make, model and age of aircraft	
2.	Frequency of maintenance on aircraft	
3.	Frequency of travel onboard such aircraft	
4.	Location & purpose of flight	
5.	Average occupancy per flight	

## **GROUP PERSONAL ACCIDENT**

### **Basis of Coverage**

	Category of Employees/Occupation (refer to examples)	Basis of Coverage – Sum Insured (refer to the examples)	Number of Employees
(1)			
(2)			
(3)			
(4)			
(5)			

### **Example 1**

#### **Category of Employees / Occupation Basis of Coverage**

- (1) Senior Management (Director, General Manager, Senior Manager)
- (2) Managers & Executives
- (3) All Others

#### **Basis of Coverage**

200,000  
100,000  
50,000

### **Example 2**

#### **Category of Employees / Occupation**

- (1) All Employees

#### **Basis of Coverage**

24 X Basic Monthly Salary\*

*\*Please provide salary information if the basis of coverage is in terms of basic monthly salary.*

## Claims Experience for the past 3 years

Period of Coverage	Number of Insureds	Paid Claims		Outstanding Claims	
		Number of Claims	Amount (S\$)	Number of Claims	Amount (S\$)

## **Occupational Classifications**

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

## **GROUP BUSINESS TRAVEL**

1.	Name of Policyholder	
2.	Nature of Business	
3.	No. of Employees	
4.	Occupation of Insured Persons	
5.	Duties performed during Trips	
6.	Total no. of Travelers:	
	(a) No. of frequent travelers* (* Note : At least 3 times per year)	
	(b) No. of infrequent travelers ** (**Note : Less than 3 times per year)	
7.	Total No. of Trips per year	[       ] trips per year
	(a) (i) No. of trips per year to Asean countries	[       ] trips per year
	(ii) Average duration per trip to Asean countries	[       ] days per trip

Claims Experience for the past 3 years

*Note:*

- We reserve the right to request for more information with respect to any field in this Quotation Form
- All fields are to be filled. A "Nil" response is required.
- \* All Claims will be paid in Singapore.

## **DECLARATION**

1. I/We hereby declare that, we fully understand the requirements of this GroupPlus Quotation Form and to the best of my/our knowledge and belief, the information given here are true and complete, and agree that if a contract of insurance is effected, all information set out in this GroupPlus Quotation Form and submitted in connection with this application shall form the basis of such contract between the Company and AIG. Any of the information or statements made in this GroupPlus Quotation Form which is found to be untrue or inaccurate, shall invalidate the contract of insurance between the Company and AIG.

By submitting information to AIG relating to any identifiable individual, you represent and warrant that you have the authority to provide that personal information to AIG.

2. With respect to any individual about whom you provide personal information to AIG, you undertake and warrant that:
  - (i) you 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 or transferred by AIG, as set out in the consent clause contained at (ii) below; and
  - (ii) the individual agrees and consents that AIG may collect, use and process his/her personal information (whether obtained in this application form or otherwise obtained) and disclose such personal 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, 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 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 the individual to the full version of AIG's Data Privacy Policy found at [http://www.aig.com.sg/sg-privacy\\_1030\\_237853.html](http://www.aig.com.sg/sg-privacy_1030_237853.html) before you provide the above representation and warranty.

\_\_\_\_\_  
Signature of Authorised Officer

Name:

NRIC / Fin No. :

Designation:

Company Stamp (if applicable):

Date:

I / We declare and acknowledge that I / We have reviewed this GroupPlus Quotation Form with the authorized officer of the Company, and that I / we have explained all the requirements of this GroupPlus Quotation Form to him / her.

\_\_\_\_\_  
Signature of Insurance Representative

Name:

NRIC / Fin No.:

Designation:

Company Stamp (if applicable):

Date:

**This insurance is underwritten by:  
AIG Asia Pacific Insurance Pte. Ltd.**

AIG Building  
78, Shenton Way #07-16  
Singapore 079120  
[www.AIG.com.sg](http://www.AIG.com.sg)  
Co.Reg.No. 201009404M

### **Important Notice**

The statement below applies to the Group Personal Accident coverage only:

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 web-sites ([www.AIG.com.sg](http://www.AIG.com.sg) or [www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).