



AIA SINGAPORE REIMBURSEMENT FOR AIA COLOURS OF LIFE CANCER AND PRIME CRITICAL COVER SCREENING

Particulars of Policy Owner

Name of Policy Owner

NRIC/Passport/FIN No.

Email

Contact No.

Policy Number

Authorisation

I/We hereby authorise, agree and consent to AIA Singapore, its associated persons/organisations, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively "**AIA Persons**") to collect, use, disclose, store, retain and/or process (collectively, "**Use**") all personal data and information ("**Personal Data**") that had/has been provided to AIA Persons and/or that AIA Persons possess about me/us (whether from me/us or a third party), in the manner and for the purposes described in the AIA Personal Data Policy ("**PD Policy**"), including but not limited to, processing of this Application/form and/or to provide subsequent advice or services to me/us in relation to this Application/Policy/form/AIA Vitality Programme and/or any other existing or future policy/policies/programmes that I/we may hold/participate with AIA Singapore. Without prejudice to the foregoing, I/we agree to comply with the terms of the PD Policy, including where such PD Policy is amended from time to time by AIA Singapore in accordance with its terms. Where Personal Data of another person is disclosed by me/us, I/we represent and warrant that I/we have obtained the consent of the individual concerned, except to the extent such consent is not required under relevant laws: (i) to collect such Personal Data; (ii) to disclose such Personal Data to the AIA Persons; and (iii) for the AIA Persons to Use such Personal Data in the manner and for the purposes described in the PD Policy. I/We hereby specifically waive (on our own behalf and on behalf of each such other person, and I/we represent and warrant that such other person has granted me/us authority to so waive) any right 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 Personal Data in the nature of or for any of the purposes described above or in the PD Policy. 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. 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 Singapore. A photocopy of this authorisation shall be valid and effective as the original.

Signature of Policy Owner

Date

Instructions For Claim

- Please send this form to : **Integrated Health Plans Pte Ltd**
60 Paya Lebar Road
#06-43/44 Paya Lebar Square
Singapore 409051

Remember to attach **Original Receipts and Invoices (with itemised details)** with the completed Claim Form.
Inaccurate or incomplete information on claim forms may result in delay or even rejection of the claim.
Please keep a copy of the claim for your own record purpose.

- Respective FSCs/IRs will be informed via email once the claim has been processed.
- For queries on the status of the claim, please call **Integrated Health Plans Pte Ltd** hotline at **6715 9422**.

FSC Declaration (To be completed by FSC Only)

FSC/IR's Name	FSC/IR's Code	FSC/IR Unit Name	Mobile No.

FSC/IR's Email

(03/2018 01/2023 03/2023)

