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Issued by HSBC Insurance (Singapore) Pte. Limited.
Printed on environmentally friendly paper.

SG/AA Protector - Effective from April 2012

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HSBC Insurance (Singapore) Pte. Limited
Robinson Road Post Office
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Singapore 903038



AA Protector

HSBC 
Insurance

Protect yourself and your children with just one policy

Tailored exclusively for AA members, AA Protector offers comprehensive financial protection by providing a lump sum payment in the event of death or total and permanent disability. If death or total and permanent disability is due to an accident in a private car, the amount payable shall be doubled. Plus you can enjoy protection against 30 critical illnesses* with our optional critical illness rider. Furthermore, AA Protector offers you the flexibility to extend the same coverage to your children with our dependant's plan.

With a choice of four attractive plans, you can choose the one that best suits your protection needs.

Benefits at a glance

Comprehensive protection of up to S\$300,000 for as little as S\$1 a day[†]

Enjoy comprehensive protection against death and total and permanent disability, as well as accidental dismemberment benefits of up to 100% of the sum insured. You will also receive hospital income benefit of S\$100 for each day of hospitalisation due to an accident.

Optional critical illness coverage for greater peace of mind

For as little as S\$1.85 a day[†], you can enjoy enhanced coverage against 30 critical illnesses.

Optional coverage for your child

Provide your child with S\$50,000 coverage for an additional S\$0.17 a day with our dependant's plan. Plus, you can opt for additional critical illness protection for your child for just S\$0.07 a day.

Call **(65) 6225 6111**

Fax **(65) 6424 4578**

Click **insurance.hsbc.com.sg**

Write to us at Robinson Road Post Office
P.O. BOX 1538 Singapore 903038.

Brought to you by



AA Protector application form

Pursuant to Section 25(5) of the Insurance Act (Cap.142), you are to disclose in the application form, fully and faithfully all the facts that you know or ought to know, otherwise the Policy issued hereunder may be void.

Choice of plans and benefits

Benefits schedule	Plan 1	Plan 2	Plan 3	Plan 4	Dependant's plan
Death[‡]	S\$50,000	S\$100,000	S\$200,000	S\$300,000	S\$50,000
Total and permanent disability[‡]	S\$50,000	S\$100,000	S\$200,000	S\$300,000	S\$50,000
Dismemberment[¶]	% of sum insured (as per Schedule of Benefits stated in Certificate of Insurance)				
Hospital income due to accident	S\$100 per day (Limit: S\$5,000)				
Optional rider Critical illness benefit					
Accelerated payment of sum insured upon diagnosis of any one of the 30 covered illnesses	S\$50,000	S\$100,000	S\$200,000	S\$300,000	S\$25,000

* List of 30 critical illnesses: stroke, kidney failure, major organ/bone marrow transplant, multiple sclerosis, paralysis (loss of use of limbs), coma, encephalitis, terminal illness, blindness (loss of sight), heart valve surgery, deafness (loss of hearing), surgery to aorta, loss of speech, primary pulmonary hypertension, fulminant hepatitis, Alzheimer's disease, major burns, motor neurone disease, HIV, Parkinson's disease, end stage liver disease, end stage lung disease, major head trauma, aplastic anaemia, muscular dystrophy, apallic syndrome, benign brain tumour, coronary artery bypass surgery, major cancers and heart attack. Please refer to Product Summary for further details on the description of benefits covered.

† Based on Plan 4 for a 44-year-old male, for the sum insured of S\$300,000.

‡ Twice the amount of the sum insured is payable if death or total and permanent disability occurs as a result of an accident in a privately registered motor car.

¶ Dismemberment benefit is payable as a result of an accident in a privately registered motor car.

Please glue and seal

Premium table (Please select your choice of plan with a tick)

My choice of plan	Annual premium for age (as at next birthday) (S\$)		
	Up to 44 years old	45 to 54 years old	55 to 65 years old
<input type="checkbox"/> Plan 1 – S\$50,000	60.80	122.10	172.50
<input type="checkbox"/> Plan 2 – S\$100,000	121.60	244.20	345.00
<input type="checkbox"/> Plan 3 – S\$200,000	243.20	488.40	690.00
<input type="checkbox"/> Plan 4 – S\$300,000	364.80	732.60	1,035.00
<input type="checkbox"/> Dependant's plan – S\$50,000 (child aged between six months and 20 years old)	60.80 per child		

Critical illness (optional rider) To be attached to	Annual premium for age (as at next birthday) (S\$)			
	Up to 44 years old	45 to 54 years old	55 to 60 years old	61 to 65 years old
<input type="checkbox"/> Plan 1 – S\$50,000	112.50	340.00	500.00	700.00
<input type="checkbox"/> Plan 2 – S\$100,000	225.00	680.00	1,000.00	1,400.00
<input type="checkbox"/> Plan 3 – S\$200,000	450.00	1,360.00	2,000.00	2,800.00
<input type="checkbox"/> Plan 4 – S\$300,000	675.00	2,040.00	3,000.00	4,200.00
<input type="checkbox"/> Dependant's plan – S\$25,000 (child aged between six months and 20 years old)	25.00 per child			

Notes:

- The premiums are not guaranteed. This is a yearly renewable term assurance with premiums payable based on the age band at renewal.
- The sum insured for the critical illness rider has to be the same as the basic plan.

My particulars

Name (as in NRIC) Mr/Ms/Mdm/Dr _____

NRIC no. _____

Marital status Single Married Divorced Widowed

AA Membership no. _____

Expiry date _____ Date of birth (DD/MM/YYYY) _____

Sex M F Height _____ cm Weight _____ kg

Occupation _____

Citizenship Citizen Non-citizen Permanent Resident

Nationality _____

Address _____

_____ Postal code _____

Home tel. _____ Office tel. _____

Mobile _____ Fax _____

Are you an existing AA Protector policyholder? Yes No

My dependants (six months to 20 years old)

1) Name of child to be insured _____

NRIC/Birth certificate/Passport no. _____

Date of birth (DD/MM/YYYY) _____

Sex M F Height _____ cm Weight _____ kg

2) Name of child to be insured _____

NRIC/Birth certificate/Passport no. _____

Date of birth (DD/MM/YYYY) _____

Sex M F Height _____ cm Weight _____ kg

Payment details

Payment (yearly) to HSBC Insurance (Singapore) Pte. Limited
(kindly provide credit card with two years' validity)

- Visa MasterCard
 Cheque (Do not mail in your cheque till your application is approved)

Credit card no. _____

Credit card expiry date _____

Automatic renewal facility

For your convenience, AA Protector will be automatically renewed and charged to your credit card. This authorisation shall continue to be in force until you inform HSBC Insurance of the termination of the plan in writing. Premiums will be pro-rated accordingly based on policy acceptance date.

Have you and/or your child(ren):

1) Ever had or been told to have or been treated for cancer, tumour, growth, lump, cyst, diabetes, fits, asthma, raised cholesterol, hypertension, heart attack, hepatitis, lupus, thyroid disorder, mental disorder, stroke, any disease or disorder of the heart, the blood, the liver, the respiratory system, the nervous system, the eye, ear, nose or throat, the gastrointestinal system, HIV infection, sexually transmitted disease or any other illness/physical deformity not listed above?

Myself Yes No My child(ren) Yes No

2) Been admitted to any hospital for an accident, injury, surgery or undergone any diagnostic tests such as ultrasound, CT scan, biopsy etc (If yes, state reason and results)?

Myself Yes No My child(ren) Yes No

3) Received or is receiving medical treatment or consultation (other than minor ailments like common cold, flu, etc) or considering seeking medical advice from a doctor?

Myself Yes No My child(ren) Yes No

4) Had any history of cancer, heart attack/disease, stroke, hypertension, diabetes or kidney disease in your family (parents or siblings) which first occurred before age 60?

Myself Yes No My child(ren) Yes No

5) Engaged in any hazardous activity or occupation (such as private flying, diving, motor-racing, climbing, offshore rigging)?

Myself Yes No My child(ren) Yes No

6) Had any life, accident, critical illness or health insurance application postponed, rejected or accepted with special terms?

Myself Yes No My child(ren) Yes No

If any of the above answer is '**YES**', please provide full details, including dates, nature of disease or illness, duration, name and address of doctors, place of treatment and present condition (write on a separate sheet if necessary).

Declaration

I declare that the above answers are true and correct to the best of my knowledge and that I have not withheld any relevant information which might otherwise affect the acceptance of my application; otherwise the policy may be void from inception. I also authorise any medical body or insurance company that has knowledge about me/my dependants to disclose to HSBC Insurance (Singapore) Pte. Limited, any information regarding my/my dependant's health or medical history. I understand and agree that the insurance applied for will become effective only upon acceptance by the company and the premium being fully paid by me. I am aware that I can seek advice from a qualified adviser before I sign this application form. Should I choose not to, I take sole responsibility to ensure that this product is appropriate to my financial needs and insurance objectives.

Important notes: It is usually disadvantageous to replace an existing policy with a new one. The disadvantages include, but are not limited to (i) receiving a lower level of benefits at a higher or same cost, or (ii) suffering a penalty for terminating the original policy.

Signature of applicant _____

Date _____