

How to generate Sapphire Enhanced Choices Quote on eWay

Sapphire Enhanced Choices Quote

From the Home Page

1. Click on **Personal Accident** then **Personal Accident**
2. Click **Next** to continue

The screenshot displays the 'Sapphire Enhanced Choices Quote' interface. At the top, a navigation bar includes icons for 'Auto', 'Personal Accident' (highlighted with a red box), 'Home', and 'Plus'. Below this, a horizontal scrollable menu shows various insurance products: 'Personal Accident' (highlighted with a red box), 'Critical Illness', 'Student Assist', 'Hospital Income', 'Corporate Edge', and 'Domestic Helper'. At the bottom, there are five buttons: 'Worklist', 'Query', 'Endorsement', 'Convert Cover Note to Policy', and 'Query Campaign Balance'. A 'New Quotation' modal window is open on the right, showing the 'Product' as 'Personal Accident' and the 'Proposal Date' as '15/08/2022'. The 'Next' button in this modal is highlighted with a red box.

Auto Personal Accident Home Plus

Personal Accident Critical Illness Student Assist Hospital Income Corporate Edge Domestic Helper

Worklist Query Endorsement

Convert Cover Note to Policy Query Campaign Balance

New Quotation

Product Personal Accident

Proposal Date * 15/08/2022

Next Cancel

Sapphire Enhanced Choices Quote

At the **Guidance Page**,

3. Select Student Assist.

Guidance

▶ [Home Page](#) > Guidance

Interested Plan

- ☐ Junior Advantage
- ☒ Sapphire Enhanced Choices
- ☐ Priority Personal Accident Plan

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At the **Guidance Page**,

4. Review the Qualifying Questions and click **Yes** to proceed.

Qualifying Question

For Junior Advantage -

I confirm that the insured person:

- resides in Singapore (continuously for at least 90 days in a year);
- is not younger than 30 days nor older than 16 years of age;
- does not have an existing Junior Advantage policy with AIG.

For Sapphire Enhanced Choices -

I confirm that the applicant:

- resides in Singapore (continuously for at least 90 days in a year);
- is not younger than 16 years nor older than 65 years of age;
- does not have an existing Sapphire Enhanced policy or Sapphire Enhanced Choices with AIG.

For Priority Personal Accident Plan -

I confirm that the applicant:

- resides in Singapore (continuously for at least 90 days in a year);
- is not younger than 16 years nor older than 65 years of age;
- does not have an existing Priority Personal Accident Plan with AIG.

I represent and warrant that:

I have the authority to provide the customer(s) personal information to AIG, and the customer agrees and consents, that AIG may collect, use and process his/her personal information(whether obtained in this quotation form/otherwise obtained) for the purpose of providing a quotation.

I undertake that I will not contact the customer for the purpose of providing marketing, advertising and promotional material about insurance, financial products and/or services that AIG may be selling or marketing, unless the customer has consented to receive marketing messages.

Do you confirm that your client meets and agrees to all of the above requirements?

Yes

No



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- 5. Enter the Policy Effective Date.
- 6. Insert Person Insured Information by clicking on Add Insured Person hyperlink.

Policy Period

Effective Date *

16/08/2022

Expiry Date *

15/08/2023

Person Insured Information

Name	Name On ID	Relationship With Main Insured	Residence Status	ID Type	ID Number	Date Of Birth	Relationship With Policyholder	Marital Status	Action
No records found									
<div>Add Insured Person</div> <div><input type="checkbox"/> I would like to have Child Cover</div>									

Save

Exit

Next ▶






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7. Enter **Person Insured Details**.

Add Insured Person

Person Insured Details

Name * 	MARY	TAN	Name On ID	TAN MARY	Change Order
Relationship With Main Insured *	Self	▼	Resident Status *	Singaporean	▼
Nationality	Singaporean	▼	ID Type *	NRIC	▼
ID Number *	S9123456H		Date Of Birth *	01/01/1991	
Relation With Policyholder *	Self	▼	Gender *	<input checked="" type="radio"/> Female <input type="radio"/> Male	
Marital Status *	Married	▼	Occupation Class *	Class I	▼
Occupation *	Accountants	▼	Nature Of Business *	Administrative work	▼
Job Description	ADMIN		Do you want to make the nomination of beneficiary? 	<input type="radio"/> Yes <input checked="" type="radio"/> No	

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8. Answer the declaration questions.

Questions

1. Does the person(s) to be insured suffer any physical impairment or deformity or illness of any kind? *

☐ Yes ☒ No

2. Does the person(s) to be insured ever had a policy or application for life, sickness, disability, critical illness or medical insurance refused, postponed, declined, withdrawn or had any special terms imposed including extra premium or exclusion(s)? *

☐ Yes ☒ No

3. Does the person(s) to be insured ever had or currently have or being investigated for any of the following: a) Disease or condition of the blood, heart or circulatory system, including heart attack, angina, heart defects from birth. b) Cancer, tumour of any kind or malignancy. c) Lung disease or disorder. d) Stroke (including transient ischemic attack), epilepsy or any disorder affecting the brain or nervous system. e) Kidney or bladder disorder. f) Any chronic, progressive or debilitating disease or disorder including but not limited to Multiple Sclerosis, Parkinson's, Autoimmune Disease (e.g. rheumatoid arthritis), Huntington's, Alzheimer's, Chronic Obstructive Pulmonary Disease (COPD), Crohn's, Cystic Fibrosis or Paralysis. g) Diabetes h) any known hereditary disease, condition or disorder. *

☐ Yes ☒ No

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8. Answer the declaration questions. Click **Save** to continue.

4. Does the person(s) to be insured smokes more than 15 cigarettes per day? *

☐ Yes ☒ No

5. Does the person(s) to be insured have his or her father, mother or sibling diagnosed or had a cause of death due to any heart or kidney disease or condition, stroke, tumor, diabetes, hypertension, thrombosis, neurological or blood disorder, cancer or any known hereditary disease, condition or disorder before the age of 60 years? *

☐ Yes ☒ No

Save

Cancel

Sapphire Enhanced Choices Quote

9. Select the **desired plan** and **payment mode**.

Payment Plan

Payment Plan*

Lump Sum

Standard - Basic

SGD 159.00

Standard - Comprehensive

SGD 208.00

Preferred - Basic

SGD 280.00

Preferred - Comprehensive

SGD 350.00

Deluxe - Basic

SGD 363.00

Deluxe - Comprehensive

SGD 453.00

Prestige - Basic

SGD 530.00

Prestige - Comprehensive

SGD 708.00

PAYMENT MODE*

☐ Sub-GIRO

Please Select

Please Select

Credit Card-Gateway

GIRO

Recurring Credit Card

Calculate

Side-by-Side Comparison

Total Premium(excl. of GST): SGD 453.00



Sapphire Enhanced Choices Quote

10. Review the Coverage.

Accidental Death & Permanent Disablement	Covered	300,000.00 Amount Per Policy POI	Weekly Benefit For Temporary Total Disablement	Covered	200.00 per week and maximum of 104 weeks
Add-on	Select		Coma	Covered	30,000.00 Amount Per Policy POI
Accident Medical Reimbursement	Covered	8,000.00 Amount Per Policy POI	Parent(s) Support Fund	Covered	4,000.00 Amount Per Policy POI
Daily Hospital Income (Injury)	Covered	150.00 Amount Per Day, Maximum Cover 365 Days	Home Contents	Covered	20,000.00 Amount Per Policy POI
Mobility Aid and Ambulance Services Reimbursement	Covered	4,000.00 Amount Per Policy POI	Daily Hospital Income (Injury) – For Intensive Care Unit	Covered	300.00 Amount Per Day, Maximum Cover 30 Days
Emergency Medical Evacuation	Covered	50,000.00 Amount Per Policy POI	Infectious Disease Recovery Cover	Covered	500.00 Amount Per Policy POI



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11. Click **Calculate** to tabulate the latest premium.

12. Click **Next** to continue.

◀ Back

Save

Exit

Calculate

[Apply Discounts and Campaigns](#)

Total Premium(excl. of GST): SGD 453.00

Next ▶

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13. Enter the Policyholder Information.

14. Check the box if Policyholder is the same as main insured.

Policy Holder

☐ Same as Main Insured

☒ Individual

[Find](#) [Reset](#)

Salutation *

MISS

Name *

MARY

TAN

Resident Status *

Singaporean

ID Number *

S9123456H

Date of Birth *

01/01/1991

Marital Status *

Married

Name On ID

TAN MARY

[Change Order](#)

ID type *

NRIC

Gender *

☐ Female ☐ Male

Nationality *

Singaporean

Occupation *

Accountant/Auditor

Contact Information

Email

Home Phone

Mobile Phone

Work Phone

Home Address Information

Address Type *

Singapore Address

Country *

Please Select

Block/House No *

9

Building Name

CITY VIEW @ BOON KENG

Postcode *

330009

Retrieve Address

Street Name *

BOON KENG ROAD

Unit Number

[Add Additional Address](#)

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15. Delivery Information is prefilled.

Delivery Information

Name	MARY TAN		
Contact Phone Number	91234567		
Delivery Address			
Address Type	Singapore Address		
Country	SINGAPORE	Postcode	330009
Block/House No	9	Street Name	BOON KENG ROAD
Building Name	CITY VIEW @ BOON KENG	Unit Number	

Back

Save

Exit

Reject

Send

Bind

16. Click Send to send the quote to client.

17. Click Bind to bind the quote.

Sapphire Enhanced Choices Quote

18. Click Accept to agree to PDPA clause.

CONFIRM

By proceeding with this transaction, you undertake and warrant to AIG Asia Pacific Insurance Pte. Ltd. (AIG) that

- (i) the insured has signed the application / renewal form for the insurance, which includes the consent clause for the collection, use, process, disclosure and transfer (including cross-border transfer) of the insured's personal information;
- (ii) you have offered to provide a copy of AIG's Data Privacy Policy to the insured for review prior to insured signing the application / renewal form;
- (iii) you will send a copy of the completed and signed application / renewal form to AIG for its records;
- (iv) you will retain the original completed and signed application / renewal form on behalf of AIG and will produce it promptly to AIG and/or to any regulatory authority for investigation, verification, compliance and audit purposes; and
- (v) you will indemnify AIG in full for any loss, damage, costs and expenses suffered by AIG arising from any false or unfulfilled declarations made by you above

If Accept - Agree PDPA
If Reject - Disagree PDPA

Accept ▶

Reject

19. Click Confirm and Pay to proceed to payment page.

◀ Amend Save Exit

Reject **Confirm and Pay ▶**

Sapphire Enhanced Choices Quote

20. Enter Payment details and click **Issue Policy**.

Payment

Need to Pay	SGD 484.71	Outstanding Amount	SGD 0.00
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Payment #1

Payment Mode *	Credit Card-Gateway	Payment Amount *	484.71
Payment Location *	INTERNET		
Payment Date	16/08/2022		
Bank	AMERICAN EXPRESS BAN	Card Type *	Gateway - VISA
Batch Number		Card Charge date	DD/MM/YYYY
Cardholder Name	MARY TAN		
Relationship of Cardholder to PH	Self	Merchant ID *	TEST97454671

[Add New Payment](#)

Amend

Save

Exit

Reject

Issue Policy

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21. Enter the credit card details and click **Next**.

AIG Singapore : 484.71 SGD

Card number *

5800-1234-5678-1235

VISA

Expiry month *

01

Expiry year *

24

Cardholder name *

MARY TAN

Security code

123

3 digits on back of your card

Cancel

Next

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Sapphire Enhanced Choices Quote

22. Your policy is being issued successfully.

Policy Issued

The policy is issued successfully.

The Policy No. is **7220003353**.

Thank you for insuring with AIG.

OK

Fulfillment