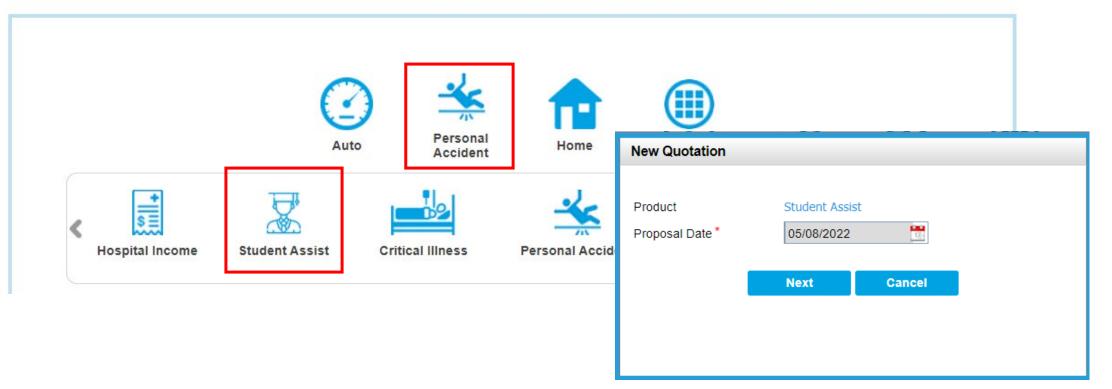
How to generate Student Assist Plan on eWay

From the Home Page

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



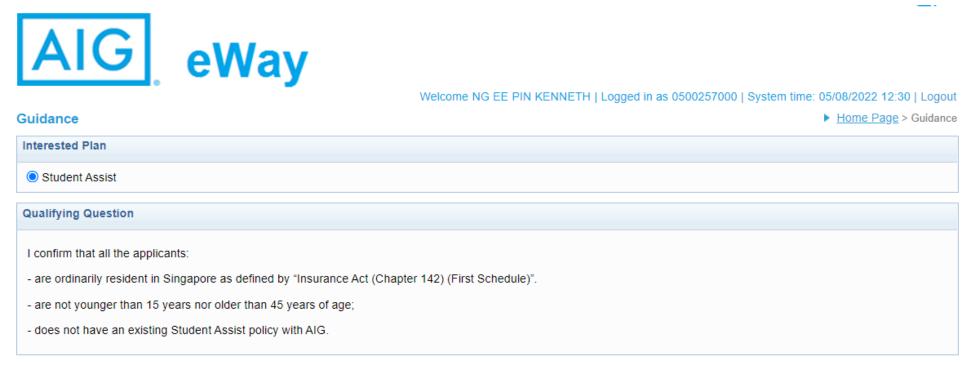
Welcome NG EE PIN KENNETH | Logged in as 0500257000 | System time: 05/08/2022 12:31 | Logout





At the Guidance Page,

- 3. Select Student Assist.
- 4. Review and click **Yes** to Qualifying Questions.



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?





- 5. Enter Policy Effective date.
- 6. Select Overseas Destination from the drop-down list and enter the name of overseas institution.

Basic Details		Cover Details		Quote Details		Quote Summ	ary	Paym	
icy Period									Documer
fective Date*		05/08/2022	t	12	Expiry Date *		C	4/08/2023	12
titution Info									
verseas Destination*		CHINA		•	Name of Overs	eas Institution*	F	eking Universit	М
son insured inform	ation								
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									
Add Insured Person									
	ve Child Cover				Number of	Children			
I would like to ha									



7. Enter Person Insured Information by clicking on **Add Insured Person**. Click Save to continue.

Name	Name On ID	Relationship With Main Insured	Residence Status	ID Type	ID Number	Date Of Birth	Relationship With Policyholder	Marital Status	Action
------	------------	--------------------------------------	---------------------	---------	-----------	---------------	--------------------------------------	-------------------	--------

Add Insured Person

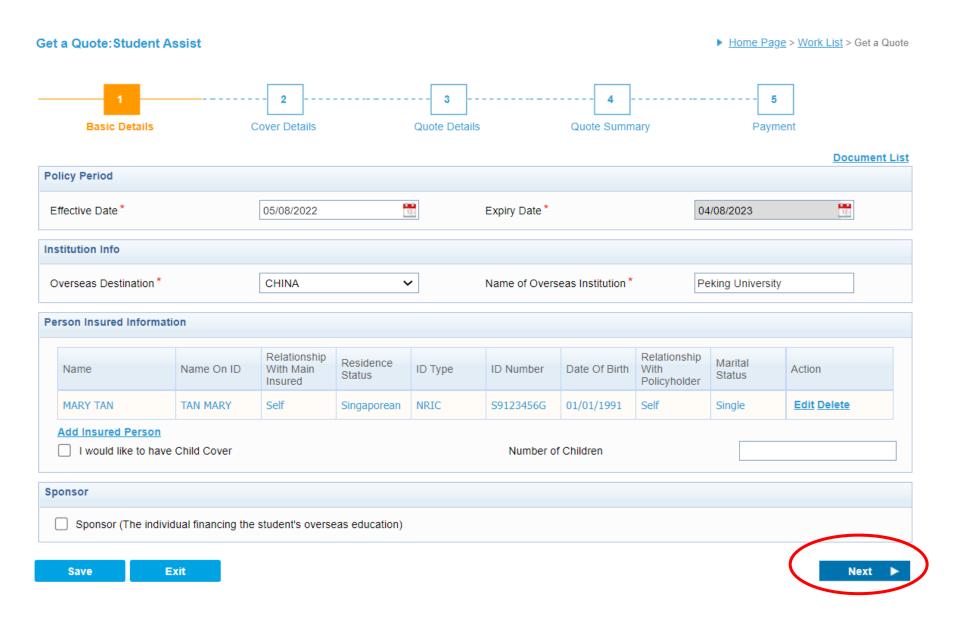
Person Insured Details						
Name * 😨	MARY TAN		Name On ID	TAN MARY		Change Order
Resident Status*	Singaporean	~	ID Type*		NRIC	~
ID Number *	S9123456G		Date Of Birth *		01/01/1991	12-1
Relation With Policyholder*	Self	~	Gender*		💿 Female i 🔿 Ma	ale
Marital Status*	Single	~	Nationality		Singaporean	~
Relationship With Main Insured*	Self	~				
Do you want to make the nomination of beneficiary? ?	🔿 Yes 🌔 No					





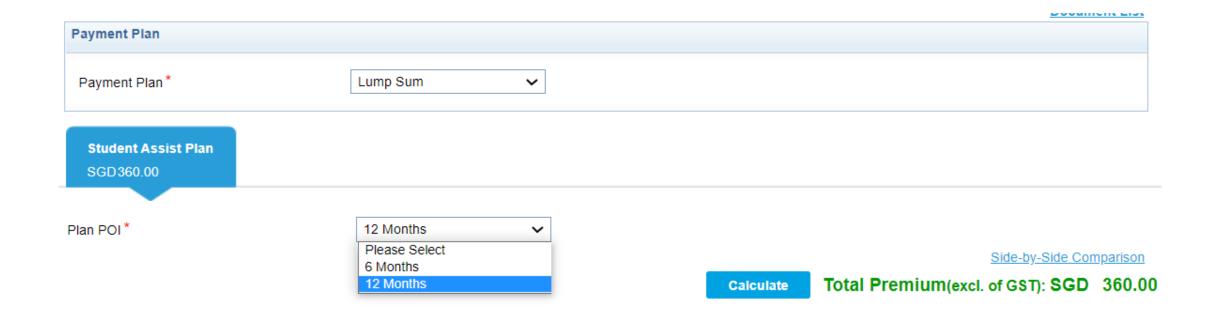
Confidential - not to be circulated or reproduced. Please refer to policy wording for the full terms, conditions and exclusions of cover

8. You have completed the Basic Details step. Click Next to continue to the Cover Details step.





9. Select the Period of Insurance (POI) from the drop-down list.



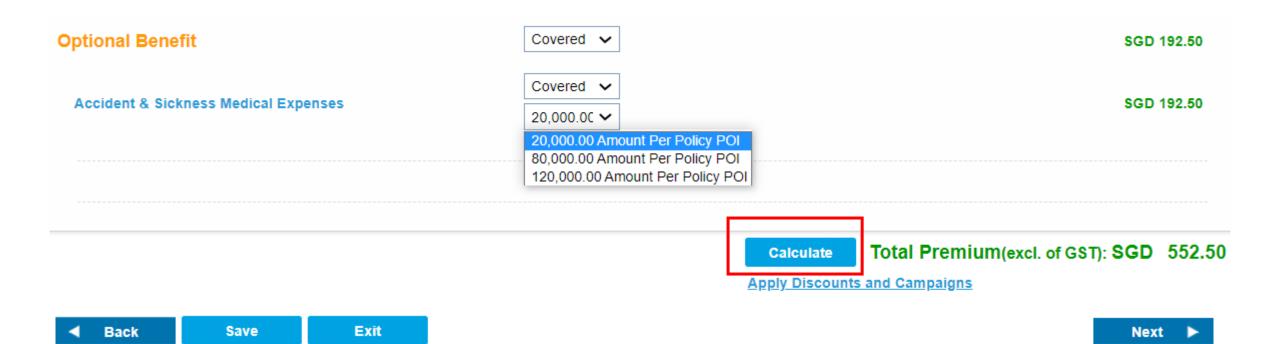


10. Review the Cover Details.

Personal Benefits	Covered 🗸	Travel Inconvenience Benefits	Covered 🗸
Emergency Medical Evacuation	Covered 🗸 Unlimited Amount Per Policy POI	Loss of Personal Baggage (whist travelling on Common Carrier)	Covered V 2,000.00 Amount Per Policy POI
Repatriation Expenses	Covered 🗸 Unlimited Amount Per Policy POI	Laptop Computer	Covered V 1,000.00 Amount Per Policy POI
Felonious Assault & Battery	Covered 🗸	Loss of Travel Document	Covered V 500.00 Amount Per Policy POI
	75,000.00 Amount Per Policy POI	Baggage Delay	Covered V 500.00 Amount Per Policy POI
Hospital Visit (2 Ways)	5,000.00 Amount Per Policy POI	Travel Delay	Covered V 500.00 Amount Per Policy POI
Compassionate Visit (2 Ways)	Covered V 5,000.00 Amount Per Policy POI	Personal Liability Abroad	Covered V 300,000.00 Amount Per Policy POI
Accidental Death & Permanent Disablement	Covered V 150,000.00 Amount Per Policy POI	Overseas Residence Guard	Covered V 3,000.00 Amount Per Policy POI
Study Interruption	Covered V 10,000.00 Amount Per Policy POI	Worldwide 24-hour Emergency Assistance Service by ATAP	Covered V Included Amount Per Policy POI



 Select the Accident & Sickness Medical Expenses cover under Optional Benefit (including Covid related medical expenses).
Click Calculate to tabulate the latest premium.





12. Review the Policy Information and Premium Information.

Policy Information			
Quotation Number	7220004243	Quote Creation Date	05/08/2022
Policy Effective Date	05/08/2022	Policy Expiry Date	04/08/2023
Proposal Date	05/08/2022	Application Received Date	05/08/2022
Premium Information			
Total Premium after discount(ANP)	SGD 552.50	Taxes and Fees	SGD 38.68
Total Payable Premium(APP)	SGD 591.18		



- 13. Enter Policyholder Information.
- 14. Check the box if Policyholder is same as Main Insured.

Policy Holder						Same as Main Insured
Individual						Find Reset
Salutation *	MS	~				
Name * 🕐	MARY	TAN	Name On ID	TAN MARY		Change Order
Resident Status*	Singaporean	~	ID type *		NRIC	\checkmark
ID Number*	S9123456G		Gender*		Fema	ale 🔘 Male
Date of Birth *	01/01/1991		Nationality *		Singapo	orean 🗸
Marital Status*	Single	~	Occupation *		Please	Select 🗸
Contact Information						
Email			Mobile Phone		9123456	67
Home Phone			Work Phone			
Home Address Information						
Address Type *	Singapore Ad	dress 🗸				
Country *	SINGAPORE	~	Postcode *		330009	
oounay					Retrie	eve Address
Block/House No *	9		Street Name *		9 BOON	KENG ROAD
Building Name			Unit Number			
					Ad	d Additional Address



Confidential - not to be circulated or reproduced. Please refer to policy wording for the full terms, conditions and exclusions of cover

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	9 BOON KENG ROAD	
Building Name		Unit Number		
Back Save	Exit		Reject Send 🕨 Bind	

16. Click Send to send the quote to client.

17. Click Bind to bind the 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.

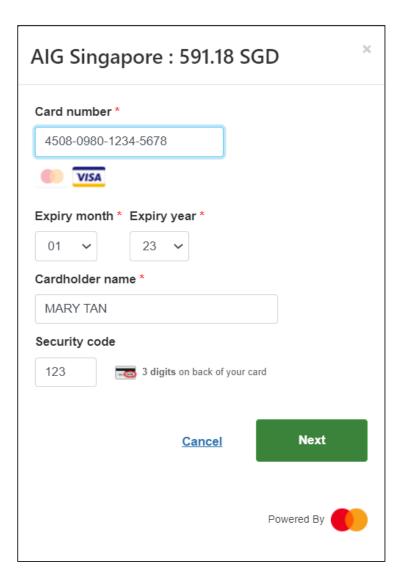


20. Enter the payment details and click **Issue Policy**.

d to Pay	SGD 591.18	Outstanding Amount	SGD 0.00
Payment #1			
Payment Mode*	Credit Card-Gateway	Payment Amount*	591.18
Payment Location *	INTERNET 🗸		
Payment Date	05/08/2022		
Bank	AMERICAN EXPRESS BAN	Card Type *	Gateway - VISA 🗸 🗸
Batch Number	05082022	Card Charge date	05/08/2022
Cardholder Name	MARY TAN		
Relationship of Cardholder to PH	Self 🗸	Merchant ID *	TEST97454671 🗸
Add New Payment			



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





22. Your policy is being issued successfully.

