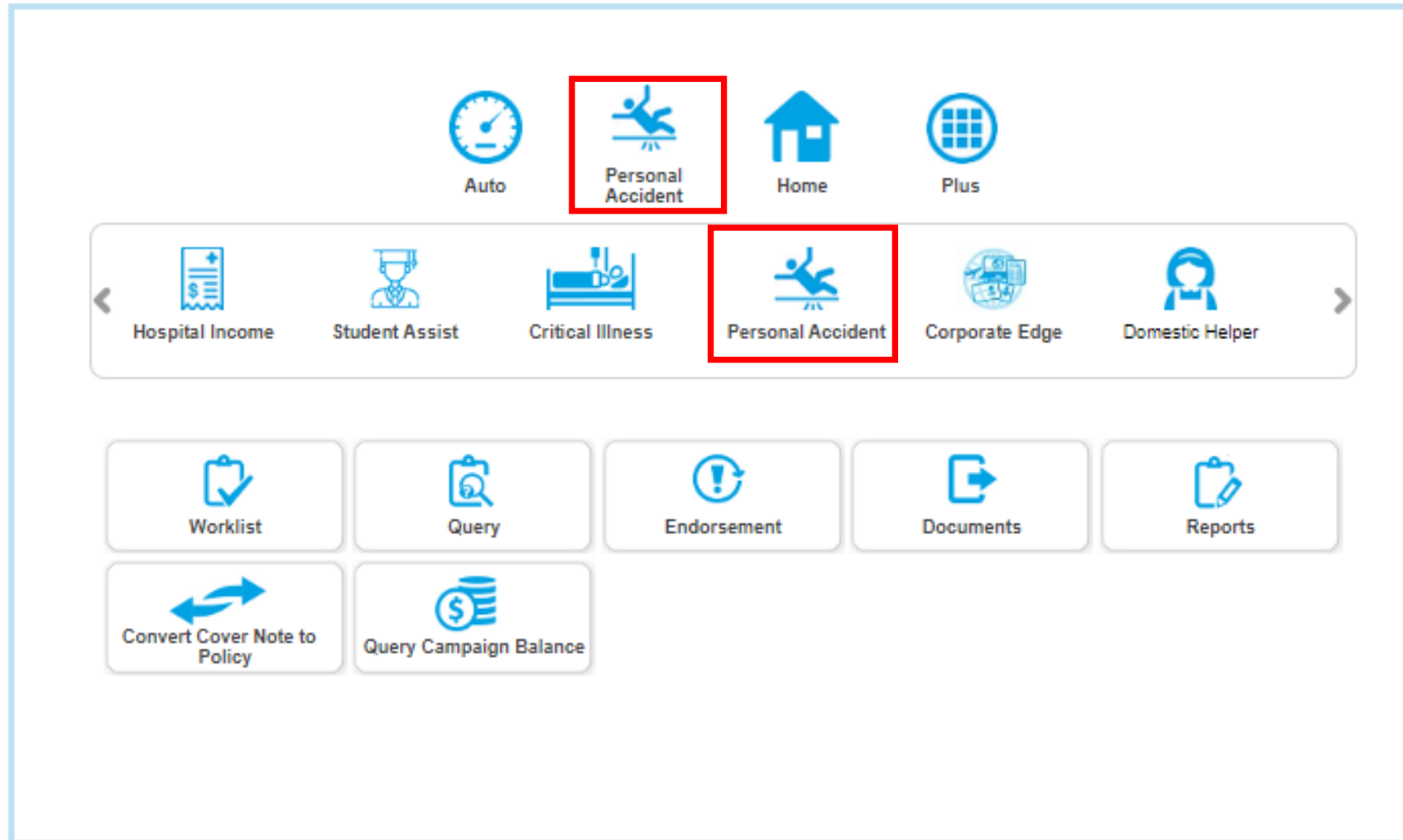


How to Generate a Priority Personal Accident (PPA) Quote in eWay

Quick guide on how to issue a PPA policy

1. Click on Personal Accident follow by Personal Accident on the Home Page
2. Click on Next to continue



3. Review the qualifying question before proceeding to select Priority Personal Accident Plan

Interested Plan

☐ Junior Advantage

☐ Sapphire Enhanced Choices

☒ Priority Personal Accident Plan

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

4. Select Add Insured Person

[Document List](#)

Policy Period

Effective Date * 23/10/2023  Expiry Date * 22/10/2024 




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 | | | | | | | | | |
| Add Insured Person | | | | | | | | | |
| <input type="checkbox"/> I would like to have Child Cover | | | | | | | | | |

5. Enter all the mandatory information (*) then click Save

Add Insured Person

Person Insured Details

| | | | |
|--|--|--|---|
| Name *  | <input type="text" value="Robert"/> <input type="text" value="Louis"/> | Name On ID | <input type="text" value="Robert Louis"/> Change Order |
| Relationship With Main Insured * | <input type="text" value="Self"/> | Resident Status * | <input type="text" value="Singaporean"/> |
| Nationality | <input type="text" value="Singaporean"/> | ID Type * | <input type="text" value="Passport"/> |
| ID Number * | <input type="text" value="A1234567B"/> | Date Of Birth * | <input type="text" value="01/10/1970"/>  |
| Relation With Policyholder * | <input type="text" value="Self"/> | Gender * | <input type="radio"/> Female <input checked="" type="radio"/> Male |
| Marital Status * | <input type="text" value="Married"/> | Occupation Class * | <input type="text" value="Class I"/> |
| Occupation * | <input type="text" value="Architects"/> | Nature Of Business * | <input type="text" value="Architecture"/> |
| Job Description | <input type="text"/> | Do you want to make the nomination of beneficiary?  | <input type="radio"/> Yes <input checked="" type="radio"/> No |

The Insured will then appear under the Person Insured Information page.

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 |
|--------------|--------------|--------------------------------|------------------|----------|-----------|---------------|--------------------------------|----------------|---|
| Robert Louis | Robert Louis | Self | Singaporean | Passport | A1234567B | 01/10/1970 | Self | Married | Edit Delete |

[Add Insured Person](#)
☐ I would like to have Child Cover

Save

Exit

Next ▶

6. Select “I would like to have Child Cover” if customer wants child cover without spouse

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 |
|--------------|--------------|--------------------------------|------------------|----------|-----------|---------------|--------------------------------|----------------|---|
| Robert Louis | Robert Louis | Self | Singaporean | Passport | A1234567B | 01/10/1970 | Self | Married | Edit Delete |

[Add Insured Person](#)
☐ I would like to have Child Cover

Save

Exit

Next ▶


7. Select Add Insured Person again to enter spouse details, if required. Then click Save

| 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 |
| Robert Louis | Robert Louis | Self | Singaporean | Passport | A1234567B | 01/10/1970 | Self | Married | Edit Delete |
| Add Insured Person | | | | | | | | | |
| <input type="checkbox"/> I would like to have Child Cover | | | | | | | | | |

[Save](#) [Exit](#) [Next](#)

Add Insured Person

Person Insured Details

Name * 

Mary

Louis

Relationship With Main Insured *

Spouse

Nationality

Singaporean

ID Number *

A7654321B

Relation With Policyholder *

Spouse

Marital Status *

Married

Occupation *

Managers

Job Description

Name On ID

Mary Louis

[Change Order](#)

Resident Status *

Singaporean

ID Type *

Passport

Date Of Birth *

01/11/1972

Gender *

☐ Female ☒ Male

Occupation Class *

Class I

Nature Of Business *

Administrative work

[Save](#) [Cancel](#)

(Child cover is automatically checked when both parents' details are entered)

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 |
|--------------|--------------|--------------------------------|------------------|----------|-----------|---------------|--------------------------------|----------------|---|
| Robert Louis | Robert Louis | Self | Singaporean | Passport | A1234567B | 01/10/1970 | Self | Married | Edit Delete |
| Mary Louis | Mary Louis | Spouse | Singaporean | Passport | A7654321B | 01/11/1972 | Spouse | Married | Edit Delete |

Add Insured Person

☒ I would like to have Child Cover

8. Select the Plan Type for Main Insured
9. Select Payment Mode

[Document List](#)

Payment Plan

Payment Plan *

Lump Sum ▼

Insured Information

| | Name | Relationship With Main Insured | Name On ID | Residence Status | ID Type | ID Number | Date Of Birth | Relationship With Policyholder | Marital Status | Plan Name |
|----------------------------------|--------------|--------------------------------|------------|------------------|----------|-----------|---------------|--------------------------------|----------------|------------|
| <input checked="" type="radio"/> | Robert Louis | Self | | Singaporean | Passport | A1234567B | 01/10/1970 | Self | Married | Priority B |
| <input type="radio"/> | Mary Louis | Spouse | | Singaporean | Passport | A7654321B | 01/11/1972 | Spouse | Married | |

Priority A
N/A

Priority B
N/A

Priority C
N/A


Priority D
N/A


Priority Plus
N/A

PAYMENT MODE *

Credit Card-Gateway ▼

☐ Sub-GIRO

 Your application will be referred for review due to invalid plan. Please allow up to 3 working days for a reply.

 Please click 'Proceed to Bind' to send this case to the Underwriter (for referral cases only)

[Side-by-Side Comparison](#)

Calculate

For GIRO or RCC selection, please select payment frequency

Payment Plan

Payment Plan *

Lump Sum

Insured Information

| | Name | Relation ship With Main Insured | Name On ID | Residen ce Status | ID Type | ID Number | Date Of Birth | Relation ship With Policyhol der | Marital Status | Plan Name |
|----------------------------------|--------------|---------------------------------|------------|-------------------|----------|------------|---------------|----------------------------------|----------------|------------|
| <input checked="" type="radio"/> | Robert Louis | Self | | Singapor ean | Passport | A123456 7B | 01/10/19 70 | Self | Married | Priority B |
| <input type="radio"/> | Mary Louis | Spouse | | Singapor ean | Passport | A765432 1B | 01/11/19 72 | Spouse | Married | Priority B |

Priority A
SGD244.60

Priority B
SGD429.32

Priority C
SGD537.10

Priority D
SGD751.70

Priority Plus
SGD1,002.30

PAYMENT MODE *

GIRO

PAYMENT FREQUENCY *

Please Select

Please Select

Annual

Monthly

Calculate

Total Prem

SGD 429.32

Insured Information

| | Name | Relation ship With Main Insured | Name On ID | Residen ce Status | ID Type | ID Number | Date Of Birth | Relation ship With Policyhol der | Marital Status | Plan Name |
|----------------------------------|--------------|---------------------------------|------------|-------------------|----------|------------|---------------|----------------------------------|----------------|------------|
| <input checked="" type="radio"/> | Robert Louis | Self | | Singapor ean | Passport | A123456 7B | 01/10/19 70 | Self | Married | Priority B |
| <input type="radio"/> | Mary Louis | Spouse | | Singapor ean | Passport | A765432 1B | 01/11/19 72 | Spouse | Married | Priority B |

Priority A
SGD244.60

Priority B
SGD429.32

Priority C
SGD537.10

Priority D
SGD751.70

Priority Plus
SGD1,002.30

PAYMENT MODE *

Recurring Credit Card

PAYMENT FREQUENCY *

Please Select

Please Select

Annual

Monthly

Calculate

Total Prem

SGD 429.32



10. Select Add-Ons for Main Insured (Optional)
No action required if Riders are not selected

Benefits under each rider:

Rider 1

Coma

Covered ▼

Amount Per Policy POI

Covered ▼

40,000.00 Amount Per Policy POI

Parent(s) Support Fund

Covered ▼

5,000.00 Amount Per Policy POI

Child Support Fund

Covered ▼

25,000.00 Amount Per Policy POI

Rider 2

Lifestyle Maintenance

Covered ▼

Amount Per Policy POI

Covered ▼

25,000.00 Amount Per Policy POI

Reimbursement of Event Tickets

Covered ▼

300.00 Amount Per Policy POI

Damage to Personal Effects

Covered ▼

500.00 Amount Per Policy POI



- 11. Select the Plan Type for Spouse
- 12. Select Add-Ons for Spouse (Optional)

Insured Information

| | Name | Relation ship With Main Insured | Name On ID | Residen ce Status | ID Type | ID Number | Date Of Birth | Relation ship With Policyhol der | Marital Status | Plan Name |
|----------------------------------|--------------|---------------------------------|------------|-------------------|----------|------------|---------------|----------------------------------|----------------|------------|
| <input type="radio"/> | Robert Louis | Self | | Singapor ean | Passport | A123456 7B | 01/10/19 70 | Self | Married | Priority B |
| <input checked="" type="radio"/> | Mary Louis | Spouse | | Singapor ean | Passport | A765432 1B | 01/11/19 72 | Spouse | Married | Priority B |

Priority A
SGD244.60

Priority B
SGD412.50

Priority C
SGD537.10

Priority D
SGD751.70

Priority Plus
SGD 1,002.30

PAYMENT MODE *

Credit Card-Gateway

☐ Sub-GIRO

Calculate

Total Premium(excl. of GST): SGD 412.50

[Side-by-Side Comparison](#)

| Your Covers | Cover Limits | Deductible | Premium |
|-------------|--------------|------------|---------|
| Rider 1 | Select | | |
| Rider 2 | Select | | |



13. Click on Calculate to adjust the premium based on the plan and coverages selected and Next to proceed to the next page

Daily Hospital Income (Injury) – For Intensive Care Unit

Covered ▾

200.00 Amount Per Day, Maximum Cover 30 Days

Infectious Disease Recovery Cover

Covered ▾

300.00 Amount Per Policy POI

Calculate

Total Premium(excl. of GST): SGD 429.32

[Apply Discounts and Campaigns](#)

◀ Back


Save

Exit

Next ▶

14. Complete the policy holder information. You may click the check box indicated if the policy holder details are the same as the Main Insured

[Document List](#) [View Quote Detail](#)

| Policy Information | | | |
|-----------------------|------------|---------------------------|--|
| Quotation Number | 7230010162 | Quote Creation Date | 23/10/2023 |
| Policy Effective Date | 23/10/2023 | Policy Expiry Date | 22/10/2024 |
| Proposal Date | 23/10/2023 | Application Received Date | 23/10/2023  |

| | | | |
|-----------------------------------|------------|----------------|-----------|
| Total Premium after discount(ANP) | SGD 841.82 | Taxes and Fees | SGD 67.35 |
| Total Payable Premium(APP) | SGD 909.17 | | |

Policy Holder


☒ Same as Main Insured

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

☒ Individual

Salutation *

MR

Name * 

RobertLouis


Resident Status *

Singaporean

ID Number *

A1234567B

Date of Birth *

01/10/1970 

Marital Status *

Married

Contact Information

Email

Home Phone

Name On ID

Robert Louis

[Change Order](#)

ID type *

Passport

Gender *

☐ Female ☒ Male

Nationality *

Singaporean

Occupation *

Architects

Mobile Phone

90000000

Work Phone

If GIRO was selected as Payment mode, please follow steps 15 to 17.

If Credit Card was selected as Payment mode, please follow steps 18 to 22

15. Click “Send” to Generate Quote

The screenshot displays a web form titled "My Quote". On the left, under "Delivery Information", fields include Name (Robert Louis), Contact Phone Number (90000000), Delivery Address (Singapore Address), Country (SINGAPORE), Block/House No (78), and Building Name. On the right, under "My Quote", fields include Quotation Number (7230010162), Quote Version (Version 1), and Total Payable Premium (SGD 909.17 (incl. of GST)). A "New Quote Version" link is also present. At the bottom, there are buttons for "Back", "Save", "Exit", "Reject", and "Send".

16. Click Fulfillment to go to the next step

The screenshot shows a "Quote Sent" dialog box with the message "Quotation Issued Successfully" and "Quotation number is 7230010162". At the bottom, there are two buttons: "Work list" and "Fulfillment".

17. Select the policy, then choose Email (insert email address of insured) or offline and then click Submit

Fulfillment

This transaction is pending Fulfillment for Common Set.

| | | | | | | | | | | |
|-------------------------------------|---------------------|--------------------|--------------|---------------|--------------------|------------------------------|--------------|---|----------------|----------------------|
| <input type="checkbox"/> | Quote/Policy Number | Endorsement Number | Product Code | Customer Name | Sales Channel Code | Document Type | Document Set | Print Type | DefaultEmailID | Additional Email IDs |
| <input checked="" type="checkbox"/> | 7230010162 | | PA | Robert Louis | 0500257000 | Quote Forms For New Business | Common | <input checked="" type="checkbox"/> email <input type="checkbox"/> offline | | robert@gmail.com |

(1 / 1) << first < prev 1 next > last >> 10 ▾

Preview

Submit ▶

Home Page ▶

Fulfillment

Selected Transactions are Submitted for email/offline fulfillment Successfully

Home Page ▶

Fulfillment

18. Click “Send” to Generate Quote or Bind (go to Step 20)

Delivery Information

Name

Robert Louis

Contact Phone Number

90000000

Delivery Address

Address Type

Singapore Address

Country

SINGAPORE

Block/House No

78

Building Name

Postcode

079120

Street Name

SHENTON WAY

Unit Number

Back

Save

Exit

Reject

Send

Bind

Quote Sent

Quotation Issued Successfully

Quotation number is 7230010162.

Work list

Fulfillment

19. Select the policy, then choose Email (insert email address of insured) or offline and then click Submit

Fulfillment

This transaction is pending Fulfillment for Common Set.

| <input type="checkbox"/> | Quote/Policy Number | Endorsement Number | Product Code | Customer Name | Sales Channel Code | Document Type | Document Set | Print Type | DefaultEmailID | Additional Email IDs |
|-------------------------------------|---------------------|--------------------|--------------|---------------|--------------------|------------------------------|--------------|---|----------------|----------------------|
| <input checked="" type="checkbox"/> | 7230010162 | | PA | Robert Louis | 0500257000 | Quote Forms For New Business | Common | <input type="checkbox"/> email <input checked="" type="checkbox"/> offline | | |
| <input checked="" type="checkbox"/> | 7230010162 | | PA | Robert Louis | 0500257000 | Quote Forms For New Business | Common | <input type="checkbox"/> email <input checked="" type="checkbox"/> offline | | |

(1 / 1)

<< first < prev 1 next > last >>

10 ▼

Preview

Submit ▶

Home Page ▶

SGD 909.17

Fulfillment

Selected Transactions are Submitted for email/offline fulfillment Successfully

Home Page ▶

Fulfillment

20. Click on Accept, then Confirm and Pay under “Quote Summary”.

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**

Delivery Information

| | | | |
|----------------------|-------------------|-------------|-------------|
| Name | Robert Louis | | |
| Contact Phone Number | 90000000 | | |
| Delivery Address | | | |
| Address Type | Singapore Address | | |
| Country | SINGAPORE | Postcode | 079120 |
| Block/House No | 78 | Street Name | SHENTON WAY |
| Building Name | | Unit Number | |

Amend **Save** **Exit** **Reject** **Confirm and Pay**

21. Select the payment mode and card type. Click on Issue Policy to enter the card details

Payment

Need to PaySGD 909.17

Outstanding AmountSGD 0.00

Payment #1

Payment Mode *Credit Card-Gateway

Payment Location *INTERNET

Payment Date23/10/2023

BankPlease Select

Batch Number

Cardholder Name

Relationship of Cardholder to PHSelf

Payment Amount *909.17

Card Type *Gateway - VISA

Card Charge dateDD/MM/YYYY

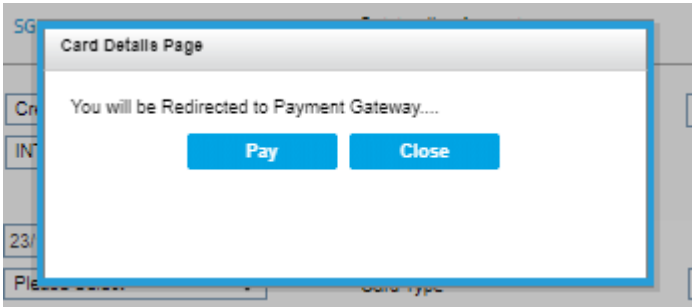
Merchant ID *TEST97454671

[Add New Payment](#)

AmendSaveExit

RejectIssue Policy

22. Click on Pay to go to Payment Gateway, enter the credit card details and click Next, then Pay now



AIG Singapore : 909.17 SGD

Card number *

Expiry month * Expiry year *

Cardholder name *

Security code

3 digits on back of your card

Cancel Next

Powered By

AIG Singapore : 909.17 SGD

Order review

Payment details

VISA ending in 1019

AIG Insurance Policy

TOTAL SGD: \$909.17

Previous Cancel Pay now

Powered By

The policy is issued once the payment is successful. Click on Fulfillment to send the documents

