

# Request Form for AIA Privilege VIP Card reissue

## (for VIP Policyholder)

Date \_\_\_/\_\_\_/\_\_\_

Dear Customer Office - Customer Experience Management



### Please reissue AIA Privilege VIP Card due to

- Card loss
  Damaged card
  Change name/surname
  Other, please specify \_\_\_\_\_

Please complete the form below (If the information is incomplete, the company will be unable to reissue the VIP card)

- In case of card loss / damaged card / others

Policy number T           (In case that you have more than one insurance policy , please fill out only one)

Name – Surname of policyholder (Written in block) \_\_\_\_\_

Mobile number of policyholder     -

Mobile number of agent     -

- Change of Name / Surname Please attach AIA VIP policyholder card with original name-surname with this form.

Policy number T           (In case that you have more than one insurance policy , please fill out only one)

A new name to change

Name \_\_\_\_\_ Surname \_\_\_\_\_

Old name

Name \_\_\_\_\_ Surname \_\_\_\_\_

### Note :

- The Company reserves the right to reissue AIA Privilege VIP Card (for VIP Policyholder).
- Card reissue will be processed within seven working days from the date of receipt of the completed form only.
- In case of policyholder's name/surname change, please submit the change form to NPC , or the service center (SC) to which you belong to change the name/surname. Attach a certified copy of name/surname change form with the request form for AIA privilege Card reissue for VIP policyholder and send to the VIP Customer Service Center (CSC) , 2 Floor, AIA Tower.

## Request Form for AIA Privilege VIP Card reissue

The information of agent who requests for VIP card reissue - Please complete the form (Written in block)

Name-Surname of agent \_\_\_\_\_ Agent Code \_\_\_\_\_

Agency Name \_\_\_\_\_ Agency Code \_\_\_\_\_

Building / GA office \_\_\_\_\_ Code of building /GA office \_\_\_\_\_

Agency Telephone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Information for sending the VIP card – please complete the detail (Written in block)

Send to the policyholder's address (as specified in the policy)

Please fill in the details below if you want us to send to the address other than the one specified in the policy.

Name - Surname of policyholder \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip code \_\_\_\_\_

Send to Agency

Name – Surname of agent \_\_\_\_\_

Agency Name \_\_\_\_\_ Agency Code \_\_\_\_\_

Building / GA office \_\_\_\_\_ Code of building /GA office \_\_\_\_\_

Pick up at Distribution Center (Motorcycle parking area) 1<sup>st</sup> Floor AIA Tower Building

We will send SMS to the mobile number above for receiving date confirmation.

Customer Office – Customer Experience Management

Contact VIP Call Center 0 2353 8900 Fax 0 2783 4817