

Request Form for Annual Health Check up Voucher

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

Date ___/___/___

Dear Customer Office - Customer Experience Management,

Please reissue Health Check up voucher Platinum package Premium package Classic package

Due to

Loss Health Check voucher not received Other, please specify _____

Name - Surname of policyholder (Written in block) _____

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

Mobile number of policyholder -

Mobile number of agent -

Note :

1. AIA reserves the right to reissue Health Check voucher up only one time.
2. Voucher reissue will be processed within seven working days from the date of receipt of the completed form only.
3. If the policyholder redeems the voucher twice, the respective agent will be responsible for the cost incurred by deducting the cost from that agent's account as earlier informed. In case that the agent's account cannot be deducted, the agency leader will be responsible for the cost in all aspects.

Signature of Agency Leader _____

Name of Agency Leader _____

Agency Code / Agent Code _____

*** If the policyholder has more than 1 servicing agency (Please provide the policyholder signature for consent to process through your agency)***

Signature of Policyholder _____ (Please provide the same signature as seen in the policy)

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The information of agent who requests for voucher reissue - Please complete the detail (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 voucher – 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) 1st 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