

Distributed by:

Direct Asia Insurance (Singapore) Pte Ltd
Hotline: (65) 6532 2888
E-mail: CustomerService@DirectAsia.com

Underwritten and issued by:

AXA Life Insurance Singapore Private Limited
(Company Reg. No. 199903512M)

ACCIDENT CLAIM FORM

1. Notice of Claim

Written notice of claim must be given to us within 90 days after the occurrence of the accident covered by the policy.

2. Claim Documents

The Assured shall, at his own expense, furnish all original documents, medical bills, medical certificates and any medical evidence to us together with a fully completed claim form (refer to point 3 Claim form).

Please submit a copy of the Assured's NRIC and a copy of the Life Assured's NRIC or birth certificate.

If required, we may ask for further documents to be provided after our initial assessment of the claim.

3. Claim Form

The attached claim form consists of three (3) parts :

3.1 Part I Claimant's Statement (Page 2 to 4)

This is to be completed by the Assured of the policy. Please ensure that this form is fully completed, signed (in the same manner as that in our record) and dated.

3.2 Part II Attending Physician Statement (Page 6 to 9)

To be completed and signed by the Attending Physician. Please note that the fee for completion of the Attending Physician Statement (if any) shall be borne by the Assured.

3.3 Part III Clinical Abstract Application form (Page 10)

To be completed and signed by the Life Assured. Should the Life Assured be less than 21 years old, this form shall be completed by the parent or legal guardian of the Life Assured. Please ensure that this form is fully completed, signed, dated and witnessed.

4. Submission of Claim Form

You can submit the duly completed claim form, relevant medical reports, laboratory or diagnostic results, original final medical bills and receipts required for assessment of the claim directly to :

DirectAsia.com, 88 South Bridge Road, Singapore 058716 (Attention : Claims Department).

5. Contact Us

Should you have any queries, please contact our customer service officers at our hotline at 6532 1818, between 8am and 8pm, Monday to Friday, or 8am and 5pm on Saturdays. You can also send us a fax at 6512 1416 or email us at Claim@DirectAsia.com for assistance.

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Part I: Claimant's Statement – Accident Claim Form				
Type of benefits you are claiming:				
<input type="checkbox"/> Term Life <input type="checkbox"/> Total and Permanent Disability (TPD)				
Policy No.				
Assured's Details:				
Name				
NRIC no.		Contact no.		
Current Address				
Life Assured's Details (if other than Assured):				
Name				
NRIC no.		Relationship with Assured		
Current Address				
This claim is submitted to AXA Life through DirectAsia.com.				
(A) Details of Accident and Injury				
1.	Date of accident (dd/mm/yy)		Time of accident	(am/pm)
	Place of accident :			
2.	Type of accident :			
	<input type="checkbox"/> Road traffic accident <input type="checkbox"/> Industrial accident <input type="checkbox"/> Sports accident <input type="checkbox"/> Cut by sharp objects or substance <input type="checkbox"/> Slipped and fell <input type="checkbox"/> Burns or scalds <input type="checkbox"/> Others (please specify):			
3.	Describe how the accident happened.			
4.	Describe the extent of body injuries and parts of the body injured.			
5.	Was the accident reported to the police? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy of the investigation report and the contact details of the police officer-in-charge.			
(B) Details of Treatment and Hospitalization				
1.	Was the Life Assured admitted to the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the details of hospitalization :			
	Name of hospital(s)	Period(s) hospitalised (from/to)	Period(s) intensive care (from/to)	
2.	Diagnosis :			
	(a) Date when the Life Assured first consulted a doctor for injury :			

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(b) Name and address of doctor whom the Life Assured first consulted for injury :		
(c) Doctor's diagnosis		Date of diagnosis
(d) Details of all other doctor(s) or hospital(s) whom the Life Assured has consulted for this injury:		
Name of doctor(s) or hospital(s) & Address		Date(s) consulted
3. Nature of treatment rendered to the Life Assured :		
(a) Name of surgical procedure(s)	Name of doctor or hospital	Date(s) of surgery
(b) Types of tests or investigations done or will be done.		
(c) Types of medical treatment (example, medication, therapy, etc).		
4. Any follow-up visits required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the dates, name and address of doctor(s) whom the Life Assured is currently on follow-up.		
5. Has the Life Assured previously suffered from or received treatment for similar or related injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:		
Doctor(s) or Hospital(s) consulted	Address	Date(s) consulted
6. For female Life Assured: Was the Life Assured pregnant at the time of accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(C) Details of Occupation and Disability		
1. State the details of Life Assured's occupation <u>at the time of accident.</u>		
Occupation		
Description of duties		
Name and address of employer		
2. Has the Life Assured returned to work or is expected to return to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the date returned/expected to return to work:		
3. Is the Life Assured now or has the Life Assured been <i>totally disabled</i> from performing the duties of his/her occupation, profession or business? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) If yes, please provide period(s) of total disability and submit medical certificate(s).		
(b) What are the exact duties that the Life Assured is unable to perform because of his/her disability?		

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4.	Is there any change to the Life Assured's occupation <u>after the accident</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please state his/her current occupation and the description of duties.		
(D) Other Information			
1.	Please provide details of regular doctors of the Life Assured.		
	Doctor(s) or Hospital(s)	Address	Date(s) consulted
			Purpose & details of consultation(s)
2.	Is the Life Assured claiming from any other insurance company or other sources, such as employee benefits, workmen compensation, Medishield and others in respect of this treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please enclose a copy of their settlement letter and provide details:		
	Name of company	Amount claimed (S\$)	Policy No.
			Other information
(E) Delivery Method			
	I would like the claims correspondence, including cheque payment (if any), to be sent to me through the following method (please tick):		
	<input type="checkbox"/> mail directly to me <input type="checkbox"/> self collect <input type="checkbox"/> I authorise _____(Name) _____(NRIC No.) who is my _____(Relationship) to make collection on my behalf.		
(F) Declaration			
	We, the Assured and Life Assured of the above named policy agree that the above statements are true, correct and complete and that the Company believing them to be such shall rely and act upon them.		
(G) Consent for Information on the Life Assured			
	<p>I, the Assured under the above policy, agree and authorise any medical source, insurance office, or organisation to release to AXA Life Insurance Singapore Pte Ltd; and AXA Life to release any medical source, or insurance office any relevant information concerning the Life Assured at any time, for the purpose of the assessment of this claim. I fully understand that the fees (if any) payable for any reports obtained for this purpose shall be borne by me and give my consent to the fees being deducted from the claim if it is admitted.</p> <p>By signing below, I indicate that I have read, understood and agree to the Privacy Statement attached to this form.</p>		
	Signature of Assured		Date
	Signature of Life Assured (if other than Assured and above aged 21)		Date

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(H) Checklist for Claimant	
	<p>Please ensure that the following are in order for our processing of the claim:</p> <ul style="list-style-type: none"> • Original final bills and receipts are submitted for medical expense claim. No photocopy or interim bills. • Do not leave any questions on the claim forms unanswered. • Attending Physician Statement has been completed and signed by the doctor at your own expense. • Assured and Life Assured's signatures are the same as in the policy record. • For claim on spouse or children, a copy of the birth or marriage certificate is attached for proof of relationship. • A copy of the identity card of the Assured and Life Assured are attached.

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Part II: Attending Physician Statement – Accident Claim

Instruction to doctor: This patient is insured with us against the happening of certain contingent events associated with his health. A claim has been submitted in connection with an accident. To enable us to assess the claim, please complete this report and return it directly to our company. For questions where date is applicable, please complete in the format of day/month/year.

To be completed and signed by the Attending Physician

I hereby certify that I personally examined the patient and my records and medical opinion are as follows:

1.	Name of patient		NRIC no.	
2.	Are you the patient's regular medical attendant? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, please provide details beginning with the first record in your clinic:			
	Date(s) consulted	Purpose & details of Consultation(s)	Diagnosis	Nature of treatment rendered, including type of tests and/or surgeries done
	(Please continue your recording on a blank page if there are more than 3 records and attach it with this report)			
	If no, do you know the name and address of the patient's regular medical attendant(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, please provide details:			
	Name of medical attendant		Address	
	(Please continue your recording on a blank page if there are more than 2 records and attach it with this report)			
3.	Details of accident and injury			
3.1	Date of accident (dd/mm/yy)		Time of accident	(am/pm)
	Place of accident			
3.2	Describe how the accident happened.			
3.3	Describe the extent of such bodily injuries and disabilities and the part(s) of the body injured.			
3.4	Are the bodily injuries or disabilities consistent with the accident described above? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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3.5	Was the accident reported to the police? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please enclose a copy of the police investigation report (if available) and provide the name and contact details of the police division and officer-in-charge.	
4.	Was the patient admitted to the hospital for treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please state the period of hospitalization or surgery.	
	Name of hospital(s)	Period(s) hospitalized (from/to)
5.	If the patient was referred to you OR if the patient had seen other doctor(s) before consulting you for this injury, please provide details:	
	Name of Doctor(s) / hospital(s)	Address of doctor(s) / hospital(s)
		Date consulted or referred to you
	(Please continue your recording on a blank page if there are more than 2 records and attach it with this report)	
6.	Date you were first consulted for this injury	
7.	(a) What were the symptoms presented by the patient?	
	(b) When did the patient first notice or experience the symptoms?	
8.	Full description of diagnosis	
	Diagnosis	
	Diagnosis date	
	Date when patient was informed	
	Underlying cause (if any)	
9.	Details of treatment	
	(a) Types of treatment rendered to the patient (medication, therapy, etc)	
	(b) Types of diagnostic and laboratory tests done. Please enclose a copy of the diagnostic report(s).	
	(c) Was there any surgery performed or going to be performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please provide details:	

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Type of surgical operation(s)	Date(s) of surgery
(d) Patient's response to the treatment	
(e) Was the patient referred to other doctor(s) for follow up or further management? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state name and address of doctor and the reason(s) for referral.	
(f) Is the patient still on follow up treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the follow up treatment plan that the patient is receiving.	
10. Is the patient's condition or treatment in any way related or due to:	
(a) pregnancy, infertility, childbirth, birth control, sterilization, miscarriage or abortion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) birth defects, congenital abnormalities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) sexually transmitted disease, AIDS or HIV related illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) self-inflicted act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) depression, mental or nervous disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(f) alcoholism or drug abuse or injury suffered after taking intoxicating alcohol or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(g) cosmetic reasons or elective surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(h) dental care or treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. (a) What is the patient's occupation and nature of work at the time of accident?	
(b) Is the patient <i>totally disabled</i> from performing the duties of his occupation due to the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the exact duties which the patient is unable to perform and the period(s) of total disability which medical certificates have been issued.	
(c) Is the patient <i>partially disabled</i> to perform part of the duties of his occupation due to the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the exact partial duties that the patient is unable to perform and the period(s) of partial disability which medical certificates have been issued.	
(d) If the patient is still receiving treatment, please state the period which the disability is expected to continue.	

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12.	Regarding the patient's medical history		
	(a) Has this patient previously suffered from the same condition prior to seeing you?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide details:		
	Date when condition was first diagnosed		
	Name and address of doctor or hospital who made the first diagnosis		
	(b) Is the patient suffering from or has suffered from any other medical conditions?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide details:		
	Name of doctor(s) or hospital(s)	Address	Diagnosis
			Diagnosis date
	(Please continue your recording on a blank page if there are more than 4 records and attach it with this report)		
13.	Please provide us with any other additional information that will enable us to assess the patient's claim.		

Date

Name and signature of doctor

Address and official stamp

Qualifications

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Part III: Clinical Abstract Form

Dear Sir,

Application for a Medical Report on _____ (Name)
 _____ (NRIC or birth certificate no.*)

Purpose of the medical report FOR INSURANCE CLAIM

I, the undersigned, give you the authorisation to furnish AXA Life Insurance Singapore Pte Ltd with a medical report on the above-named for the purpose stated above.

I confirm that a photocopy of the signed original Clinical Abstract Form is as valid and effective as the original Clinical Abstract Form.

Below are the details of the above-named's consultations at your hospital or clinic*.

Date of admission or consultation* _____

Date of discharge _____

Name of doctor _____

Signature of patient or patient's parent
or patient's legal guardian*

Signature of Witness

Name of patient or patient's parent
or patient's legal guardian*

Name

NRIC No.

NRIC No.

* Please delete where applicable

Note :-

- If the patient is below 21 years old, authorisation for the medical report is to be made by the parent or legal guardian of the patient.
- Please send the report directly to :
DirectAsia.com, 88 South Bridge Road, Singapore 058716 (Attention : Claims Department).

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DIRECTASIA.COM PRIVACY STATEMENT

About us

We are Direct Asia Insurance (Singapore) Pte Ltd (“we”, “us” or “Direct Asia”). We provide our own insurance products and services and those of our selected partners, mostly online via our website: www.DirectAsia.com, by telephone and at our offices.

Our Security and Privacy Statement (“Privacy Statement”)

This Privacy Statement sets out the basis on which any personal information we collect from you, or that you provide to us, will be processed by us and our partners, so please read it carefully. By using our website and/or by purchasing our insurance products either online, by telephone or at our offices, you consent to your personal information being processed by us in the manner described in this Privacy Statement. This is our current Privacy Statement. It replaces any previous Privacy Statement published by us.

Your privacy and security are important to us

Your privacy is important to you and it's important to us. It's a responsibility we take very seriously. We value the personal information you give us and will take all reasonable precautions to prevent unauthorised access to that information.

How to contact us

Questions, comments and requests regarding this Privacy Statement are welcomed and should be addressed to our data protection officer.

Our data protection officer can be contacted at dpo@directasia.com.

To access or correct your personal information, please see below.

To unsubscribe from receiving marketing materials, please see below.

Why do we collect personal information?

We need personal information to be able to:

- give you an accurate quote;
- identify insurance products and services for you;
- process your application for insurance products and services and carry out variations, cancellations, endorsements or renewals;
- supply insurance products and services to you;
- manage and administrate your insurance policies;
- assess and pay any claims;
- communicate with you, respond to your queries and verify your identity;
- improve our services and performance;
- compile statistics to allow us to improve our products and services for you;
- for quality and training purposes;
- for security purposes; and
- prevent and detect fraud or loss.

What type of personal information do we collect?

The personal information we collect includes your name, identification number, address, date of birth, contact details (for example phone and email), driving and other background history and information about your insurance experience, including data about your transactions with us. We may also collect personal information about someone else from you, for example when you apply for a product or service in joint names or where you are nominating other people on your policy (for example another driver or travel companion). If you provide personal information to us about someone else, you're responsible for telling the other person that you've provided personal information about them to us.

How do we collect personal information?

We collect personal information when you use our website, when you call us, when you visit our offices or when you otherwise get in contact with us. While we will collect most of the information from you, we might also collect personal information about you from someone else when we are processing your application for insurance coverage or are assessing a claim under your policy. This may include another insurer, an insurance investigator, claims manager or a medical provider. At our offices we may record you using CCTV for quality, training, security and record keeping purposes.

What about other information – non-personal information?

When you visit and browse our website, we also collect general information (like your internet protocol (IP) address) that won't personally identify you. This information allows us to maintain, evaluate and improve our site's performance. We may also collect and use aggregated non-personal information to assess our offerings and to consider improvements to our products and services.

Will we send you advertising and marketing materials?

From 2 July 2014, for new customers we will only send you marketing materials about our products and services or those of selected third parties if we have your consent to do so. We will normally obtain your consent when you purchase a policy from Direct Asia. For all customers, when we send you marketing materials, we will provide you with an unsubscribe facility, in case you decide that you do not want to receive marketing materials. You should follow the instructions which are included in the marketing materials, if you wish to unsubscribe. Or you may contact us at unsub@directasia.com.

Will we disclose your information to others?

So we can provide you with the insurance that suits you, we may disclose your personal information on a confidential basis to other parties who help us provide our products and services. This may be our group companies, other insurers, parties involved in supporting the claims process like loss adjusters, managers and assessors, repairers and suppliers, investigators and recovery agents. We may also disclose to police, credit enforcement groups, legal advisors and health providers assisting us to provide our services to you. Those group or external companies who assist us to web-host, help us maintain our website, provide communication services (like mailing) and problem solve may also have access to your personal information for the sole purpose of providing those services.

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Some group or external companies may gather non-personal information to evaluate the effectiveness of our online marketing activities. We impose security and confidentiality requirements on how these parties handle your personal information and we limit the use of it to the specific purpose for which we supplied it. In addition, we may disclose your information where there is a legal or regulatory requirement to do so.

Will we transfer your information outside of Singapore?

Where our partners who help us in the administration or operation of our organisation are based in other locations (e.g. our back-up data centre in Hong Kong), your information may be transferred outside of Singapore. We will only do so in accordance with applicable laws.

Access to your information and ensuring it is up-to-date

If at any time you believe the personal information we have about you is not accurate or up-to-date, please contact us at CustomerService@DirectAsia.com or on **666 55555** and we'll change it promptly. If you would like a copy of some or all of the personal information we hold about you, please contact us at CustomerService@DirectAsia.com or on **666 55555**. We will provide the copy to you within a reasonable time and we may charge you an amount for our reasonable costs for providing the copy to you.

How long will we keep your personal information for?

We will only hold your personal information for as long as is necessary for the purposes described in this Privacy Statement or for legal or business purposes.

Dealing with other people

If you authorise someone else (for example your relative) to provide your personal information to us, then you also authorise such other person to provide your consent to this Privacy Statement. We will deal with your spouse or partner if they call us on your behalf provided they are named on the policy and they satisfy our identification and verification checks. If you would like someone else to deal with your policy on your behalf on a regular basis please let us know. In some exceptional cases we may also deal with other people who call on your behalf and with your consent. If at any time you want us to deal only with you, please let us know.

How do we protect your personal information?

The protection of your personal information is a priority for us. We take all reasonable precautions to protect your personal information from loss, misuse and any unauthorised access, modification or disclosure. Your personal information is stored on our computer systems which are protected from unauthorised access by physical security methods and a combination of technologies (firewalls, secure logon processes, encryption and intrusion monitoring technologies). The information you provide to us via our website is securely encrypted as it travels between your computer and our computers. The secure connection is over a protocol called secure socket layer - SSL, making it difficult for others to access your information. Two ways of knowing when you are using a secured section of our website is to look for the small padlock symbol in the bottom right hand corner of your browser and secondly the web address in your browser window will start with "https" instead of "http". However, the transmission of information via the internet is not completely secure. Although we will do our best to protect your personal information, we cannot guarantee the security of your personal information provided to us via the internet, and any transmission is at your own risk.

What you can do to protect your personal information

There are things you can do to secure your online experience:

- Antivirus and Spyware Protection. Install a commercial quality antivirus/spyware protection software package on your computer.
- Firewall. Make sure you have an active firewall. A firewall is a device that prevents unauthorised users from accessing or connecting to computers or networks.
- PC Operating System. Keep your computer's operating system up to date with the latest updates.
- Log out. Always remember to log out from the Direct Asia Insurance session when you have completed your transactions. Do not leave your computer unattended while internet transactions are being processed.
- Clear your cache. We strongly recommend that you clear your browser's cache after each internet session. Cache files on your computer can retain images of data sent or received over the internet, making you a potential target for a system hacker.
- Do not share your passwords with other people and keep your information, whether in electronic form or on paper, private.

What happens when you make an online payment?

When you make a payment on our website using your credit card, your credit card number is passed in a secure manner between our website and third party payment providers, such as the issuer of your credit card. We use an industry recognised payment service provider to process any insurance payments you make using this website. The service provider is required to protect your personal information on our behalf.

Communicating with us via the internet

Our website enables you to communicate with us electronically using the internet. We need your email address in order to respond to your communications with us. We WILL NOT ask you to verify your identity by email. An email which appears to come from us, or which claims to be sent by us - asking for personal information should not be opened. It should be deleted immediately as it's likely to be an attempt to acquire (wrongfully) your personal details (called 'phishing'). If we need to verify your identity, we will contact you by telephone. We keep the content of email correspondence you have with us as it will help us understand your needs and provide you with assistance.

Do we use Cookies?

We use cookies as a part of interaction with your internet browser. Cookies help us to provide you with a customised service and to enable our website online insurance quotation and purchase process. Cookies may also be used to record non personalised information such as the date, time or duration of your visit or the pages accessed, for website administration, statistical and maintenance purposes. However, any such information will be aggregated and not attributed to individual users. If you would like to change the way websites identify you, you should change the cookie settings in your browser settings.

Links to other sites

We may provide links to other websites which may be of interest to you. These other websites are not subject to this Privacy Statement and you should read the privacy and security statements on those websites to understand how they deal with your personal information. We shall not be held liable for any loss or damage suffered by you arising from your access and/or use of these websites.

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