

**GENERAL INSURANCE AGENCY APPLICATION FORM INDIVIDUAL**

Application Date : \_\_\_\_\_

Applicant's Name : \_\_\_\_\_

Interviewer's Name : \_\_\_\_\_

**SUBMISSION CHECKLIST**

- Duly signed and completed HLA Application Form
- GIA Form A & C (each nominee must complete this separately)
- Individual Agent's and/ or Nominee(s) NRIC/Passport
- Nominee Agent Recent Passport-sized color photograph in JPEG format (Primary Principal only)
- For Individual and/ or Nominee(s):
  - (i) Academic qualifications – Min 3 GCE "O" level
  - (ii) Professional qualifications – CGI; or BCP & PGI & COMGI – HI (if any)

**PAYMENT**

- Cheque payment of **\$53.50** including GST (up to 3 nominee agents) to "HL Assurance Pte. Ltd." as registration fee to GIAS
- Each additional nominee at \$53.50 for 4<sup>th</sup> and above

**BANK INFORMATION (FOR COMMISSION PURPOSE)**

Beneficiary Name \_\_\_\_\_

Bank Name \_\_\_\_\_

Branch Name \_\_\_\_\_

Bank Account No. \_\_\_\_\_

**SECTION 1 - CORPORATE INFORMATION OF APPLICANT**
**IMPORTANT NOTES**

Please answer every question in full and indicate "NA" where any of the questions do not apply to you. All information given in this application will be treated as strictly confidential.

<b>Company Name</b>
<b>Address</b>
<b>Contact Person (Name &amp; Designation)</b>
<b>Telephone (Office   Mobile   Fax)</b>
<b>Email</b>
<b>Type of Company (please tick)</b> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Limited Company <input type="checkbox"/> Others (please specify: _____)
<b>Type of Insurance Agency (please tick)</b> <input type="checkbox"/> General <input type="checkbox"/> Trade Specific (please specify type of trade _____)
<b>Type of Agent (please tick)</b> <input type="checkbox"/> <b>Cash Agent</b> <input type="checkbox"/> <b>Credit Agent</b>
<b>Bank Information (for commission purpose)</b> Beneficiary Name _____ Bank Name _____ Branch Name _____ Bank Account No. _____
<b>Is this a GST registered company?</b> <input type="checkbox"/> Yes (provide GST Reg No. and Effective date _____) <input type="checkbox"/> No
<b>Capital Declaration</b> Authorized capital _____ Paid-Up Capital _____ (An applicant which is a company registered with the Registry of Companies must have a minimum paid-up capital of S\$25,000 at the time of its application and throughout the currency of its registration)

**SECTION 2 – DETAILS OF DIRECTOR(S) AND NOMINEE AGENT(S)**

Note: Please photocopy this page for additional nominee agents

<b>Full name as per NRIC (Please underline surname)</b>		
<b>Current position in the company</b>		
<b>NRIC/Passport</b>	<b>Nationality</b>	
<b>D.O.B (DD/MM/YYYY)</b>	<b>Gender (Male/ Female)</b>	
<b>Residential Address</b>		
<b>Tel No (HP)</b>	<b>Tel No (Office)</b>	<b>Email Address</b>
<b>Highest Education (Min GCE 3 "O" Level) or Basic Competency Examination Certification</b>	<b>Professional Qualification (BCP/ PGI etc)</b>	
<b>Total Years of experience in General Insurance</b>	<b>Type of Agent</b> <input type="checkbox"/> General Insurance <input type="checkbox"/> Composite <input type="checkbox"/> Trade Specific	<b>Full time/ Part time</b> <input type="checkbox"/> Full time <input type="checkbox"/> Part time
<b>Name of Insurance Company/ Agencies/ Broking Firms</b>	<b>Date Joined</b>	<b>Date Left</b>
<b>Name of present employer &amp; nature of business</b>	<b>Position held</b>	<b>Date joined and left</b>

**SECTION 3 – ADDITIONAL INFORMATION**

<b>Name of Primary Principal insurance Company</b>	<b>Name of Secondary Principal</b>	<b>Name of Secondary Principal</b>
<b>Name of insurer to cease representation and why</b>		
<b>Why do you want to represent HL Assurance?</b>		
<b>Have you ever been a General Insurance Agent of HL Assurance?</b>	Yes/ No	
<b>Has your agent registration with the GIAS ever been suspended or terminated previously?</b>	Yes/ No	
<b>Has any of your insurance Company representation(s) ever been terminated</b>	Yes/ No	
<b>Has any complaint been lodged against you with the GIAS, MAS or FIREeC?</b>	Yes/ No	
<b>Have you and/or your nominee(s) been declared a bankrupt?</b>	Yes/ No	
<b>If your answer is a "Yes" to any of the above, please provide the details why:</b>		

**Please state your annual gross premium for last year, year-to-date and projected volume for this year.**

<b>Lines of Business</b>	<b>Past Year Gross Premium (provide supporting documents if any)</b>	<b>YTD Gross Premium</b>	<b>Expected Premium to be placed with HL Assurance this year</b>
Travel			
Motor			
Property			
Casualty			
Others (please specify)			

I hereby declare that the information and statement given in this application form are true and correct and agree that they shall be the basis of the Agency Contract between the Company and myself.

**Personal Data Protection Act Declaration**

I understand, acknowledge, agree and consent that:

- (a) HL Assurance Pte Ltd, General Insurance Association of Singapore ("GIA") and the Agents' Registration Board ("ARB") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by HL Assurance Pte Ltd (collectively the "Personal Information") and disclose and transfer such Personal Information to the Monetary Authority of Singapore and any other insurer or company operating insurance business in Singapore, for the purpose(s) of :
- (i) processing my application to be an agent with HL Assurance Pte Ltd;
  - (ii) managing, facilitating and/or administering my relationship with HL Assurance Pte Ltd such as but not limited to managing or dealing with my commissions, fees, benefits, if any, terminating my relationship, disciplinary investigation and/or disciplinary action arising from my action(s) or omission(s);
  - (iii) managing and/or administering activities carried out by me pursuant to my obligations under my agreement with the HL Assurance Pte Ltd or in my performance of my obligations in my agreement with the HL Assurance Pte Ltd

- (iv) analyzing, administering and/or managing my transactions and performance targets;
  - (v) marketing my services as an insurance agent, to the public or to any third party;
  - (vi) showcasing or marketing my achievements in relation to my insurance transactions such as but not limited to publication of my image and personal data on public media platforms such as the newspaper, the Internet, the HL Assurance Pte Ltd in-house notice boards, at marketing exhibitions, the radio etc;
  - (vii) considering, proposing, facilitating or sending me for any training HL Assurance Pte Ltd or GIA, as the case may be, determines is suitable for me;
  - (viii) disclosure of my personal data to the Inland Revenue Authority of Singapore to facilitate or administer tax related requirements, claims, deductions or matters;
  - (ix) disclosure of my personal data to a credit monitoring bureau on a monthly basis (or whenever necessary) to check on issuance of any bankruptcy petition or order against me;
  - (x) carrying out due diligence or other screening activities (such as background checks) in accordance with legal or regulatory requirements or risk management procedures required by the Monetary Authority of Singapore or that have been put in place by HL Assurance Pte Ltd or GIA;
  - (xi) dealing in any matters relating to, arising from or connected with my relationship with HL Assurance Pte Ltd (including but not limited to the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages), contacting me on matters related to or connected to my relationship HL Assurance Pte Ltd; and
  - (xii) complying with applicable law in administering and managing my relationship with HL Assurance Pte Ltd;
- (collectively the "**Purposes**")
- (b) Any other insurer or company operating insurance business in Singapore (collectively "**Other Insurers**") may/can collect, may use, disclose and/or process my Personal Information for one or more of the above Purposes; and
  - (c) my Personal Information may/can be disclosed by HL Assurance Pte Ltd, any of the Other Insurers, GIA, and/or ARB to their third party service providers or agents, which may be sited outside of Singapore, for one or more of the above Purposes.

**Signature of Applicant with Company Stamp**

Name and designation:

Date:

**FOR OFFICE USE ONLY**

Remarks/ Recommendations:

Approved by (Signature and date):