

**PRE-INTERVIEW FORM
(TSA)**

Important:

- Please ensure each of your nominees possess the minimum competency requirements as set out in the GIARR.
- Please answer all questions. You may input "NA" only if the question(s) does not apply to you.
- We will review your application and contact you for an interview (if successful) within 2 weeks from date of receipt of this form.

1	General Insurance		
i.	<input type="checkbox"/> Has your company previously represented HL Assurance? If yes, please state reason for cessation:	<input type="checkbox"/> Yes <input type="checkbox"/> No (proceed to Q2)	

ii.	Have your company ever sold general insurance products as a commissioned agent? <input type="checkbox"/> Yes <input type="checkbox"/> No (proceed to Q3)		
iii.	Is your company representing any other general insurance companies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the following:		
		(Primary Principal)	_____
		(Secondary Principal 1)	_____
		(Secondary Principal 2)	_____
iv.	Is your company intending to terminate any of the above companies? If yes, please state the insurer and the reason for cessation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	

v.	Do you and/or your nominee(s) possess the following qualification(s):		
Certificate in Motor Insurance		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certificate of Proficiency in Travel Insurance		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certificate of Proficiency in Foreign Domestic Worker Insurance		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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2	Business with HL Assurance									
	How much general insurance business do you plan to place with HL Assurance in one year? <input type="checkbox"/> S\$30,000 – S\$50,000 <input type="checkbox"/> \$50,001 – S\$99,999 <input type="checkbox"/> > S\$100,000									
3	Declaration									
i.	Have you and/or your nominee agent(s) ever been terminated by any insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the name of the insurance company, the date and reason of the termination: _____									
ii.	Have you and/or your nominee(s) been convicted of any offence under any Court of Law? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the date and details of incident: _____									
iii.	Have you and/or your nominee agent(s) been declared a bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you and/or your nominee agent(s) been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No (Discharged date: _____)									
iv.	Has any proceeding of any nature been taken against you and/or your nominee agent(s) in any Court of Law? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: _____									
v.	Is your company facing winding-up proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No									
vi.	I am aware that I need to fulfil the following: CPD Hours (1st January to 31st December)									
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:50%;">Agent Type</th> <th style="width:45%;">CPD Requirement</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;"><input type="checkbox"/></td> <td>Trade Specific Agent (Motor)</td> <td>4 hours</td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/></td> <td>Trade Specific Agent (Non-Motor)</td> <td>-</td> </tr> </tbody> </table>		Agent Type	CPD Requirement	<input type="checkbox"/>	Trade Specific Agent (Motor)	4 hours	<input type="checkbox"/>	Trade Specific Agent (Non-Motor)	-
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<input type="checkbox"/>	Trade Specific Agent (Non-Motor)	-								
vii.	We, _____(Name), _____ (GIA/NRIC), hereby declare that all information furnished above are correct and complete. In the event of false declaration made, HL Assurance reserves the right to cancel our application or terminate our representation if I am subsequently accepted as an agent. Signature _____ Mobile _____ Date _____ Email _____									

