



Liberty Insurance Pte Ltd  
 51 Club Street, #03-00  
 Liberty House,  
 Singapore 069428  
 Tel : 6221 8611  
 Fax : 6222 6912

### AGENCY APPLICATION

(1) Name of Applicant : \_\_\_\_\_

(2) Status of Applicant : Individual [ ] Pte Ltd [ ] Others (please specify) \_\_\_\_\_  
 Partnership [ ] Ltd [ ] \_\_\_\_\_

(3) Business/Company Registration No : \_\_\_\_\_

(4) Date of Registration : \_\_\_\_\_

(5) Applicable to Company : Authorized Capital : \_\_\_\_\_  
 Paid-up Capital : \_\_\_\_\_

(6) NRIC / Passport No: : \_\_\_\_\_

(7) Sex : \_\_\_\_\_

(8) Business Address : \_\_\_\_\_  
 \_\_\_\_\_

(9) Home Address : \_\_\_\_\_  
 \_\_\_\_\_

(10) Telephone Number / (Office) : \_\_\_\_\_ Names : \_\_\_\_\_  
 Contact person(s) (Home) : \_\_\_\_\_

(11) Fax Number : \_\_\_\_\_

(12) Email Address : \_\_\_\_\_

(13) Name(s) and GIAS Registration No. of Principal Insurance Company(ies) already represented :

Names	GIAS Registration No:
_____	_____
_____	_____
_____	_____

(14) Name of Primary Principal : \_\_\_\_\_



**(15) If the Applicant or anyone of its Partners, Directors, Executive Directors, Shareholders, Chief Executive, Corporate Nominees, Employees (who are registered cardholders) has any other business interest or employment relating to insurance, please provide the following particulars :**

Name of Person	_____
Name of Business	_____
Type of Business	_____
Nature of Interest/Position Held	_____
Business/Company Registration No.	_____
Name of Person	_____
Name of Business	_____
Type of Business	_____
Nature of Interest/Position Held	_____
Business/Company Registration No.	_____

**(16) Type of Agent** : Cash Agent/Credit Agent

**(17) If Credit Agent, please state name of bank(s) and branch(es) :** \_\_\_\_\_

**(18) If you are a GST Registered Company, please provide GST Registration No:** \_\_\_\_\_

**(19) Have your registration as a general insurance been terminated previously under the General Insurance Agents Registration Regulations (GIARR)?** Yes / No  
 If yes, please provide details for termination

\_\_\_\_\_

\_\_\_\_\_

**(20) Have your Agency Agreement been terminated previously?** Yes / No  
 If Yes, please state the name of the insurance company(ies) and the date(s) and reason for termination.

\_\_\_\_\_

\_\_\_\_\_

**(21) Have any proceeding of any nature been taken against you in any Court of Law?** Yes / No  
 If Yes, please provide details

\_\_\_\_\_

\_\_\_\_\_

**(22) Please indicate the estimated annual gross premium in general insurance you have or able to produced :**

Personal Accident	: S\$
Medical	: S\$
Motor	: S\$
Others	: S\$



**(23) PARTICULARS OF AGENTS/CORPORATE NOMINEES :**

Name : \_\_\_\_\_  
 Sex : \_\_\_\_\_  
 NRIC/Passport No: : \_\_\_\_\_  
 Date of Birth : \_\_\_\_\_  
 Academic Qualification \*\* : \_\_\_\_\_  
 Professional Qualification \*\* : \_\_\_\_\_  
 Current Position : \_\_\_\_\_  
 Position (AG/CN/EM/SA) : \_\_\_\_\_  
 Total years of experience : \_\_\_\_\_  
 Full Time/Part Time (FT/PT) : \_\_\_\_\_

% of revenue/salary derived from general insurance business : \_\_\_\_\_

Details of experience in insurance companies/agencies/broking firms :

<u>Name of insurance companies/agencies/broking firm</u>	<u>Dated Joined</u>	<u>Date left</u>

Name : \_\_\_\_\_  
 Sex : \_\_\_\_\_  
 NRIC/Passport No: : \_\_\_\_\_  
 Date of Birth : \_\_\_\_\_  
 Academic Qualification \*\* : \_\_\_\_\_  
 Professional Qualification \*\* : \_\_\_\_\_  
 Current Position : \_\_\_\_\_  
 Position (AG/CN/EM/SA) : \_\_\_\_\_  
 Total years of experience : \_\_\_\_\_  
 Full Time/Part Time (FT/PT) : \_\_\_\_\_

% of revenue/salary derived from general insurance business : \_\_\_\_\_

Details of experience in insurance companies/agencies/broking firms :

<u>Name of insurance companies/agencies/broking firm</u>	<u>Dated Joined</u>	<u>Date left</u>

**\*\* NOTE :** Academic Qualification

- B Below GCE 'N' level
- H GCE 'N' level
- O GCE 'O' level
- A GCE 'A' level or Higher School Certificate
- P Polytechnic or similar
- U Tertiary level and beyond
- T Others (please specify)

Professional Qualification

- CGI Certificate in General Insurance (Spore)
- ACII Associate of the Chartered Insurance Institute
- FCII Fellow of the Chartered Insurance Institute
- AAII Associate of the Australian Insurance Institute
- FAII Fellow of the Australian Insurance Institute
- BCP Basic Concepts & Principles of General Insurance
- PGI Personal General Insurance
- ComGI Commercial General Insurance
- O Others



**DECLARATION OF APPLICANT :**

*I/We hereby :*

- 1. declare that the information given above is correct and true.*
- 2. undertake to comply and abide by the General Insurance Agents Registration Regulations laid down by the General Insurance Association of Singapore.*
- 3. undertake to inform Liberty Insurance Pte Ltd in writing of any changes in the information given in this application.*
- 4. understand and accept that Liberty Insurance Pte Ltd reserves the right to cancel my/our application or terminate my/our agency representation if any of the information furnished above is found to be false, incorrect or misrepresented or of fraudulent means.*

Name of Applicant : \_\_\_\_\_

Company Stamp (for corporate agent) : \_\_\_\_\_

Name of Authorized Representative : \_\_\_\_\_

NRIC No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_



## CHECKLIST FOR SUBMISSION OF AGENCY APPLICATION.

*Please submit the following documents together with this Agency Application.*

	..	<b>Please ✓</b>
(1) Liberty Insurance Pte Ltd Agency Application Form	..	<input type="checkbox"/>
(2) General Insurance Association of Singapore (GIAS) Request Form - FORM A	..	<input type="checkbox"/>
(3) Copies of the following Certificate or Result Slip :		
a) Certificate in General Insurance (CGI)	..	<input type="checkbox"/>
b) Basic Concepts Principles of General Insurance (BCP)	..	<input type="checkbox"/>
c) Personal General Insurance (PGI)	..	<input type="checkbox"/>
d) Commercial General Insurance (ComGI)	..	<input type="checkbox"/>
e) Health Insurance Certificate (HI), if any.	..	<input type="checkbox"/>
f) Relevant Trade Specific Proficiency Certificate		<input type="checkbox"/>
(4) For Company or Corporate Agent, copies of ROB/RCB Listing. (not more than 3 months from the date of agency application.)	..	<input type="checkbox"/>
(5) 1 recent passport size photograph	..	<input type="checkbox"/>
(6) Cheque payable to <b>LIBERTY INSURANCE PTE LTD</b>		
Individual S\$ 53.50	..	<input type="checkbox"/>
Corporate S\$107.00	..	<input type="checkbox"/>
(7) Copy of existing principals (if applicable) Statement of Accounts during the last three months		<input type="checkbox"/>
(8) Copy of preceding year Income Tax Statement		<input type="checkbox"/>

*my: agency recruitment/agency application form & checklist.SC  
updated 2007 August 27*