

AGENCY APPLICATION FORM – for Individual Agent

**Please read through this form and provide us with all the information required.
Indicate “NA” if a question is not applicable.**
Please tick where applicable in the appropriate box.

AFFIX
A
RECENT
PASSPORT
SIZE
PHOTO

(1) INDIVIDUAL AGENT – Personal Particulars:				
(a) Name (as in NRIC or passport)				
(b) NRIC or Passport No.				
(c) Nationality				
(d) Date of Birth				
(e) Marital Status				
(f) Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female			
(g) Residential Address				
(h) Business Address (if different from the above.)				
(i) Contact Numbers	Office:			
	Residence:			
	Mobile:			
(j) Fax No.				
(k) Email Address:				
(l) Highest Academic Qualification				
(m) General Insurance Professional Qualification	<input type="checkbox"/> Certificate in General Insurance (CGI) <input type="checkbox"/> Basic Insurance Concept and Principles (BCP) <input type="checkbox"/> Personal General Insurance (PGI) <input type="checkbox"/> Commercial General Insurance (ComGI) <input type="checkbox"/> Health Insurance (HI) <input type="checkbox"/> Others, please specify :			
(n) Life Insurance Business.	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state the name of the Company you are representing:			
(o) Total years of experience	General Insurance: years. Life Insurance: years			
(p) Details of past work experience including insurance experience				
Employers Name	Year Joined	Year Left	Position Held	Type of Business

(2) TYPE OF AGENT / BANK ACCOUNT DETAILS –

For crediting of commission and Credit Agent who operate a Principal Account.

Type of Agent	<input type="checkbox"/> Cash <input type="checkbox"/> Credit
If Credit Agent, please provide name and Branch of Bank including the Account Number.	Name of Bank:
	Branch:
	Account No:

CASH AGENT - “A Cash Agent is one who does not have a Principal’s Account and who does not receive any cheques made payable to the agent. The cheque is made payable to the insurance company and likewise, any cash is to be handed over directly to the insurance company.....”

CREDIT AGENT - “a Credit Agent is one who operates a Principal’s Account and who receives cheques made payable in the name of the agent (and also cash) and these cheques are then banked into the Principal’s Account of this agent.”

(3) PARTICULARS OF NOMINEE AGENTS, if applicable.

If there is more than one, please provide the same information in a separate sheet using the attached Appendix A.

(a) Name (as in NRIC or passport)				
(b) NRIC or Passport No.				
(c) Nationality				
(d) Date of Birth				
(e) Marital Status				
(f) Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female			
(g) Residential Address				
(h) Business Address (if different from the above.)				
(i) Contact Numbers	Residence:			
	Mobile:			
(j) Email Address:				
(k) Highest Academic Qualification				
(l) General Insurance Professional Qualification	<input type="checkbox"/> Certificate in General Insurance (CGI)			
	<input type="checkbox"/> Basic Insurance Concept and Principles (BCP)			
	<input type="checkbox"/> Personal General Insurance (PGI)			
	<input type="checkbox"/> Commercial General Insurance (ComGI)			
	<input type="checkbox"/> Health Insurance (HI)			
	<input type="checkbox"/> Others, please specify :			
(m) Life Insurance Business.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	If Yes, please state the name of the Company you are representing:			
(o) Total years of experience	General Insurance: years. Life Insurance: years			
(p) Details of past work experience				
Employers Name	Year Joined	Year Left	Position Held	Type of Business

(4) OTHER INFORMATION

<p>(a) Have your/nominee agent(s) registration as a general insurance agent been rejected/terminated previously under the General Insurance Agents Registration Regulations (GIARR) ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details for termination:</p> <p>_____</p>
<p>(b) Have your/your nominee agent agency application ever been rejected/terminated by any insurers previously ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the name of insurance company(ies), date and reason for termination.</p> <p>_____</p>
<p>(c) Have any proceeding of any nature been taken against you/your nominee agents in any Court of Law ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.</p> <p>_____</p>
<p>(d) Has any complaint been lodged against you/the nominee agents with the General Insurance Association of Singapore (GIA) or Financial Industry Disputes Resolution Centre Ltd (FIDERC) ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date(s) and nature of complaint(s)</p> <p>_____</p>

(5) DECLARATION:

1. I/We hereby declare as follows:-
 - 1.1 I/We have entered into an agency agreement or agreements with an Ordinary Member or Members of GIA, none of which has been terminated over the last 12 months.
 - 1.2 I/We have not been convicted of:-
 - (a) an offence under the Insurance Act (Chapter 142) or any regulations made thereunder;
 - (b) an offence under The Penal Code (Chapter 224);
 - (c) an offence under any Act or regulations administered by the Monetary Authority of Singapore;
 - (d) a criminal offence involving fraud, misrepresentation or dishonesty; or
 - (e) an offence under any statute which is a re-enactment Act, repealing Act or a consolidation Act in respect of any of the legislations referred to above.
 - 1.3 I/We are not:-
 - (a) the subject of criminal proceedings which are pending in Court;
 - (b) the subject of any investigation or disciplinary proceedings carried out by the Agents' Registration Board;
 - (c) the subject of any investigation or disciplinary proceedings carried out by the Monetary Authority of Singapore or by any governmental or regulatory body acting under any Act or subsidiary legislation hereinafter referred to as "any Regulator";
 - (d) the subject of a prohibition order or any order made by the Monetary Authority of Singapore or any Regulator;
 - (e) the subject of a written warning, reprimand or censure meted out by the Monetary Authority of Singapore or any Regulator; or
 - (f) a shareholder, partner, manager, employee or director of any business registered with the Registry of Businesses or of any company registered with the Registry of Companies in respect of which:-
 - (i) the business/company has been censured or disciplined; or
 - (ii) its business or business licence has been suspended or revoked by the Monetary Authority of Singapore or any Regulator.

- 1.4 I/We are in compliance with and not in breach of any of the provisions of:
(a) the General Insurance Agents' Registration Regulations;
(b) the Code of Practice for Agents; and
(c) the Singapore General Insurance Code of Practice.
- 1.5 I/We are not an undischarged bankrupt or a person in respect of whom a bankruptcy proceeding is pending in Court;
- 1.6 We are not (in the case of a company registered with the Registry of Companies) the subject of:-
(a) a winding up order;
(b) a judicial management order; or in respect of which:-
(c) a receiver has been appointed (whether by the Court or otherwise); or
(d) an application or petition for winding up, or appointment of judicial manager or appointment of receiver has been filed in Court and is pending;
- 1.7 I/We have not:-
(a) entered into a composition or a scheme of arrangement with creditors; or
(b) one or more outstanding judgements against me/us which has/have been unsatisfied within 7 days from the date of the judgement;
- 1.8 I have (in the case of an agent) fulfilled the minimum number of hours of requirements as may be determined by GIA from time to time.
2. We hereby further declare that:-
- 2.1 our minimum paid capital is S\$25,000 (applicable to a company or partnership business registered with the Registry of companies); and
- 2.2 all our shareholders, partners, manager, employees or directors who act on our behalf or represent us in our business of general insurance agent are also registered with the Agents' Registration Board as Nominee Agents and that all the declarations stated herein are true and correct in respect of our Nominee Agents, mutatis mutandis.
3. I/We hereby agree and undertake that I/We shall immediately notify in writing the Agents' Registration Board of GIA and the Ordinary Members of GIA for whom I/we represent as my/our Principals in the event that any fact, event or matter arises or occurs after the making of this Declaration which renders any of the declarations herein contained untrue or incorrect.
4. I/We hereby:
- 4.1 declare that the information and statements given in this application and any accompanying attachments are correct and true;
- 4.2 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 and NRIC No.	Signature
Main Applicant / Authorized Officer		
Nominee Agent		
Nominee Agent		
Nominee Agent		

Company Stamp (for corporate agent)

Date

APPENDIX A – Particulars of Nominee Agents

Please tick where applicable in the appropriate box.

PARTICULARS OF NOMINEE AGENTS.				
(a) Name (as in NRIC or passport)				
(b) NRIC or Passport No.				
(c) Nationality				
(d) Date of Birth				
(e) Marital Status				
(f) Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female		
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(l) General Insurance Professional Qualification		<input type="checkbox"/> Certificate in General Insurance (CGI)		
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		<input type="checkbox"/> Health Insurance (HI)		
(m) Life Insurance Business.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		If Yes, please state the name of the Company you are representing:		
(o) Total years of experience		General Insurance: years. Life Insurance: years		
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Employers Name	Year Joined	Year Left	Position Held	Type of Business