



# AGENCY APPLICATION (INDIVIDUAL)

To: Agency Department  
AIG Asia Pacific Insurance Pte. Ltd.  
AIG Building  
78 Shenton Way #10-16  
Singapore 079120

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

From: Full Name as per NRIC/passport: \_\_\_\_\_

Agency Name (if applicable): \_\_\_\_\_

Agency Status (if applicable): Agent / Agency Leader

Unit & Agent Code (for AIA Agents only): \_\_\_\_\_

### Checklist:

Kindly submit the following documents and relevant registration fee:

- 1) Pre-interview Form (Individual), duly completed
  - 2) Agency Application (Individual) Form, duly completed
    - Applicant must complete pages 2 and 3, GIAS Form A pages 4 and 5 and Form C1
    - All Nominee(s) must complete page 3 and GIAS Form A page 6 and Form C2 individually, if applicable
  - 3) A photocopy of the following result slips of your Nominee Agent(s)
    - CGI (old syllabus) or BCP and PGI and ComGI (new syllabus)<sup>#</sup>
    - HI, mandatory for selling of Health Insurance products
    - Highest educational certificates (min. 3 GCE 'O' level credit passes)  
[Applicants without min. 3 GCE 'O' level credit passes may submit the Basic Competency Examination Certificate awarded by the Singapore College of Insurance (SCI)]
- <sup>#</sup> Exemption:
- Under Grandfather's Clause: agents who only needed to attend the CGI course offered by SCI and were allowed to transact general insurance business prior to the implementation of the CGI examination, provided license is continuous
  - Qualifications in lieu of the CGI qualification set out at [http://www.gia.org.sg/pdfs/training\\_exemptionList.pdf](http://www.gia.org.sg/pdfs/training_exemptionList.pdf)
- 4) 1 recent passport size colour photograph
  - 5) GIAS Registration Fee (cheque payable to **AIG Asia Pacific Insurance Pte. Ltd.**):

Bank Name and Cheque No.: \_\_\_\_\_

No.	Please Tick	Registration For	Amount*
1	<input type="checkbox"/>	Agent	S\$54.00
2	<input type="checkbox"/>	Agent plus up to first 2 nominee agents <i>(If all are applying at the same time to represent AIG Asia Pacific Insurance Pte. Ltd. as new principal)</i>	S\$54.00
3	<input type="checkbox"/>	3 <sup>rd</sup> nominee agent onwards @ \$54.00 <u>each</u> <i>(at any time of application)</i>	S\$54.00

\* If the application is **on or after 1 October of the calendar year**, 50% of the GIAS Registration Fee will be payable.



# AGENCY APPLICATION (INDIVIDUAL)

## APPLICATION FOR AGENCY (INDIVIDUAL)

- To be completed by the Individual applicant

**Important Note:** Please answer **every** question below in full. If any of these questions do not apply to you, please write "NA". All information given in this application will be treated as **STRICTLY CONFIDENTIAL**.

AFFIX A  
RECENT  
PHOTO

(1) PERSONAL PARTICULARS			
Full Name as per NRIC/Passport (Please <u>underline</u> surname)		Christian Name (if any)	
Residential address		Preferred Mailing Address* (tick one) <b>*Selected address will appear on all correspondences sent to policyholders</b> <input type="checkbox"/> Business <input type="checkbox"/> Residence	
Business address (if any)			
Telephone (Office)	Telephone (Residence)	Telephone (Mobile)	Mobile (for One Time Password)
Fax	Email Address	Emergency Contact Person Name: _____ Relationship: _____ Contact No.: _____	
NRIC / Passport No.	Marital Status (please circle) Single / Married / Divorced / Widowed	Citizenship	Date of Birth
GIAS Registration Number (if applicable)	Agent Type (please circle): General (Non-life) / Composite If <b>Composite</b> , please state Life Insurance Company: _____		
Agency Status Full Time / Part Time	If Part Time, please state other occupation(s)		
Bank & Account Number (To credit commission)			
Name of Bank _____			
Name of Branch _____			
Bank Account Number _____			
Name of Account Holder _____			
(2) EMPLOYMENT HISTORY			
Name & Address of Present Employer	Nature of business	Position Held	Period (DD/MM/YY)
Name & Address of Previous Employer(s)	Nature of business	Position Held	Period (DD/MM/YY)



# AGENCY APPLICATION (INDIVIDUAL)

### (3) NOMINEE AGENT (IF APPLICABLE)

– please attach additional copies of this page if there are more than 2 Nominee Agents

Full Name as per NRIC/Passport (Please underline surname)

NRIC / Passport No.

Telephone (Mobile)

Mobile (for One Time Password)

AFFIX A  
RECENT  
PHOTO

Email Address

Marital Status (please circle)

Single / Married /  
Divorced / Widowed

Emergency Contact Person

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Agent Type:  General (Non-Life)

Composite (please state Life Insurance Company: \_\_\_\_\_)

Agency Name (if applicable): \_\_\_\_\_

Unit & Agent Code (for AIA Agent only): \_\_\_\_\_

I hereby declare that the information and statements given herein are true and correct and agree that they shall be the basis of the Agency Contract between the Company and myself.

By signing this form, I acknowledge and consent to the collection, use and/or disclosure of my personal data by AIG Asia Pacific Insurance Pte. Ltd. for the purpose of processing this application.

\_\_\_\_\_  
Signature of Nominee Agent

\_\_\_\_\_  
Date

Full Name as per NRIC/Passport (Please underline surname)

NRIC / Passport No.

Telephone (Mobile)

Mobile (for One Time Password)

AFFIX A  
RECENT  
PHOTO

Email Address

Marital Status (please circle)

Single / Married /  
Divorced / Widowed

Emergency Contact Person

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Agent Type:  General (Non-Life)

Composite (please state Life Insurance Company: \_\_\_\_\_)

Agency Name (if applicable): \_\_\_\_\_

Unit & Agent Code (for AIA Agent only): \_\_\_\_\_

I hereby declare that the information and statements given herein are true and correct and agree that they shall be the basis of the Agency Contract between the Company and myself.

By signing this form, I acknowledge and consent to the collection, use and/or disclosure of my personal data by AIG Asia Pacific Insurance Pte. Ltd. for the purpose of processing this application.

\_\_\_\_\_  
Signature of Nominee Agent

\_\_\_\_\_  
Date



# AGENCY APPLICATION (INDIVIDUAL)

## (4) DECLARATION

I hereby declare that the information and statements given herein are true and correct and agree that they shall be the basis of the Agency Contract between the Company and myself.

\_\_\_\_\_  
Signature of Main Applicant

\_\_\_\_\_  
Date

## Form A – New Principal Representation

### A. To be completed by Applicant / Agent

Name of Agent/ Agency: \_\_\_\_\_

NRIC / Business Reg No.: \_\_\_\_\_ GIAS Agent No.: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of Principals Currently Representing:

1) Primary Principal: \_\_\_\_\_ ( )

2) Secondary Principal: \_\_\_\_\_ ( )

3) Secondary Principal: \_\_\_\_\_ ( )

If you are currently representing 3 principals and intend to replace / terminate one of the above principals, please indicate with a "T" in the brackets provided above and attach together with your letter of termination. Please address the letter to the principal (replace / terminate) with a copy to GIA.

#### **Cheque Details (for payment of agent fees to Principal)**

Bank name: \_\_\_\_\_ Cheque Date: \_\_\_\_\_

Cheque No.: \_\_\_\_\_ Amount: \_\_\_\_\_

### B. Approval of New Principal

- We agree to be the Primary Principal of the applicant  
 We agree to be the Secondary Principal of the applicant

On the basis of due and diligent enquiry made on the background of the applicant named in this Form, and other information available, I believe the applicant to be fit and proper to perform the functions and duties of an agent. I confirm the above request and will await the approval of the above application.

Name of Insurance Company: **AIG Asia Pacific Insurance Pte. Ltd.** \_\_\_\_\_

Name and Position of Approving Officer\*: **Choong Wing King, Chief Agency Officer** \_\_\_\_\_

\_\_\_\_\_  
Signature of Approving Officer\*

\_\_\_\_\_  
Date

**\*Note: Approving Officer must meet the requirements of Regulation 1.5.2 of Appendix B1 of GIARR.**

## Form A – New Principal Representation

### C. Agent Account (please tick one only)

Cash Agent                       Credit Agent

For **Credit Agent**, kindly provide the following details:

Name of Bank: \_\_\_\_\_

Bank Branch: \_\_\_\_\_

Type of Agent (please tick one only):

General Agent                       General & Life Agent                       Trade Specific Agent  
*(Please complete Type of Trade)*

Type of Trade (please tick one only):

Freight Forwarders                       Maid Agencies                       Motor Dealers  
 Travel Agents                       Handphone Dealers                       Electrical Protection  
 Maid Agencies + Foreign Worker Agencies                       Card Protection Insurance  
Foreign Worker Agencies

### D. Confirmation of Request

\_\_\_\_\_ hereby confirmed that I/we seek to  
*{Name of Applicant/Agent}*  
represent **AIG Asia Pacific Insurance Pte. Ltd.** as one of my / our principals  
*{Name of Insurance Company}*  
and that the information declared in my / our earlier applications is the same for this new principal.

I / we hereby authorize the Registrar to release details of my / our application with my / our current principal/s to my / our new principal.

\_\_\_\_\_  
Signature of Applicant / Agent

\_\_\_\_\_  
Date

**Note: The GIA will not be responsible for any misuse of the information by the parties concerned.**

## Form A – New Principal Representation

### E. To be completed by Nominee Agent

If you would like to be registered and appointed as a Nominee Agent of the agent, please provide us with the following information: (Please attach additional copies of this page- Form A Pg 7, if there is more than 1 Nominee Agent).

#### PARTICULARS

Name: \_\_\_\_\_

NRIC/Passport No. : \_\_\_\_\_ Citizenship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Residential Address: \_\_\_\_\_

\_\_\_\_\_ (S) \_\_\_\_\_

#### OTHER DETAILS

Academic Qualification:

'O' level  Tertiary  Bachelor  'A' level  
 University  Others \_\_\_\_\_

Professional Qualification:

CGI  BCP  PGI  COMGI  
 CGI Exempted Under Grandfathers' Clause  Others \_\_\_\_\_

Current Position: \_\_\_\_\_  Part-time  Full-time

Total Years of Experience: \_\_\_\_\_ Percentage of Revenue/Salary: \_\_\_\_\_ %

#### DETAILS OF EXPERIENCE

	Name of insurance companies/agencies/broking firms	Position Held	Date Joined	Date Left
1				
2				
3				

**Note: The GIA will not be responsible for any misuse of the information by the parties concerned.**





## Form C1 – Declaration Form (General Insurance Agent)

### 1. Representation of Members of GIA

If you tick “Yes” to any of the above, please provide details below:

### 2. Financial Soundness

Yes

No

NA

- Individual agents are to complete 2(a) to 2(f), and provide details below if your answer is “Yes” to any of the questions.
- Corporate agents and trade specific agents are to complete 2(a) to 2(c), 2(e), and 2(f), and provide details below if your answer is “Yes” to any of the questions.

For corporate agents and trade specific agents, this section is also applicable to your controllers, sole-proprietors, managers of limited partnerships and limited liability partnerships, partners, directors, and office bearers.

Within the past 10 years, have you:

a) Have you been or are you unable to fulfill any of your financial obligations, whether in Singapore or elsewhere?




b) Have you entered into a compromise or a scheme of arrangement with creditors, or made an assignment for the benefit of your creditors, being a compromise, scheme of arrangement or assignment that is still in operation, whether in Singapore or elsewhere?




c) Have you been or are you subject to any judgment debt against you which you have been unable to satisfy within 7 days from the date of the judgment, whether in Singapore or elsewhere?




For an **individual agent**:

d) Are you an undischarged bankrupt or a person in respect of whom a bankruptcy proceeding is pending in Court, whether in Singapore or elsewhere?




For a **corporate agent / trade specific agent**:

e) Is your company the subject of a winding up petition, or in the course of being wound-up or otherwise dissolved, whether in Singapore or elsewhere?




f) Has a receiver, receiver and manager, judicial manager, or such other person having the powers and duties of a receiver, receiver and manager, or judicial manager, been appointed in relation to, or in respect of, any property of your company, whether in Singapore or elsewhere?




If you tick “Yes” to any of the above, please provide details below:

## Form C1 – Declaration Form (General Insurance Agent)

3. Honesty, Integrity & Reputation	Yes	No
<ul style="list-style-type: none"> <li>• <u>Individual agents</u> are to complete <u>3(a) to 3(v)</u>, and provide details below if your answer is “Yes” to any of the questions.</li> <li>• <u>Corporate agents and trade specific agents</u> are to complete <u>3(a) to 3(o)</u>, and provide details below if your answer is “Yes” to any of the questions.</li> </ul> <p>For corporate agents and trade specific agents, this section is also applicable to your controllers, sole-proprietors, managers of limited partnerships and limited liability partnerships, partners, directors, and office bearers.</p>		
Within the past 10 years, have you: a) carried on business in any jurisdiction under any name other than the name stated in this application?	<input type="checkbox"/>	<input type="checkbox"/>
b) been refused the right or restricted in your right to carry on any trade, business or profession for which a specific license, registration or other authorisation is required by law in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
c) been issued a prohibition order under any Act administered by the Monetary Authority of Singapore or been prohibited from operating in any jurisdiction by any financial services regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
d) been censured, disciplined, suspended or refused membership or registration by the Monetary Authority of Singapore, any other regulatory authority, an operator of a market or clearing facility, any professional body or government agency, whether in Singapore or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
e) been the subject of any investigations or disciplinary proceedings or been issued a warning or reprimand by the Monetary Authority of Singapore, any other regulatory authority, an operator of a market or clearing facility, any professional body or government agency, whether in Singapore or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
f) been the subject of any proceedings of a disciplinary or criminal nature or been notified of any potential proceedings or of any investigation which may lead to those proceedings, under any law in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
g) been convicted of any offence, served any term of imprisonment or is being subject to any pending proceedings which may lead to a conviction of any offence, under any law in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
h) had any judgment (including the finding of fraud, misrepresentation or dishonesty) given against you in any civil proceedings in Singapore or elsewhere, or been a party to any pending proceedings that may lead to such a judgment?	<input type="checkbox"/>	<input type="checkbox"/>
i) accepted civil liability for fraud or misrepresentation under any law in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
j) had any civil penalty enforcement action taken against you by the Monetary Authority of Singapore or any other regulatory authority under any law in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
k) contravened or abetted another person in breach of any laws or regulations, business rules or codes of conduct, whether in Singapore or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
l) been the subject of any complaint made reasonably and in good faith, relating to activities that are regulated by the Monetary Authority of Singapore or under any law in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>

## Form C1 – Declaration Form (General Insurance Agent)

<b>3. Honesty, Integrity &amp; Reputation</b>		Yes	No
m) been refused a fidelity or surety bond, whether in Singapore or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) demonstrated an unwillingness to comply with any regulatory requirement or to uphold any professional and ethical standards, whether in Singapore or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) been untruthful or provided false or misleading information to Monetary Authority of Singapore or been uncooperative in any dealings with Monetary Authority of Singapore or any other regulatory authority in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For an <b>individual agent</b> :	NA	Yes	No
	p) been or are you a director, partner, substantial shareholder or concerned in the management of a business that has been censured, disciplined, prosecuted or convicted of a criminal offence, or been the subject of any disciplinary or criminal investigation or proceeding, in Singapore or elsewhere, in relation to any matter that took place while you were a director, partner, substantial shareholder or concerned in the management of the business?	<input type="checkbox"/>	<input type="checkbox"/>
q) been or are you a director, partner, substantial shareholder or concerned in the management of a business that has been suspended or refused membership or registration by the Monetary Authority of Singapore, any other regulatory authority, an operator of a market or clearing facility, any professional body or government agency, whether in Singapore or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) been a director, partner, substantial shareholder or concerned in the management of a business that has gone into insolvency, liquidation or administration during the period when, or within a period of one year after, you were a director, partner, substantial shareholder or concerned in the management of the business, whether in Singapore or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) been dismissed or asked to resign from office, employment, a position of trust, or a fiduciary appointment or similar position, whether in Singapore or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) been or are you subject to disciplinary proceedings by your current or former employer(s), whether in Singapore or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) been disqualified from acting as a director or disqualified from acting in any managerial capacity, whether in Singapore or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Form C1 – Declaration Form (General Insurance Agent)

3. Honesty, Integrity & Reputation	NA	Yes	No
v) been an officer found liable for an offence committed by a body corporate as a result of the offence having proved to have been committed with the consent or connivance of, or neglect attributable to, the officer, whether in Singapore or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you tick "Yes" to any of the above, please provide details below:			

4. Compliance	NA	Yes	No
Are you at all times in compliance with the:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) General Insurance Agents' Registration Regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Code of Practice for Agents (including keeping of proper accounting records)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Personal Data Protection Act 2012 ("PDPA")?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Have you implemented the best practices in the Data Loss Protection Guidelines for Insurance Agents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For an <b>individual agent</b> :			
e) Are you a Singapore citizen or a Singapore Permanent Resident or a foreigner holding a valid Work Permit or Employment Pass issued by the Ministry of Manpower?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Have you fulfilled the minimum number of hours of Continuous Professional Development (CPD) training and such other requirements as may be determined by GIA from time to time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For a <b>corporate agent / trade specific agent</b> :			
g) Does your company maintain a minimum paid-up capital of at least S\$ 25,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Are your shareholders, partners, managers, employees or directors who act on your behalf or represent you in your 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 your Nominee Agents, mutatis mutandis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you tick "No" to any of the above, please provide details below:			

## Form C1 – Declaration Form (General Insurance Agent)

5. Other interests	Yes	No
a) Are you involved in or do you have any interest in any other business or commercial enterprise?	<input type="checkbox"/>	<input type="checkbox"/>
b) Are you an employee or a director or any person engaged in or contracted for the operations of, or a shareholder of or a debenture holder in or have any interest in any company, firm or business enterprise which is in the business of a general insurer or insurance loss adjuster?	<input type="checkbox"/>	<input type="checkbox"/>
c) Do you have a shareholding interest in any company, firm or business enterprise which is formed for the purpose of transacting or is engaged in transacting insurance broking business?	<input type="checkbox"/>	<input type="checkbox"/>
d) Are you or are any of your directors, officers, partners, employees, representatives or agents or any person involved in your management and/or operation, involved in any capacity in the management and/or operation of any insurance broking business?	<input type="checkbox"/>	<input type="checkbox"/>
e) Are you or are any of your directors, employees, shareholders, debenture holders, proprietors or owners, an employee, a director, a shareholder, a debenture holder or a proprietor or owner of another Agent?	<input type="checkbox"/>	<input type="checkbox"/>
<p>If you tick "Yes" to any of the above, please provide details below:</p>          		

## Form C1 – Declaration Form (General Insurance Agent)

I/We further declare that:

- the information shown in this declaration form and any attached documents are correct and complete.
- I/we (\*) shall notify my/our (\*) Principal/s in writing whenever
  - there is any change in the name or address or particulars as registered in the Register, or
  - I/we (\*) cease to represent any Principal, or
  - when a Nominee Agent ceases to be employed by the Agency.
- I/we (\*) shall not enter into any agreement or arrangement whatsoever for the appointment or engagement of any sub-agent.
- 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 contained herein untrue or incorrect.

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

Name: \_\_\_\_\_ Dated the \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_  
(Day) (Month) (Year)

## Form C1 – Declaration Form (General Insurance Agent)

### ANNEX 1

*Corporate agents and trade specific agents are required list their controllers, sole-proprietors, managers of limited partnerships and limited liability partnerships, partners, directors, and office bearers as applicable; and illustrate their shareholding and corporate structures using a chart if necessary.*