

GENERAL INSURANCE AGENCY APPLICATION FORM – INDIVIDUAL AGENT

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)

NEW REGISTRATION FEE

- \$98.10**, including 9% GST (up to 3 nominee agents) to "HL Assurance Pte. Ltd."
- Each additional nominee is **54.50**, including 9% GST for 4th and above nominee agents.

PAYMENT MODE:**1) BANK TRANSFER**

Beneficiary Name: HL Assurance Pte. Ltd. SIF
Bank Name: DBS Bank Ltd
Bank Account No: 003-923396-5
Bank Code: 7171
Branch Code: 003
Swift Code: DBSSGSG

2) PAYNOW

Beneficiary Name: HL Assurance Pte Ltd SIF
Paynow Account No: 201229558W965

BANK INFORMATION (FOR COMMISSION PURPOSE)

Beneficiary Name _____
Bank Name _____
Branch Name _____
Bank Account No. _____

SECTION 1 - INFORMATION OF INDIVIDUAL AGENT

(Please make a copy for an additional nominee agent if required)

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.

Full name as per NRIC (Please underline surname)		
Address (Residential)	Address (Business if any)	
D.O.B (DD/MM/YYYY)	Nationality	
NRIC/Passport No	Designation	
Marital Status	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mobile No	Office No	
Fax No	Email Address	
Highest Education (Min GCE 3 "O" Level) or Basic Competency Examination Certification	Professional Qualification (BCP/ PGI / CGI / HI)	
Total Years of experience in General Insurance	Type of Agent <input type="checkbox"/> General Insurance <input type="checkbox"/> Composite <input type="checkbox"/> Trade Specific	Full-time / Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Name of Insurance Company/ Agencies/ Broking Firms	Date Joined	Date Left
Name of present employer and nature of business	Position held	Date joined and left

SECTION 2 – ADDITIONAL INFORMATION

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

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

Lines of Business	Past Year Gross Premium (provide supporting documents if any)	YTD Gross Premium	Expected Premium to be placed with HL Assurance this year
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.

Signature of Applicant

Date:

FOR OFFICE USE ONLY

Remarks/ Recommendations:

Approved by (Signature and date):