

PRE-INTERVIEW FORM (INDIVIDUAL)

Important:

- Please ensure you possess the minimum competency requirements as set out in the GIARR (min. 3 GCE 'O' level credit passes, BCP, PGI and ComGI)
- 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	Life Insurance			
i.	Are you a Life Agent? <input type="checkbox"/> Yes <input type="checkbox"/> No (proceed to Q2)			
ii.	Which life insurance company do you represent?			
	<input type="checkbox"/> AIA	<input type="checkbox"/> Great Eastern	<input type="checkbox"/> Manulife	<input type="checkbox"/> Prudential
	<input type="checkbox"/> Income	<input type="checkbox"/> Singlife		
	<input type="checkbox"/> Others (please specify) _____			
iii.	Are you an Agency Leader? <input type="checkbox"/> Yes <input type="checkbox"/> No			
iv.	How many years have you been in the life insurance industry? _____			
v.	How many clients do you currently have?	Individual	%	Corporate
		%		%
2	General Insurance			
i.	Have you sold general insurance products as a commissioned agent (consumer or commercial lines)?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No (proceed to Q3)			
ii.	How many years of experience do you have in the general insurance industry? _____ years			
iii.	Currently, do you represent another general insurance company?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, please indicate the following: (Primary Principal) _____			
	(Secondary Principal 1) _____			
	(Secondary Principal 2) _____			
iv.	Please provide a detailed breakdown of your general insurance portfolio sales:			
	Consumer Lines	%	<input type="checkbox"/> Motor <input type="checkbox"/> Travel <input type="checkbox"/> Maid <input type="checkbox"/> Others _____	
	Commercial Lines	%	<input type="checkbox"/> Marine <input type="checkbox"/> Property & Casualty <input type="checkbox"/> Engineering & Construction <input type="checkbox"/> Fin. Lines <input type="checkbox"/> Others _____	
	Last Annual Total GWP: S\$ _____			
3	Business with HL Assurance			
i.	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			
ii.	Which of the following line of business will be your area of focus when HL Assurance on-board you as our agent:			
	Consumer Lines	S\$	_____	
	Commercial Lines	S\$	_____	

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(INDIVIDUAL)**

4	Declaration									
i.	<p>Have you ever been terminated by any insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide the name of the insurance company, date and reason of the termination.</p> <p>_____</p>									
ii.	<p>Have you been convicted of any offence under any Court of Law? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide the date and details of incident:</p> <p>_____</p>									
iii.	<p>Have you been declared a bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, have you been discharged? <input type="checkbox"/> Yes (Discharged date: _____) <input type="checkbox"/> No</p>									
iv.	<p>Has any proceeding of any nature been taken against you in any Court of Law?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: _____</p>									
v.	<p>I am aware that I need to fulfil the following:</p> <p>CPD Hours (1st January to 31st December)</p> <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>Composite Agent (selling life and general insurance products)</td> <td>30 Hours (life insurance) AND 8 Hours (general insurance)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>General Agent (selling general insurance products only)</td> <td>24 Hours (Year 1) 24 Hours (Year 2) 15 Hours (Year 3 onwards)</td> </tr> </tbody> </table>		Agent Type	CPD Requirement	<input type="checkbox"/>	Composite Agent (selling life and general insurance products)	30 Hours (life insurance) AND 8 Hours (general insurance)	<input type="checkbox"/>	General Agent (selling general insurance products only)	24 Hours (Year 1) 24 Hours (Year 2) 15 Hours (Year 3 onwards)
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vi.	<p>I, _____ (Name), _____ (GIA/NRIC), hereby declare that all the information furnished above are correct and complete. In the event of false declaration made, HL Assurance reserves the right to cancel my application or terminate my representation if I am subsequently accepted as an agent.</p> <p>Signature _____ Mobile _____ Date _____</p> <p>Email _____</p>									