

Individual Agent

Application Form



Name of Applicant: _____

Important Notes

1. Please ensure that your nominee(s) have all the relevant certificates. i.e. CGI (old syllabus) or BCP & PGI & ComGI (new syllabus) and HI (where applicable)
2. You must answer ALL questions. If any question does not apply to you, please write "NA".
3. We will review your application & contact you for an interview (if successful) within 2 weeks from date of receipt of this form.
4. Upon completion of this form, please email to IDP.SG@chubb.com for processing.

Checklist

Kindly submit the following documents & relevant registration fee:

- Individual Agent Application Form duly completed:
 - Applicant must complete pages 3 – 8, GIAS Form A pages 9 – 11, Form C1 pages 12 – 16 and PDPA Form pages 17 – 18; and
 - All Nominee(s) must complete page 6 - 8, GIAS Form A page 11, Form C2 (if applicable) and PDPA Form pages 17 – 18.

- GIAS Registration Fee & Forms:

Registration For	Amount	Tick
Application Period: 1 January – 30 September		
Individual Agent (3 or less Nominee Agents)	S\$98.10	<input type="checkbox"/>
Individual Agent (more than 3 Nominee Agents)	S\$98.10 + S\$54.50 (for each nominee)	<input type="checkbox"/>
Application Period: 1 October – 31 December		
Individual Agent (3 or less Nominee Agents)	S\$49.05	<input type="checkbox"/>
Individual Agent (more than 3 Nominee Agents)	S\$49.05 + S\$27.25 (for each nominee)	<input type="checkbox"/>

- Internet Bank Transfer:
 - Beneficiary's Name: Chubb Insurance Singapore Limited
 - Bank's Name : Citibank NA
 - Bank Code : 7214
 - Branch Code : 001
 - SGD Account No. : 0-010226-015
 - SWIFT Code : CITISGSG

Kindly indicate your name/GIA No. in the payment description field and provide a snapshot of payment.

Checklist (continued)

- A photocopy of the following result slips:
 - CGI (old syllabus) **or** BCP, PGI and ComGI (new syllabus)#; and
 - HI (if any); and
 - GCE 'O' Level with minimum 3 credit passes or its equivalent or the highest educational certificate (applicants without min. 3 GCE 'O' level credit passes may submit the Basic Competency Examination Certificate awarded by the Singapore College of Insurance).
- #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.
- 1 recent passport-size colour photograph in plain background (if representing Chubb as Primary Principal), softcopy accepted in jpeg format below 400kb+.
 - A photocopy of Bank Account Statement to credit commission+.
 - A copy of Personal Data Protection Act Declaration duly signed individually.

+ To be completed only when agent's application is confirmed.

Personal Information *(To be completed by the Individual applicant)*

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**.

Full Name <i>(as per NRIC/Passport)</i>				Affix recent Photo
Preferred Name <i>(if any)</i>				
NRIC/Passport No.+	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Citizenship	Date of Birth	DD/MM/YYYY		
Office No.	Fax No.			
Home No.	Mobile No.			
Business Address*	<input type="checkbox"/>			
Residential Address**	<input type="checkbox"/>			
Email Address				
Next of Kin+ <i>(Optional)</i>	Name		Relationship	
	Email		Contact No.	
Type of Agent	<input type="checkbox"/> General (Non-Life)	<input type="checkbox"/> Composite <i>(Please state Life Insurance Company)</i>		
	Agency Name (if applicable)			
Employment Type	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <i>(Please specify other occupation)</i>			
Bank & Account Number <i>(to credit commission)</i> ^+				
Name of Bank		Name of Branch		
Name of Account Holder		Bank Account Number		

^ Please provide a copy of Bank Account Statement reflecting the above details.

* Preferred mailing address *(please tick one, selected address will appear on all correspondences sent to policyholders)*

+ To be completed only when agent's application is confirmed.

Employment History (e.g. Financial Advisors, GI Companies, Broking Firms, GI Agencies or others, please specify) *(To be completed by the Individual applicant)*

Name & Address of Present Employer	Nature of Business	Position Held	Date Joined	Date Left
			DD/MM/YYYY	DD/MM/YYYY
Name & Address of Previous Employer(s)	Nature of Business	Position Held	Date Joined	Date Left
			DD/MM/YYYY	DD/MM/YYYY
			DD/MM/YYYY	DD/MM/YYYY

Business Experience and Portfolio

1. Are you a Life Agent? Yes No (proceed to Q2.)

If **yes**, please complete the following questions (a to d):

- a. Are you an Agency Leader? Yes No
- b. How many years have you been in the life insurance industry? _____
- c. How many life clients do you currently have? _____
- d. What is your latest production for Life Insurance? _____

2. Operating Model

General Insurance Business Since Year	_____
Total No. of Operations Staff	_____
Total No. of Nominees(s)	_____

3. Have you ever sold General Insurance products (e.g. travel, personal accident, personal lines policies, etc) as a commissioned agent? Yes No (proceed to Q7.)

4. Do you represent any other general insurance companies to sell general insurance products?
 Yes No

If **yes**, please fill in the details of your current Principals:

	Primary Principal	Secondary Principal 1	Secondary Principal 2
Insurer Name			
Premium Volume (GWP)			
% of Total New Business			
Years Represented			

5. New Business Volume (GWP): S\$ _____

6. Please provide a detailed breakdown of your general insurance portfolio sales:

Description	Portfolio Sales
i. A&H (Group Business Travel, Group Personal Accident, Hospital Income, Personal Accident, Travel)	%
ii. P&C (D&O, Fire, Marine Cargo, Professional Indemnity, Public Liability, Work Injury Compensation, etc.)	%
iii. Personal Lines (Masterpiece, Residential Home)	%
Last Annual Total Production	S\$

7. How much general insurance business do you expect to place with Chubb Insurance Singapore Limited (Chubb) in one year?

- S\$30,000 – S\$50,000 S\$50,001 – S\$100,000 S\$100,001 – S\$150,000 > S\$150,000

8. What will be your area of focus for General Insurance?

	Amount
i. A&H (Group Business Travel, Group Personal Accident, Hospital Income, Personal Accident, Travel)	S\$
ii. P&C (D&O, Fire, Marine Cargo, Professional Indemnity, Public Liability, Work Injury Compensation, etc.)	S\$
iii. Personal Lines (Masterpiece, Residential Home)	S\$

Declaration

a. Have you and/or your nominee agent(s) been terminated by any insurance company? Yes No
 If **yes**, which insurance company, when and why?

b. Have you and/or your nominee agent(s) been convicted of any offence under any Court of Law? Yes No
 If **yes**, what offence were you and/or your nominee agent(s) convicted of and when?

c. Have you and/or your nominee agent(s) been declared a bankrupt? Yes No
 If **yes**, have you and/or your nominee agent(s) been discharged?
 Yes (Discharged on DD/MM/YYYY) No

d. Has any proceeding of any nature been taken against you and/or your nominee agent(s) in any Court of Law?
 Yes No
 If **yes**, please give details.

e. I am aware that I need to fulfill the following:

i) CPD Hours (1 January – 31 December)

Agent Type	CPD Requirement
<input type="checkbox"/> Composite Agent (selling life and general insurance products)	<ul style="list-style-type: none"> • 30 Hours (Life Insurance) & • 8 Hours (General Insurance)
<input type="checkbox"/> General Agent (selling general insurance products only)	<ul style="list-style-type: none"> • 24 Hours (1st year as a General Agent) • 24 Hours (2nd year as a General Agent) • 15 Hours (3rd year as a General Agent)

ii) Minimum Production Requirement (1 January – 31 December) of _____.

Nominee Agent 1 (If applicable)

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**.

Full Name <i>(as per NRIC/Passport)</i>				Affix recent Photo
Preferred Name <i>(if any)</i>				
NRIC/Passport No.+	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Citizenship	Office No.			
Home No.	Mobile No.			
Email Address				
Next of Kin+ <i>(Optional)</i>	Name		Relationship	
	Email		Contact No.	
Type of Agent	<input type="checkbox"/> General (Non-Life)	<input type="checkbox"/> Composite <i>(Please state Life Insurance Company)</i>		
		Agency Name (if applicable)		

+ To be completed only when agent's application is confirmed.

Declaration (For new application only)

I hereby declare that the information and statements given herein are true, accurate and complete and agree that they shall be the basis of the Agency Contract between Chubb and myself.

By signing this form, I acknowledge and consent to the collection, use and/or disclose of my personal data by Chubb for the purpose of processing this application.

Signature of Main Applicant

Date (DD/MM/YYYY)

Declaration (For Additional Nominee Agent only)

I hereby declare that the information and statements given herein are true, accurate and complete and agree that they shall be the basis of the Contract between Chubb and myself.

By signing this form, I acknowledge and consent to the collection, use and/or disclose of my personal data by Chubb for the purpose of processing this application.

Name & Signature of Nominee Agent

Date (DD/MM/YYYY)

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Nominee Agent 2 (If applicable)

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**.

Full Name <i>(as per NRIC/Passport)</i>				Affix recent Photo
Preferred Name <i>(if any)</i>				
NRIC/Passport No.+	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Citizenship	Office No.			
Home No.	Mobile No.			
Email Address				
Next of Kin+ <i>(Optional)</i>	Name		Relationship	
	Email		Contact No.	
Type of Agent	<input type="checkbox"/> General (Non-Life)	<input type="checkbox"/> Composite <i>(Please state Life Insurance Company)</i>		
		Agency Name (if applicable)		

+ To be completed only when agent's application is confirmed.

Declaration (For new application only)

I hereby declare that the information and statements given herein are true, accurate and complete and agree that they shall be the basis of the Agency Contract between Chubb and myself.

By signing this form, I acknowledge and consent to the collection, use and/or disclose of my personal data by Chubb for the purpose of processing this application.

Signature of Main Applicant

Date (DD/MM/YYYY)

Declaration (For Additional Nominee Agent only)

I hereby declare that the information and statements given herein are true, accurate and complete and agree that they shall be the basis of the Contract between Chubb and myself.

By signing this form, I acknowledge and consent to the collection, use and/or disclose of my personal data by Chubb for the purpose of processing this application.

Name & Signature of Nominee Agent

Date (DD/MM/YYYY)

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Nominee Agent 3 (If applicable)

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**.

Full Name <i>(as per NRIC/Passport)</i>				Affix recent Photo
Preferred Name <i>(if any)</i>				
NRIC/Passport No.+	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Citizenship	Office No.			
Home No.	Mobile No.			
Email Address				
Next of Kin+ <i>(Optional)</i>	Name		Relationship	
	Email		Contact No.	
Type of Agent	<input type="checkbox"/> General (Non-Life)	<input type="checkbox"/> Composite <i>(Please state Life Insurance Company)</i>		
		Agency Name (if applicable)		

+ To be completed only when agent's application is confirmed.

Declaration (For new application only)

I hereby declare that the information and statements given herein are true, accurate and complete and agree that they shall be the basis of the Agency Contract between Chubb and myself.

By signing this form, I acknowledge and consent to the collection, use and/or disclose of my personal data by Chubb for the purpose of processing this application.

Signature of Main Applicant

Date (DD/MM/YYYY)

Declaration (For Additional Nominee Agent only)

I hereby declare that the information and statements given herein are true, accurate and complete and agree that they shall be the basis of the Contract between Chubb and myself.

By signing this form, I acknowledge and consent to the collection, use and/or disclose of my personal data by Chubb for the purpose of processing this application.

Name & Signature of Nominee Agent

Date (DD/MM/YYYY)

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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	DD/MM/YYYY
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: Chubb Insurance Singapore Limited

Name and Position of Approving Officer*: _____

Signature of Approving Officer*

Date (DD/MM/YYYY)

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

+ To be completed only when agent's application is confirmed.

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):

- | | | |
|--|--|--|
| <input type="checkbox"/> Freight Forwarders | <input type="checkbox"/> Maid Agencies | <input type="checkbox"/> Motor Dealers |
| <input type="checkbox"/> Travel Agents | <input type="checkbox"/> Handphone Dealers | <input type="checkbox"/> Electrical Protection |
| <input type="checkbox"/> Maid Agencies + Foreign Worker Agencies | <input type="checkbox"/> Foreign Worker Agencies | <input type="checkbox"/> Card Protection Insurance |

D. Confirmation of Request

 Name of Applicant/Agent hereby confirmed that I/we seek to represent Chubb Insurance Singapore Limited as one of my/our principals and that the information declared in my/our earlier applications is the same for this new principal.

I/We here by authorise 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 (DD/MM/YYYY)

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

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 page 6, if there is more than 1 Nominee Agent).

Particulars

Name: _____

NRIC/Passport No.+ : _____ Citizenship: _____

Date of Birth: _____ Gender: Male Female

Residential Address+: _____

Postal Code _____

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)		DD/MM/YYYY	DD/MM/YYYY
2)		DD/MM/YYYY	DD/MM/YYYY
3)		DD/MM/YYYY	DD/MM/YYYY

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

+ To be completed only when agent's application is confirmed.



Form C1 – Declaration Form (General Insurance Agent)

Important Note:

- The form must be completed by the individual/corporate/trade specific agent.
- For a corporate agent/trade specific agent, the form must be completed by the owner, director or authorized senior personnel.
- Please answer all questions. Tick "NA" only if the question is meant for an individual agent and you are a corporate or trade specific agent, and vice versa.
- The GIA will not be responsible for any misuse of the information by the parties concerned.

Section A – About Yourself/Your Company

1) Type of Agent applied for:

Individual Agent

Corporate Agent

Trade Specific Agent:

Foreign Domestic Worker

Foreign Worker

Travel

Motor

Freight Forwarder

Electrical Protection

2) Primary Principal: _____

Secondary Principal 1: _____

Secondary Principal 2: _____

3) Name of Applicant/Agent: _____

4) NRIC/Passport/FIN/BRN+: _____ GIAS Agent No.: _____

5) Address: _____ (S) _____

6) Email: _____ Contact: _____

+ To be completed only when agent's application is confirmed.

Section B – Declaration

(* Please delete as appropriate)

1. Representation of Members of GIA	Yes	No	NA
Have you:			
a) entered into an agency agreement or agreements over the last 12 months with any Member of GIA other than the ones that you have indicated in Section A-2 above?	<input type="checkbox"/>	<input type="checkbox"/>	
b) ever been terminated by any Member of GIA?	<input type="checkbox"/>	<input type="checkbox"/>	
c) been transacting general insurance business with any Member of GIA other than the ones you represent?	<input type="checkbox"/>	<input type="checkbox"/>	
For corporate agent/trade specific agent:			
d) entered into a Tripartite Agreement with any of the Member of GIA and any agent registered with the ARB?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

2. Financial Soundness	Yes	No	NA
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?	<input type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	
For 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

3. Honesty, Integrity & Reputation	Yes	No	NA
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"/>	
m) been refused a fidelity or surety bond, whether in Singapore or elsewhere?	<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"/>	
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"/>	
For individual agent:			
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"/>	<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"/>

3. Honesty, Integrity & Reputation	Yes	No	NA
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"/>
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	Yes	No	NA
Are you at all times in compliance with the:			
a) General Insurance Agents' Registration Regulations?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Code of Practice for Agents (including keeping of proper accounting records)?	<input type="checkbox"/>	<input type="checkbox"/>	
c) Personal Data Protection Act 2012 ("PDPA")?	<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"/>	
For individual agent:			
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 corporate agent/trade specific agent:			
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:

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"/>

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

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

Date (DD/MM/YYYY)



Personal Data Protection Act Declaration

I understand, acknowledge, agree and consent that:

- (a) Chubb Insurance Singapore Limited (“Chubb”), General Insurance Association of Singapore (“GIA”) and the Agents’ Registration Board (“ARB”) may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by Chubb Insurance Singapore Limited (collectively the “Personal Information”) and disclose and transfer such Personal Information to the Monetary Authority of Singapore and any other insurer or company operating insurance business in Singapore, for the purpose(s) of :
- (i) processing my application to be an agent with Chubb;
 - (ii) managing, facilitating and/or administering my relationship with Chubb such as but not limited to managing or dealing with my commissions, fees, benefits, if any, terminating my relationship, disciplinary investigation and/or disciplinary action arising from my action(s) or omission(s);
 - (iii) managing and/or administering activities carried out by me pursuant to my obligations under my agreement with Chubb or in my performance of my obligations in my agreement with Chubb;
 - (iv) analysing, administering and/or managing my transactions and performance targets;
 - (v) marketing my services as an insurance agent, to the public or to any third party;
 - (vi) showcasing or marketing my achievements in relation to my insurance transactions such as but not limited to publication of my image and personal data on public media platforms such as the newspaper, the Internet, Chubb’s in-house notice boards, at marketing exhibitions etc;
 - (vii) considering, proposing, facilitating or sending me for any training that Chubb or GIA as the case may be, determines is suitable for me;
 - (viii) disclosure of my personal data to the Inland Revenue Authority of Singapore to facilitate or administer tax related requirements, claims deductions or matters;
 - (ix) disclosure of my personal data to a credit monitoring bureau on a yearly basis (or whenever necessary) to check on issuance of any bankruptcy petition or order against me;
 - (x) carrying out due diligence or other screening activities (such as background checks) in accordance with regulatory requirements or risk management procedures required by the Monetary Authority of Singapore or that have been put in place by Chubb or GIA;
 - (xi) dealing in any matters relating to, arising from or connected with my relationship with Chubb (including but not limited to the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on external cover of envelopes/mail packages), contacting me on matters related to or connected to my relationship with Chubb; and
 - (xii) complying with applicable law in administering and managing my relationship with Chubb;
- (collectively the “**Purposes**”)
- (b) Any other insurer or company operating insurance business in Singapore (collectively “**Other Insurers**”) may/can collect, may use, disclose and/or process my Personal Information for one or more of the above Purposes; and

- (c) My Personal Information may/can be disclosed by Chubb, any of the Other Insurers, GIA, and/or ARB to their third party service providers or agents, which may be sited outside Singapore, for one and more of the above Purposes.

Signature

NRIC No. (last 3 digits + alpha)

Name

Date