

PRE-INTERVIEW FORM
(Agency Application – Corporate)

Important:

- (A) 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)
- (B) You must answer **ALL** questions. If any question does not apply to you, please write “NA”.
- (C) We will review your application & contact you for an interview (if successful) within 2 weeks from date of receipt of this form.
- (D) Upon completion of this form, please fax to **6225 5145** for processing.

1. How many corporate nominee(s) do you have? _____

2. Is/Are your nominee(s) a Life Agent? Yes No (proceed to Q3.)
 If yes, please complete the following questions (i to iv)

i) Which life insurance company do your nominee(s) represent?

Nominee _____ Life Insurance Co. _____

Nominee _____ Life Insurance Co. _____

Nominee _____ Life Insurance Co. _____

ii) Is/Are your nominee(s) an Agency Leader? Yes No

If yes, state name of nominee(s) _____

iii) How many years have your nominee(s) been in the life insurance industry?

Nominee _____ No. of Year(s) _____

Nominee _____ No. of Year(s) _____

Nominee _____ No. of Year(s) _____

iv) How many life clients do your nominee(s) currently have? _____

Nominee _____ No. of Life Client(s) _____

Nominee _____ No. of Life Client(s) _____

Nominee _____ No. of Life Client(s) _____

v) What is your nominee(s) latest production for Life Insurance?

Nominee _____ Production _____

Nominee _____ Production _____

Nominee _____ Production _____

vi) Have your nominee(s) ever sold General Insurance products (e.g. travel, personal accident, personal lines policies, etc) as a commissioned agent? Yes No (proceed to Q6.)

If yes, please complete the following:

3. How many year(s) have your nominee(s) been in the General Insurance Industry?

Nominee _____ No. of Year(s) _____

Nominee _____ No. of Year(s) _____

Nominee _____ No. of Year(s) _____

4. Is your company representing any other general insurance companies (e.g. Tenet, QBE, Allianz, etc) to sell general insurance products? Yes No

If yes, please answer the following: (Primary Principal) _____

(Secondary Principal 1) _____

(Secondary Principal 2) _____

5. Please provide a detailed breakdown of your company's general insurance portfolio sales:

I Consumer Lines (*Personal Accident, Travel, Motor, Home, Golfers*) _____%

II Commercial Lines (*Workmen's Compensation, Public Liability, Marine Cargo, Fire, Burglary, Professional Indemnity, D&O, etc.*) _____%

Last Annual Total Production S\$ _____

6. How much general insurance business do you expect to place with Chartis Singapore Insurance Pte Ltd in one year?

S\$15,000 – S\$30,000 S\$30,001 – S\$50,000 S\$50,001 – S\$99,999 > S\$100,000

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

I Consumer Lines (*Personal Accident, Travel, Motor, Home, Golfers*) S\$ _____

II Commercial Lines (*Workmen's Compensation, Public Liability, Marine Cargo, Fire, Burglary, Professional Indemnity, D&O, etc.*) 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 _____) 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/We am aware that I/we need to fulfill the following:

(i) CPD Hours (1 January – 31 December)

| Agent Type | CPD Requirement |
|--|---|
| Composite Agent <i>(selling life and general insurance products)</i> | 30 Hours (Life Insurance) & 8 Hours (General Insurance) |
| General Agent <i>(selling general insurance products only)</i> | 24 Hours (1 st year as a General Agent) 24 Hours (2 nd year as a General Agent) 15 Hours (3 rd year as a General Agent) |

(ii) Minimum Production Requirement (1 December – 30 November)

of _____

I/We, [Name of Company _____],

[Business Registration No. _____], [Incorporated on _____],

[Address. _____],

hereby declare that all the information furnished above is true and correct. In the event of a false declaration being made on this Form, Chartis Singapore Insurance Pte Ltd reserves the right to cancel our application or terminate our agency representation if we are subsequently accepted to represent Chartis Singapore Insurance Pte Ltd.

Signature and Company Stamp (if any): _____ Date : _____

Name of Authorised Representative: _____

NRIC No: _____

Telephone No. (Mobile) : _____