



GENERAL INSURANCE AGENT APPLICATION (BUSINESS/COMPANY)

Checklist

Kindly submit the following documents duly signed and completed:-

- Agency Application Form (*Pages 2 - 16*)
- Application for Nominee Agent(s) - for each nominee

Photocopy of the following documents - for each Nominee Agent(s):-

- 1 recent passport-size colour photograph
- GCE "O" Level with minimum 3 credit passes or its equivalent or the highest educational certificate
- CGI (old syllabus); or
- BCP, PGI and ComGI (new syllabus)
- HI (if any)
- Company's ACRA
- [Basic Individual Insolvency Search](#)

Please be aware that a GIA Registration Fee must be paid before submitting to GIA. To proceed, please submit payment via PayNow to UEN number [192300014MSD2](#) under the account name "Tokio Marine Insurance Singapore Ltd," or through bank transfer to OCBC account number 501-148894-003. After payment, send a screenshot of the transaction to hannahyap@tokiomarine.com.sg for verification.

	Category	Duration Period	Amount (incl. 9% GST)
1.	3 or less Nominee Agents	From 1 st Jan – 30 th Sep	S\$ 196.20
2.	More than 3 Nominee Agents	From 1 st Jan – 30 th Sep	S\$ 196.20 + S\$ 54.50 (for each nominee)
1.	3 or less Nominee Agents	From 1 st Oct – 31 st Dec	S\$ 98.10
2.	More than 3 Nominee Agents	From 1 st Oct – 31 st Dec	S\$ 98.10 + S\$ 27.25 (for each nominee)

Explanatory Notes on Completion of this Form

- Please read the questions, accompany instructions and explanatory notes carefully.
- All questions must be answered. If a question is not applicable to your situation, please mark "NA" in the space provided. If the space provided is not sufficient for your answers, please attach annex(es) which should be annotated as such.
- Where there is an asterisk (*), please delete whichever is not applicable.
- Where indicated with (☐), please tick in the box whichever is not applicable.
- This application form should be accompanied by the following (*where applicable*):
 - Photocopy of your Business / Company Registration Certificate (ACRA)
 - Personal Guarantee Form (*only applicable to Pte Ltd/LLP Company*)
 - Photocopy of your/nominee(s)' NRIC (*front & back*) / Passport
 - Photocopy of your/nominee(s)' Passport Photo
 - Photocopy of your/nominee(s)' Highest Educational Qualifications (*min. GCE O'Level*)
 - Photocopy of your/nominee(s)' Professional Certificates
 - Copy of your/nominee(s)' Basic Individual Insolvency search
- This form is to be signed by:
 - The applicant, if the applicant is a Sole Proprietor
 - All partners, if the applicant is a Partnership
 - 2 Directors, or a Director and the Company's Secretary, if the applicant is a Company



A. Type of Agent
<p>Type of Agent applied for:</p> <p><input type="checkbox"/> Individual Agent</p> <p><input type="checkbox"/> Corporate Agent</p> <p><input type="checkbox"/> Trade Specific Agent (TSA):</p> <p style="padding-left: 20px;"><input type="checkbox"/> Maid Agency</p> <p style="padding-left: 20px;"><input type="checkbox"/> Travel Agency</p> <p style="padding-left: 20px;"><input type="checkbox"/> Freight Forwarder</p> <p style="padding-left: 20px;"><input type="checkbox"/> Motor</p>

B. Business Structure
<p>Status of Applicant</p> <p>Business Firm - Sole Proprietor <input type="checkbox"/></p> <p>Business Firm - Partnership <input type="checkbox"/></p> <p>Corporation - Private Limited Company <input type="checkbox"/></p> <p>Corporation - Limited Company <input type="checkbox"/></p> <p>Co-operative / Society <input type="checkbox"/></p>

C. Business / Company Particulars	
<p>Please provide the following information for the Business / Company. If it is either a Pte Ltd / LLP, please provide the information in a separate sheet using the attached annex.</p>	
<p>(1) Business / Company's Name</p> <p style="padding-left: 40px;">Business / Company Registration No:</p>	<p>(2) Year of Business Registration / Year of Incorporation</p>
<p>(3) GST Registration No. (if any)</p>	<p>(4) Main Line of Business (if not an Insurance Agency)</p>
<p>(5) Registered Address</p>	<p>(6) Business Contacts Nos.</p> <p style="padding-left: 40px;">Telephone:</p> <p style="padding-left: 40px;">Fax:</p> <p style="padding-left: 40px;">E-mail Address:</p>


D. Capital (For Company Limited by Share only)

(1) Authorized Capital	(2) Paid-up Capital (For Pte Ltd minimum S\$25,000)
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E. Personal Particulars of Director / Partner / Sole Proprietor

Please provide the following information for each Director, Partner or Sole Proprietor. If more than one, please provide the information in a separate sheet using the attached annex and photocopies of the same where required.

(1) Name as in NRIC / Passport	(2) Other Name - Alias (if any)
(3) NRIC / Passport No.	(4) Marital Status Single / Married / Others (please specify: _____)*
(5) Date of Birth	(6) Nationality
(7) Residential Address	(8) Business Address
(9) Contact Nos. Office : _____ Residential : _____ Handphone : _____ Fax : _____	(10) E-mail Address
(11) Qualifications a. Highest academic qualification: _____ b. Please state (☐) Professional Qualification attained: <input type="checkbox"/> Basic Insurance Concepts and Principles (BCP) <input type="checkbox"/> Personal General Insurance (PGI) <input type="checkbox"/> Commercial General Insurance (ComGI) <input type="checkbox"/> Health Insurance (HI) <input type="checkbox"/> CGI <input type="checkbox"/> Others, please specify : _____	



F. General Insurance Agency Status	
(1) GIAS Registration Number	(2) Year of first registration with GIAS
(3) Name(s) of all Insurer Principals for whom you currently represent a. _____ (PPrimary Principal) b. _____ (SSecondary Principal) c. _____ (SSecondary Principal)	
(4) If you are currently representing 3 principals, which principal do you intend to cease representation if your agency application is approved?	
(5) Are you applying or considering application to other insurance company besides Tokio Marine Insurance Singapore Ltd. to be their General Insurance Agent? Yes / No * If “Yes”, please provide the name(s) of the insurance company you are applying or intend to apply to:	
(6) Have you ever been a General Insurance Agent of Tokio Marine Insurance Singapore Ltd.? Yes / No * If “Yes”, please provide the period during which you represent Tokio Marine Insurance Singapore Ltd.:	
(7) Has your agency agreement with any insurance company ever been terminated previously? Yes / No * If “Yes”, please provide the name(s) of insurance company and reason(s) of termination:	
(8) Has your agent registration with the GIAS ever been suspended or terminated previously? Yes / No * If “Yes”, please provide date(s) and reason(s) of suspension/termination:	
(9) Has any complaint been lodged against you with the GIAS or FIDReC (or formally IDRO)? Yes / No * If “Yes”, please provide the date(s) and nature of complaint(s):	



G. Life Agency Information	
(1) Are you also operating as a Life Insurance Agent or a Financial Adviser Representative? <input type="checkbox"/> Yes* / <input type="checkbox"/> No	(2) If yes, please name your Life Insurer / Financial Adviser Principal:
(3) Proportion of time currently spent (in percentage): - General Insurance: [] % - Life Insurance: [] %	(4) Proportion of time anticipated to be spent (in percentage): - General Insurance: [] % - Life Insurance: [] %

H. Referees			
Please provide at least two (2) referees whom we can contact regarding your application:			
Name	Employer	Relationship with Applicant	Contact Nos.

I. Nominees			
Please list the persons engaged or will be engaging in insurance selling or giving of insurance advice (i.e. Front End Operatives - FEOs) in your agency. You should note that your nominee(s) below must complete and submit a copy of the Nominee Particulars Form (Annex to Section E) as attachment to this application.			
Name	NRIC No.	Years of Experience in General Insurance	Contact Nos.

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg. No.: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com



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J. Business (Actual and Forecast)		
Please state your current and expected overall annual business volume (all Principal combined)		
Business Class	Current (\$)	Projected (\$)
Motor		
Fire		
General Accident		
Health & Medical		
Marine Cargo		
Marine Hull		
Total		

K. Employment History			
Set out below details of the employment history (including periods of part time employment), business and other activities during for the past 10 years.			
Name of Employer	Nature of Business of Employer	Designation and Department	Period of Employment From (MMYY) To (MMYY)


L. Fit and Proper Criteria

Mark a in the appropriate box. If the answer to any of the following questions is in the affirmative, please attach annex(es) and relevant documents as supporting evidence:

	<u>YES</u>	<u>NO</u>
1. Have you:-		
a. entered into an agency agreement or agreements with an Ordinary Member or Members of GIA over the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
b. been terminated by an Ordinary Member or Members of GIA over the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been convicted of, any of the following?	<input type="checkbox"/>	<input type="checkbox"/>
a. An offence under the Insurance Act (Chapter 142) or any regulations made thereunder;	<input type="checkbox"/>	<input type="checkbox"/>
b. An offence under The Penal Code (Chapter 224);	<input type="checkbox"/>	<input type="checkbox"/>
c. An offence specified under the Third Schedule of the Registration of Criminals Act (Chapter 268);	<input type="checkbox"/>	<input type="checkbox"/>
d. An offence under the Corruption, Drug Trafficking and Other Serious Crimes (Confiscation of Benefits) Act (Chapter 65A)	<input type="checkbox"/>	<input type="checkbox"/>
e. An offence under any Act or regulations administered by the Monetary Authority of Singapore (MAS)	<input type="checkbox"/>	<input type="checkbox"/>
f. An offence involving fraud, misrepresentation or dishonesty;	<input type="checkbox"/>	<input type="checkbox"/>
g. An offence involving the financial enrichment of one party at the financial detriment of another party, or any form of financial misconduct;	<input type="checkbox"/>	<input type="checkbox"/>
h. An offence under any statute which is a re-enactment Act, repealing Act or a consolidation Act in respect of any of the legislations referred to above.	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you:-		
a. the subject of criminal proceedings which are pending in Court or have been at any time convicted of a criminal offence, under any law in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
b. the subject of a prohibition order or any order made by the Monetary Authority of Singapore (MAS)?	<input type="checkbox"/>	<input type="checkbox"/>
c. involved with a corporation which has been censured, disciplined, suspended or refused membership or registration by the regulatory authority of any business or profession?	<input type="checkbox"/>	<input type="checkbox"/>
d. involved in any judgment (including the finding of fraud, misrepresentation or dishonesty) given against me/us in any civil	<input type="checkbox"/>	<input type="checkbox"/>



	proceedings in Singapore or elsewhere, or is a party to any pending proceedings that may lead to such a judgment?		
	e. a shareholder, partner, manager, employee or director of any business or company registered with the Accounting and Corporate Regulatory Authority of Singapore (ACRA) in respect of which:-	<input type="checkbox"/>	<input type="checkbox"/>
	i. the business/company has been censured or disciplined?		
	ii. its business or business license has been suspended or revoked by the Monetary Authority of Singapore (MAS) or any Regulator?		
4.	Have you breached any of the below provisions?		
	a. the General Insurance Agents' Registration Regulations;	<input type="checkbox"/>	<input type="checkbox"/>
	b. the Code of Practice for Agents (including keeping of proper accounting records)	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are you an undischarged bankrupt or a person in respect of whom a bankruptcy proceeding is pending in Court?	<input type="checkbox"/>	<input type="checkbox"/>
6.	a. Have you entered into a compromise or a scheme of arrangement with creditors, being a scheme of arrangement that is still in operation?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Do you have one or more outstanding judgment debts against you which you have been unable to satisfy within 7 days from the date of the judgment?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you (in the case of an agent) 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"/>
8.	Is your Company the subject of:-		
	a. a winding up order?	<input type="checkbox"/>	<input type="checkbox"/>
	b. a judicial management order?	<input type="checkbox"/>	<input type="checkbox"/>
	c. a receiver has been appointed (whether by the Court or otherwise?)	<input type="checkbox"/>	<input type="checkbox"/>
	d. an application or petition for winding up, or appointment of judicial manager or appointment of receiver has been filed in Court and is pending?	<input type="checkbox"/>	<input type="checkbox"/>
9.	a. Does your company (applicable to applicant, Agent or TSA which is a company registered with the Accounting and Corporate Regulatory Authority of Singapore ("ACRA")) have a minimum paid-up capital more than S\$25,000.00?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Are your shareholders, partners, managers, employees or directors	<input type="checkbox"/>	<input type="checkbox"/>



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?

10. I/We hereby confirm that I/We
- a. do not carry on business as an Insurance Broker
 - b. am a Sole-Proprietor. I confirm that I have no interest (whether direct or indirect) in any company (whether as a shareholder or otherwise), partnership or other body corporate or incorporate carrying on business as an Insurance Broker.
 - c. are a Company, Partnership or Limited Liability Partnership or a Society or Co-Operative Society. We confirm that none of our partners (where the company is a partnership or limited liability partnership but excluding any partner who is not involved in the day-to-day operations of the partnership), members (where the company is a society or co-operative society), directors, officers, employees, representatives or agents carry on business as an insurance broker or is a director, officer, employee, representative or agent of an insurance broker.
- We confirm that none of the company's members (where the company is a society or co-operative society), directors, officers, employees, representatives or agents has any interest (whether direct or indirect) in any company (whether as a shareholder, debenture holder or otherwise), carrying on business as an insurance broker.
11. Is any of your immediate family members (i.e spouse, parents or children) currently under the employment of Tokio Marine Insurance or is the interviewing officer reviewing your application related to you?
12. Are you related to any of TMiS Agent(s)?
13. Have you read the copy of TMiS Fit & Proper Guidelines and Code of Practice which was provided to you or through our TMiS website and be aware of its best recommended practice before accepting the appointment as our Agent?
14. Have you read & agreed to the terms in Use of Personal Information/Data Collection with regard to the collection & use of your Personal Data / Information collected by us?

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M. Relations in Tokio Marine Insurance Singapore Ltd.

Are you or any of the nominee(s) an immediate family member (i.e. spouse, parent or children) of staff and/or director of Tokio Marine Insurance Singapore Ltd.?

Yes / No *

If "Yes", please provide name of the staff/director and relations to you or the nominee below:

Name of Staff/Director	Relationship	Name of Person related to

N. Declaration

I hereby declare that the information and statements given in this application form and any accompanying attachments are true, correct and agree that they shall be the basis of the Agency Contract between the Company and if this application is approved. I also hereby authorise the Registrar to release details of my agency and/or nominees representing my agency, including details of my application with other Principals.

Name, Designation and Signature
of Applicant / Authorised Signatory

Date

Name, Designation and Signature
of Applicant / Authorised Signatory

Date

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O. FOR OFFICE USE ONLY	
Interviewed by:	Date of Interview:
Remarks:	
Decision: Accept / Decline *	Banker Guarantee / Cash Deposit Amount:
Special terms of acceptance:	
_____ Signature of Interviewer	_____ Date



Personal Particulars of Director / Partner / Sole Proprietor

Please provide the following information for the Business / Company. If it is either a Pte Ltd / LLP, please provide the information in a separate sheet using the attached annex.

PERSONAL GUARANTEE FOR PAYMENT OF PREMIUM

Attaching to and forming

part of the

GENERAL INSURANCE AGENCY AGREEMENT

Made between

TOKIO MARINE INSURANCE SINGAPORE LTD
(hereinafter called the "Company" of the one part)
and

_____ (hereinafter called the "Agent")

THIS PERSONAL GUARANTEE CREATES SPECIFIC LEGAL OBLIGATIONS. When we use the words **we, us** and **our** in this Personal Guarantee, we mean the **Company**. In consideration of the Agent entering into an Agency Agreement with the Company, you unconditionally and irrevocably guarantee to us, the prompt payment and performance of all obligations under the Agency Agreement. You agree that this is a guarantee of payment and not of collection. You waive all defenses and notices, including those of protest, presentment and demand. You agree that we can modify the credit terms as and necessary and you will be bound by such changes. If more than one personal guarantor has signed this Personal Guarantee, each of you agree that your liability is joint and several.

IN WITNESS WHEREOF this Addendum has been signed in duplicate by the below mentioned personal guarantor(s).

DATED THIS IN SINGAPORE _____ day of _____.

Signature of Personal Guarantor:

Signature of Personal Guarantor:

Name: _____

Name: _____

NRIC: _____

NRIC: _____

Signature of Personal Guarantor:

Signature of Personal Guarantor:

Name: _____

Name: _____

NRIC: _____

NRIC: _____



ANNEX TO SECTION E (Page of)

Personal Particulars of Director / Partner / Sole Proprietor	
Please provide the following information for each Director, Partner or Sole Proprietor. If more than one, please provide the information in a separate sheet using the attached annex and photocopies of the same where required.	
(1) Nominee's name as in NRIC or Passport Other Name - Alias (if any)	(2) Gender Male / Female *
(3) NRIC or Passport No.	(4) Marital Status Single / Married / Others (please specify: _____)*
(5) Date of Birth	(6) Nationality
(7) Residential Address	(8) Business Address
(9) Contact Nos. Handphone : _____ Home : _____ Office : _____ Fax : _____	(10) E-mail Address
(11) Qualifications a. Highest academic qualification: _____ b. Please state (☐) Professional Qualification attained: <input type="checkbox"/> Basic Insurance Concepts and Principles (BCP) <input type="checkbox"/> Personal General Insurance (PGI) <input type="checkbox"/> Commercial General Insurance (ComGI) <input type="checkbox"/> Health Insurance (HI) <input type="checkbox"/> CGI <input type="checkbox"/> Others, please specify : _____	



ANNEX TO SECTION I (Page of)

Particulars of Nominee			
Please provide the following information for each nominee. If there is more than one nominee, please provide the information in a separate sheet using the attached annex and photocopies of the same where required.			
(1) Nominee's name as in NRIC or Passport Other Name - Alias (if any)	(2) Gender Male / Female *		
(3) NRIC or Passport No.	(4) Marital Status Single / Married / Others (please specify: _____)*		
(5) Date of Birth	(6) Nationality		
(7) Residential Address	(8) Contact Nos. Handphone : _____ Home : _____		
(9) E-mail Address	(10) Is nominee also a Life Insurance Agent? Yes / No * If "Yes", please name the Life Insurance Company/Financial Adviser that the nominee is currently representing:		
(11) Qualifications a. Highest academic qualification: _____			
b. Please state (☐) Professional Qualification attained: <input type="checkbox"/> Basic Insurance Concepts and Principles (BCP) <input type="checkbox"/> Personal General Insurance (PGI) <input type="checkbox"/> Commercial General Insurance (ComGI) <input type="checkbox"/> Health Insurance (HI) <input type="checkbox"/> CGI <input type="checkbox"/> Others, please specify : _____			
Details of Experience			
Name of Organisation	Position Held	Date Joined	Date Left
1.			
2.			



USE OF PERSONAL INFORMATION/DATA COLLECTED

IMPORTANT

This declaration must be signed by you as an individual agent or as a nominee registered under corporate agency with Tokio Marine Insurance when you must signed the Agency Agreement and/or for the annual renewal of your agency status with us. Please return this Form duly completed and signed to the Business Development Dept - Agency Management of Tokio Marine Insurance Singapore Ltd.

If there is more than one nominee, please provide the information in a separate sheet using the attached annex and photocopies of the same where required.

I/We understand, acknowledge, agree and consent that:

- (a) Tokio Marine Insurance Singapore Ltd (thereinafter to be known as “TMiS” where mentioned) and the General Insurance Association of Singapore (“GIA”) may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this Application Form and any other personal information provided by me or possessed by TMiS (collectively the “Personal Information”) and disclose and transfer such Personal Information to the Monetary Authority of Singapore and any other insurer(s) or company operating insurance business in Singapore, for the purpose(s) of :
 - (i) processing my application to be an agent with TMiS;
 - (ii) managing, facilitating and/or administering my relationship with TMiS 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 TMiS or in my performance of my obligations in my agreement with TMiS;
 - (iv) analyzing, 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, TMiS in-house notice boards, at marketing exhibitions, the radio etc;
 - (vii) considering, proposing, facilitating or sending me for any training that TMiS 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) carrying out due diligence or other screening activities (such as background checks) in accordance with legal or regulatory requirements or risk management procedures required by

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the Monetary Authority of Singapore or that have been put in place by TMiS or GIA;

- (x) dealing in any matters relating to, arising from or connected with my relationship with TMiS (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 the external cover of envelopes/mail packages), contacting me on matters related to or connected to my relationship with TMiS; and
- (xi) complying with applicable law in administering and managing my relationship with TMiS. (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 TMiS, any of the Other Insurers and/or GIA to their third party service providers or agents, which may be sited outside of Singapore, for one or more of the above Purposes.

Agency Code:	
Agency Name:	
Your Agency Code and Agency Name with Tokio Marine Insurance Singapore Ltd.	Affix your Company Stamp here For Corporate Agency Only
(1)	(1)
Name of Individual Agent / Nominee of Corporate Agency	Signature of Individual Agent / Nominee of Corporate Agency

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CONSENT TO CONDUCT INQUIRY INTO CURRENT AND/OR PREVIOUS EMPLOYMENT/ APPOINTMENT

To: Tokio Marine Insurance Singapore Ltd

I, _____ [Your Full Name as in NRIC/Employment Pass/Passport], hereby grant irrevocable and unconditional authorization for the conduct of reference checks on my present and/or past employment(s)/appointment(s). I authorize all individuals possessing pertinent information related to these reference checks to disclose it to **TOKIO MARINE INSURANCE SINGAPORE LTD** and release from liability all persons or entities requesting or supplying such information.

Signature

NRIC/ Employment Pass/ Passport No.

Date