

AGENCY APPLICATION FORM FOR INDIVIDUAL AGENT

Explanatory Notes on Completion of this Application Form
<ul style="list-style-type: none"> • Please read all questions carefully. All questions must be answered in full. If any of the questions does not apply to you, please indicate "NA" in the space provided. • Where indicated with <input type="checkbox"/>, please tick (<input checked="" type="checkbox"/>) in the box provided where applicable. • Where there is an asterisk (*), please delete whichever is not applicable. • Please attach the following documents with this application form : <ul style="list-style-type: none"> ➤ Photocopy of your and your nominees' NRIC/Passport ➤ Photocopy of your and your nominees' relevant academic and professional certificates ➤ A recent passport size photograph of you and your nominee agent(s) and ➤ A registration fee of S\$ 54.00 (inclusive of 8% GST and up to 3 nominees including main applicant) payable to ERGO INSURANCE PTE. LTD.

Section 1 – Type of Agent & Agent Account	
(1) Type of Agent : <input type="checkbox"/> General Agent	<input type="checkbox"/> General & Life Agent (ie Composite Agent)*
* For Composite Agent, please state name of Life Assurance Company you represent :	
(2) Type of Account : <input type="checkbox"/> Cash Agent	<input type="checkbox"/> Credit Agent

Section 2 – Personal Particulars of Main Applicant	
(1) Name (as in NRIC/Passport) :	(2) NRIC / FIN / Passport No. :
(3) Marital Status: *Single / Married / Others : _____	(4) Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female
(5) Date of Birth :	(6) Nationality :
(7) Residential Address :	(8) Business Address:
(9) Contact Details Mobile No.: Home Tel No.: Office Tel No.: Fax No.:	(10) Name of Person to Contact:
(12) Qualifications a) Highest Academic Qualifications attained : _____ (Minimum academic qualification is 3 GCE 'O' Level OR Basic Competency Examination (BCE) Certificate)	(11) Email Address
b) Professional Qualification Attained: <ul style="list-style-type: none"> <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"/> Certificate in Health Insurance (CHI) <input type="checkbox"/> Others (please specify) : _____ 	

Section 3 – Details of Current Principals Representation	
(1) GIAS Registration Number :	
(2) Name of Insurance Companies/Principals you currently represent:	
Primary Principal :	
Secondary Principal 1 :	
Secondary Principal 2 :	

(3) Employment Type :	<input type="checkbox"/> Full- Time <input type="checkbox"/> Part-Time If Part-Time, please state your main Occupation & Name of Employer : _____ _____
(4) If you are currently representing 3 Principals, which Principal do you intend to cease representing if your agency application is approved?	
(5) Have you ever been a General Insurance Agent of ERGO Insurance Pte. Ltd.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes", please provide the period during which you represented ERGO Insurance Pte. Ltd. :</i>	
(6) Has your agency agreement with any insurance company ever been terminated previously? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes", please provide the name(s) of insurance company and reason(s) of termination :</i>	
(7) Has your agent registration with the GIAS ever been suspended or terminated previously? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes", please provide the date(s) and reason(s) of suspension / termination :</i>	
(8) Has any complaint been lodged against you with the GIAS or FIDREC? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes", please provide the date(s) and nature of complaint(s) :</i>	

Section 4 – Relations in ERGO Insurance Pte. Ltd

Are you or any of your nominees an immediate family member (i.e. spouse, parents or children) of the Director and/or Staff of ERGO Insurance Pte. Ltd.

Yes No
If "Yes", please provide details below

Name of Applicant &/or Nominee	Name of Director &/or Staff	Relationship

Section 5 – Business Volume for all Principals Combined

Please state your current and projected overall annual production for all Principals combined

Type of Business	Current (\$\$)	Projected (\$\$)
Motor		
Non-Motor		
Marine		
Total		

Section 6 – Fit and Proper Criteria & Declaration

Kindly complete the GIA's Form C1 – Declaration Form (General Insurance Agent)
 * Should there is more than 1 Nominee Agent, each Nominee Agent will have to complete GIA's Form C2 – Declaration Form (Nominee Agent)

Section 7 – Personal Data Protection Act 2012 (Consent to Disclose Personal Information)

I understand, acknowledge, agree and consent that :

- a) ERGO Insurance Pte.Ltd. (“ERGO”), 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 application form and any other personal information provided by me or possessed by ERGO (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 ERGO;
 - ii. managing, facilitating and/or administering my relationship with ERGO 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 the ERGO or in my performance of my obligations in my agreement with the ERGO;
 - 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, the ERGO in-house notice boards, at marketing exhibitions, the radio etc;
 - vii. considering, proposing, facilitating or sending me for any training that ERGO 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 monthly 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 legal or regulatory requirements or risk management procedures required by the Monetary Authority of Singapore or that have been put in place by ERGO or GIA;
 - xi. dealing in any matters relating to, arising from or connected with my relationship with ERGO (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 ERGO; and
 - xii. complying with applicable law in administering and managing my relationship with ERGO.
- (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 ERGO, any of the Other Insurers, GIA, and/or ARB to their third party service providers or agents, which may be sited outside of Singapore, for one or more of the above Purposes.

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

Signature of Applicant

Date