

# Additional Nominee Agent

## Application Form



**Name of Applicant:** \_\_\_\_\_

**Corporate Agency Name (if applicable):** \_\_\_\_\_

### Checklist

Kindly submit the following documents & relevant registration fee:

- Original copy of Additional Nominee Application Form and GIAS Form B and C2, duly completed by nominee.
- GIAS Registration Fee<sup>^</sup> & Forms:

Registration For Additional Nominee (after approval of the agent/agency registration)	Amount*
<b>1. 3 or less nominees</b>	<input type="checkbox"/> Individual Agent – S\$21.40 each <input type="checkbox"/> Corporate Agency – S\$21.40 each <input type="checkbox"/> Trade Specific Agent – S\$21.40 each
<b>2. More than 3 nominees</b>	<input type="checkbox"/> Individual Agent – S\$53.50 each <input type="checkbox"/> Corporate Agency – S\$53.50 each <input type="checkbox"/> Trade Specific Agent – S\$32.10 each

\* If the application is on **1 October – 31 December**, 50% of the GIAS Registration Fee will be payable.

<sup>^</sup> The additional nominee agent fee will be charged for both the Primary and Secondary Principal which the main agent represents.

- Cheque Payment: Payable to '**Chubb Insurance Singapore Limited**'
  - Cheque No. \_\_\_\_\_
- A photocopy of the following result slips:
  - CGI (old syllabus) **or** BCP, PGI and ComGI (new syllabus)<sup>#</sup>; 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).

<sup>#</sup> 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 (if representing Chubb as Primary Principal), softcopy accepted in jpeg format below 400kb.
- A photocopy of NRIC (front & back)
- A copy of Personal Data Protection Act Declaration duly signed.

## Personal Information

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**.

<b>Full Name</b> <i>(as per NRIC/Passport)</i>		Preferred Name <i>(if any)</i>		Affix recent Photo
NRIC/Passport No.		Type	<input type="checkbox"/> Pink <input type="checkbox"/> Blue	
Nationality		Date of Birth	DD/MM/YYYY	
Place of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Next of Kin	Name		Relationship	
	Email		Contact No.	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Residential Address				
Office No.		Fax No.		
Home No.		Mobile No.		
Email Address		GIAS Registration No. <i>(if applicable)</i>		
Agent Type	<input type="checkbox"/> General (Non-Life)	<input type="checkbox"/> Composite <i>(Please state Life Insurance Company)</i>		
		Agency Name <i>(if applicable)</i>		
Agency Status <i>(if applicable)</i>	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <i>(Please specify other occupation)</i>			

## Other Information

(a) Previous experience in selling General Insurance?  Yes  No

If **Yes**, please provide name of insurer(s) \_\_\_\_\_

(b) Have you ever been terminated by any insurer previously?  Yes  No

If **Yes**, please state insurer(s) & reason(s):

\_\_\_\_\_

\_\_\_\_\_

(c) Have you previously represented Chubb?  Yes  No

If **Yes**, please provide Producer Code & reason(s) for departure \_\_\_\_\_

## Declaration by Nominee Applicant

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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 the Company 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 Nominee Applicant

\_\_\_\_\_  
Date (DD/MM/YYYY)

## Information of Main Agent whom Nominee is acting for

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Agent Information	
(a) Name (as in NRIC/Passport or RCB listing)	_____
(b) Producer Code (if applicable)	_____
(c) GIAS Registration No.	_____
(d) Mobile No.	_____

## Declaration by Main Agent

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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 the Company 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 Agent

\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
Name of Main Agent

**Chubb. Insured.**<sup>TM</sup>

## Form B – Additional Nominee Agent

### A. To be completed by Main Agent/Agency

Name of Main 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: \_\_\_\_\_

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):

Freight Forwarders       Maid Agencies       Motor Dealers  
 Travel Agents       Handphone Dealers       Electrical Protection  
 Maid Agencies + Foreign Worker Agencies       Foreign Worker Agencies       Card Protection Insurance

### Cheque Details (for payment of agent fees to Principal)

Bank name		Cheque Date	DD/MM/YYYY
Cheque No.		Amount	

### B. Approval of Primary Principal

We agree to the addition of nominee agent request

We do not agree to the additional of nominee agent request

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 a nominee agent. I confirm the above request for an additional Nominee Agent.

Name of Insurance Company: Chubb Insurance Singapore Limited

Name and Position of Approving Officer\*: Scott Simpson (Country President)

\_\_\_\_\_  
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.

### C. 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 B page 5, 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.



## Form C2 – Declaration Form (Nominee Agent)

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### Important Note:

- The form must be completed by the nominee agent.
- Please answer all questions.
- The GIA will not be responsible for any misuse of the information by the parties concerned.

### Section A – About Yourself

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- 1) Name of Nominee Agent: \_\_\_\_\_
- 2) NRIC/Passport/FIN/BRN: \_\_\_\_\_ GIAS Agent No.: \_\_\_\_\_
- 3) Name of Main Agent: \_\_\_\_\_
- 4) Principal Representation
- Primary Principal: \_\_\_\_\_
- Secondary Principal 1: \_\_\_\_\_
- Secondary Principal 2: \_\_\_\_\_
- 5) Residential Address: \_\_\_\_\_ (S) \_\_\_\_\_
- 6) Email: \_\_\_\_\_ Contact: \_\_\_\_\_

### Section B – Declaration

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(\* Please delete as appropriate)

1. Representation of Members of GIA	Yes	No
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-4 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"/>

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

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2. Financial Soundness	Yes	No
Within the past 10 years,		
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"/>
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"/>

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

3. Honesty, Integrity & Reputation	Yes	No
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"/>

3. Honesty, Integrity & Reputation	Yes	No
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

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

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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) 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"/>	
e) 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"/>
<i>Note: Trade Specific Agent (except Motor Trade) may tick "NA" for this question.</i>			

If you tick "No" to any of the above, please provide details below:

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I further declare that:

- the information shown in this declaration form and any attached documents are correct and complete.
- I shall notify my Principal/s in writing whenever
  - there is any change in the name or address or particulars as registered in the Register; or
  - I cease to be a Nominee Agent with the existing agent/Agency.
- I shall not enter into any agreement or arrangement whatsoever for the appointment or engagement of any sub-agent.
- I shall immediately notify in writing the Agents' Registration Board of GIA and the Ordinary Members of GIA for whom I represent as my 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:

CHUBB

- (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;

- (xi) 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;
  - (xii) 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
  - (xiii) 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.

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Signature

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NRIC No. (last 3 digits + alpha)

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Name

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Date