



GENERAL INSURANCE AGENT APPLICATION (BUSINESS/COMPANY)

Checklist

Kindly submit the following documents duly signed and completed:-

- ☐ Agency Application Form (Pages 2 - 17)
- ☐ 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 ADM@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****Type of Agent applied for:**

- ☐ Individual Agent
- ☐ Corporate Agent
- ☐ Trade Specific Agent (TSA):
- ☐ Maid Agency
- ☐ Travel Agency
- ☐ Freight Forwarder
- ☐ Motor

B. Business Structure**Status of Applicant**

- Business Firm - Sole Proprietor ☐
- Business Firm - Partnership ☐
- Corporation - Private Limited Company ☐
- Corporation - Limited Company ☐
- Co-operative / Society ☐

C. Business / Company Particulars

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.

(1) Business / Company's Name Business / Company Registration No:	(2) Year of Business Registration / Year of Incorporation
(3) GST Registration No. (if any)	(4) Main Line of Business (if not an Insurance Agency)
(5) Registered Address	(6) Business Contacts Nos. Telephone: Fax: E-mail Address:

**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 there is 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: ☐ Basic Insurance Concepts and Principles (BCP) ☐ Personal General Insurance (PGI) ☐ Commercial General Insurance (ComGI) ☐ Health Insurance (HI) ☐ CGI ☐ 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. _____ (Primary Principal) b. _____ (Secondary Principal) c. _____ (Secondary 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 companies 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? ☐ Yes* / ☐ 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 people engaged or will be engaged in insurance selling or giving 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.comA member of the
Tokio Marine Group**TOKIO MARINE**
INSURANCE GROUP**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 the past 10 years.

Name of Employer	Nature of Business of Employer	Designation and Department	Period of Employment From (MMYY) To (MMYY)


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:

1. Have you:-	YES	NO
a. entered into an agency agreement or agreements with any Members of GIA over the last 12 months?	☐	☐
b. ever been terminated by any Member or Members of GIA?	☐	☐
c. been transacting general insurance business with any Member of GIA other than the ones you represent?	☐	☐
d. entered into a Tripartite Agreement with any of the Member of GIA and any agent registered with the ARB?	☐	☐
If you tick "Yes" to any of the above, please provide details below :		
2. Financial Soundness, Within the past 10 years :	YES	NO
a. Have you been or are you unable to fulfill any of your financial obligations, whether in Singapore or elsewhere?	☐	☐
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?	☐	☐
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?	☐	☐
d. 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?	☐	☐
e. 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?	☐	☐
If you tick "Yes" to any of the above, please provide details below :		
3. Honesty, Integrity & Reputation, Within the past 10 years, have you :	YES	NO
a. carried on business in any jurisdiction under any name other than the name stated in this application?	☐	☐



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 authorization is required by law in any jurisdiction?	☐	☐
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?	☐	☐
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?	☐	☐
e. been the subject of any investigations or disciplinary proceedings or been issued a warning or reprimand by the Monetary 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?	☐	☐
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?	☐	☐
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?	☐	☐
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?	☐	☐
i. accepted civil liability for fraud or misrepresentation under any law in any jurisdiction?	☐	☐
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?	☐	☐
k. contravened or abetted another person in breach of any laws or regulations, business rules or codes of conduct, whether in Singapore or elsewhere?	☐	☐
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?	☐	☐
m. been refused a fidelity or surety bond, whether in Singapore or elsewhere?	☐	☐
n. demonstrated an unwillingness to comply with any regulatory requirement or to uphold any professional and ethical standards, whether in Singapore or elsewhere?	☐	☐



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?	☐	☐
If you tick "Yes" to any of the above, please provide details below :		
4. Compliance,	YES	NO
a. Are you at all times in compliance with the General Insurance Agents' Registration Regulations?	☐	☐
b. Are you at all times in compliance with the Code of Practice for Agents (including keeping of proper accounting records)?	☐	☐
c. Are you at all times in compliance with the Personal Data Protection Act 2012 (PDPA)?	☐	☐
d. Have you implemented the best practices in the Data Loss Protection Guidelines for Insurance Agents?	☐	☐
e. Does your company maintain a minimum paid-up capital of at least S\$25,000?	☐	☐
f. 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?	☐	☐
If you tick "No" to any of the above, please provide details below :		
g. Have you made any payments to or shared commissions with any persons for introducing or referring customers to you?	☐	☐
h. Have you received any payments from or shared commissions with any persons for introducing or referring customers to them?	☐	☐
If you tick "Yes" to "g" & "h", 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?	☐	☐
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?	☐	☐
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?	☐	☐
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?	☐	☐
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 Agents?	☐	☐
If you tick "Yes" to any of the above, please provide details below :		

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

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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



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: ☐ Basic Insurance Concepts and Principles (BCP) ☐ Personal General Insurance (PGI) ☐ Commercial General Insurance (ComGI) ☐ Health Insurance (HI) ☐ CGI ☐ 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: ☐ Basic Insurance Concepts and Principles (BCP) ☐ Personal General Insurance (PGI) ☐ Commercial General Insurance (ComGI) ☐ Health Insurance (HI) ☐ CGI ☐ 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 (hereinafter 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



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