

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #03-03 Singapore Land Tower, Singapore 048623 Tel: 6461 6555 | www.sompo.com.sg Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

Agency Application For Individual Agent / Nominee Agent

Agent Type:	Individual Agent	Nominee Agent	
* A recent passport size	lemic and professional education certificate	es	
SECTION 1: Personal Partic	<u>ulars</u>		
Name as in NRIC:			
NRIC/Passport No:		Date of Birth:	(dd/mm/yyyy)
Nationality:		Male	Female
Employment Type:	Full-time GI Composite	Part-time GI	Reason
Residential Address:			
		Postal code:	
Mailing Address (if not as above):			
		Postal code:	
Office Tel No:		Home Tel No:	
Mobile No:		Fax:	
Email Address:			
Spouse's Name, as in NRIC:		Spouse's NRIC/Passport No:	
SECTION 2: Academic Quali	<u>ifications</u>		
Academic Qualification: (minimum 3 "O" Level)			
Others, please specify:			
Professional Qualification: (General Insurance related) Professional Qualification: (others)	CGI BCP PGI Cor	mGI 🗌 HI 🗌	

SECTION 3: Work Experience Details of Your Current Prin					
a. Primary Principal:					
b. Secondary Principal 1:					
c. Secondary Principal 2:					
If you already represent 3 prin	ncipals, which wo	uld you replace for Sompo)?		
Reason(s) for choosing Sompo?					
For a Composite Agent applic	ant, provide the r	name of your Life Insuranc	ce company.		
Years of Experience in:	(a) General Insurance (b) Life Insurance				
Details of Past Work/Busine (eg. Financial Advisors, GI Co			hers, please spec	ify)	
Employer/Principal Representation	Position Held	Year Joined	Year Left	Type of Business	
Termination of General Insu	•	-,	V		
Have you ever been refused r	egistration/licenc	e by ARB?	Yes ∐ No) <u> </u>	
If yes, please provide details:					
Reason(s) for Termination:			Date of Termi	ination:(dd/mm/yyyy)	
SECTION 4a: About Your Co	ompany's Busin	ess Volume (Current & F	Projected)		
Your business volume (inclusion					
,			S\$		
Your projected business volur	ne with Sompo fo	or 2 years			
Year	S\$Year			S\$	
(To support your application, p	olease also subm	nit a detailed 2-year Busine	ess Plan for your a	agency business with us)	
SECTION 4b: About Your Ag	gency's Busines	ss Volume (Current & Pro	ojected)		
Please state your current ar			· · · · · · · · · · · · · · · · · · ·	•	
Business Class	C	Current GWP (S\$)	Projecte	ed GWP (S\$)	
Personal Accident/Travel					
Motor Casualty/Property					
Marine					
IVIAIIIIE					
Others (please specify)					

1 Mar 2021 Page 2 of 3 APP-IND

SECTION 5: References			
Please provide 2 business-related referees	s:		
Name of Referee 1:	Cor	ntact No:	
Name of Referee 2:	Cor	Contact No:	
SECTION 6(a): Declaration (FOR NEW APP) I acknowledge and agree that Sompo may continue the Personal Data Protection Act 2012 for the Screening activities in accordance with legal disclosure to regulatory bodies and industry at the Industry activities that the above statements at the Contract between Sompo Insurance Singapore	billect, use, disclose and/or process he purposes and uses described /regulatory obligations/risk manage ssociations.	in Sompo's Privacy Policy (including ement procedures). This may include	
Applicant Name	Signature	Date	
We acknowledge and agree that Sompo may the Personal Data Protection Act 2012 for t screening activities in accordance with legal disclosure to regulatory bodies and industry a We hereby declare that the above statements the Contract between Sompo Insurance Singa	he purposes and uses described /regulatory obligations/risk manage ssociations. are true, accurate and complete ar	in Sompo's Privacy Policy (including ement procedures). This may include	
	Signature/Company Stamp	Date	
Name of Main Agent:			
Name of Nominee Agent:			
<u> </u>	FOR OFFICIAL USE ONLY		
Interviewed by		Date	

1 Mar 2021 Page 3 of 3 APP-IND