



AIG ADVANTAGE
Partners for Growth

PRE-INTERVIEW FORM (AGENCY APPLICATION – CORPORATE)

IMPORTANT:

- (A) Please ensure that your nominee(s) have all the relevant certificates.
i.e. CGI (old syllabus) or BCP & PGI & ComGI (new syllabus) and HI (where applicable)
- (B) You must answer ALL questions. If any question does not apply to you, please write "NA".
- (C) We will review your application & contact you for an interview (if successful) within 2 weeks from date of receipt of this form.
- (D) Upon completion of this form, please fax to 6225 5145 for processing.

1. How many corporate nominee(s) do you have?

2. Is/Are your nominee(s) a Life Agent? ☐ Yes ☐ No (proceed to Q3.)

If yes, please complete the following questions (i to iv)

i) Which life insurance company do your nominee(s) represent?

Nominee		Life Insurance Co.	
Nominee		Life Insurance Co.	
Nominee		Life Insurance Co.	

ii) Is/Are your nominee(s) an Agency Leader? ☐ Yes ☐ No

If yes, state name of nominee(s)

iii) How many years have your nominee(s) been in the life insurance industry?

Nominee		No. of Year(s)	
Nominee		No. of Year(s)	
Nominee		No. of Year(s)	

iv) How many life clients do your nominee(s) currently have?

Nominee		No. of Life Client(s)	
Nominee		No. of Life Client(s)	
Nominee		No. of Life Client(s)	

v) What is your nominee(s) latest production for Life Insurance?

Nominee		Production	
Nominee		Production	
Nominee		Production	

vi) Have your nominee(s) ever sold General Insurance products (e.g. travel, personal accident, personal lines policies, etc) as a commissioned agent? ☐ Yes ☐ No (proceed to Q6.)

If yes, please complete the following:

3. How many year(s) have your nominee(s) been in the General Insurance Industry?

Nominee		No. of Year(s)	
Nominee		No. of Year(s)	
Nominee		No. of Year(s)	

4. Is your company representing any other general insurance companies (e.g. Tenet, QBE, Allianz, etc) to sell general insurance products? ☐ Yes ☐ No

If yes, please answer the following:	(Primary Principal)	
	(Secondary Principal 1)	
	(Secondary Principal 2)	

5. Please provide a detailed breakdown of your company’s general insurance portfolio sales:

I Consumer Lines (Personal Accident, Travel, Motor, Home, Golfers)	%
II Commercial Lines(Workmen’s Compensation, Public Liability, Marine Cargo, Fire, Burglary, Professional Indemnity, D&O, etc.)	%
Last Annual Total Production	S\$

6. How much general insurance business do you expect to place with AIG Asia Pacific Insurance Pte. Ltd. in one year?

☐ S\$15,000 – S\$30,000 ☐ S\$30,001 – S\$50,000 ☐ S\$50,001 – S\$99,999 ☐ S\$100,000

7. What will be your area of focus for General Insurance?

I Consumer Lines (Personal Accident, Travel, Motor, Home, Golfers)	S\$
II Commercial Lines (Workmen’s Compensation, Public Liability, Marine Cargo, Fire, Burglary, Professional Indemnity, D&O, etc.)	S\$

DECLARATION

a. Have you and/or your nominee agent(s) been terminated by any insurance company? ☐ Yes ☐ No

If yes, which insurance company, when and why?

b. Have you and/or your nominee agent(s) been convicted of any offence under any Court of Law? ☐ Yes ☐ No

If yes, what offence were you and/or your nominee agent(s) convicted of and when?

c. Have you and/or your nominee agent(s) been declared a bankrupt? ☐ Yes ☐ No

If yes, have you and/or your nominee agent(s) been discharged? ☐ Yes (Discharged on

D	D	M	M	Y	Y	Y	Y
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) ☐ No

d. Has any proceeding of any nature been taken against you and/or your nominee agent(s) in any Court of Law? ☐ Yes ☐ No

If yes, please give details.

e. I/We am aware that I/we need to fulfill the following:

(i) CPD Hours (1 January – 31 December)

	Agent Type	CPD Requirement
<input type="checkbox"/>	Composite Agent (selling life and general insurance products)	30 Hours (Life Insurance) & 8 Hours (General Insurance)
<input type="checkbox"/>	General Agent (selling general insurance products only)	24 Hours (1st year as a General Agent) 24 Hours (2nd year as a General Agent) 15 Hours (3rd year as a General Agent)

(ii) Minimum Production Requirement (1 December – 30 November) of _____

I/We, _____, Name of Company _____, Business Registration No. _____, _____, Address _____, hereby declare that all the information furnished above is true and correct. In the event of a false declaration being made on this Form, AIG Asia Pacific Insurance Pte. Ltd. reserves the right to cancel our application or terminate our agency representation if we are subsequently accepted to represent AIG Asia Pacific Insurance Pte. Ltd.

Signature and Company Stamp (if any):	Date :	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
Name of Authorised Representative:										
NRIC No:										
Telephone No. (Mobile) :										