

PART E-APPLICABLE TO INSURANCE INVESTIGATORS

(Applicable to Individuals)

1. Name of applicant
2. Date of birth of applicant.....
3. Present Occupation:.....
4. Address:.....
.....
.....
5. Relevant classes of business for which the applicant is seeking registration to carry on business as an insurance investigator:

<input type="checkbox"/> Accident Insurance Business	<input type="checkbox"/> Liability Insurance Business
<input type="checkbox"/> Marine Aviation and Transport	<input type="checkbox"/> Motor Vehicle Insurance Business
<input type="checkbox"/> Pecuniary Loss Insurance Business	<input type="checkbox"/> Property Insurance Business
<input type="checkbox"/> Industrial Insurance Business	<input type="checkbox"/> Ordinary Long-Term Insurance Business
<input type="checkbox"/> Sickness and Health Insurance Business	
6. Places of employment during the last 10 years:
.....
.....
.....
7. Are you currently a member of any association of loss adjusters?.....
..... (Name of association if any)
8. If not state why?.....
9. Were you such a member and ceased being one?
10. Have you applied for membership in such an association?.....
11. If you hold shares in any company registered under the Insurance Act to carryout insurance business state:
12. Name of the Company:.....
13. Number of shares held by you.....
14. If your wife/husband or children or parents hold shares in any company registered under the Insurance Act, 2001, state the name of each company, the name of the holder and the number of shares held.....

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15. Are you an undischarged bankrupt?
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16. If so, have you received leave (by the Court by which you were adjudged bankrupt), to be an insurance investigator?
17. Give documentary proof of leave.
18. Were you an insurance investigator within the last 12 months?
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19. If so, state for which insurance company or companies and for which class or classes of business.
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20. Give details of all training and qualifications held (including copies of certificates, diplomas, etc.).....
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21. Give details of experience as an insurance investigator, e.g., number of years, class of business, name of companies, etc.
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.....
22. Have you been convicted of an offence involving fraud or dishonesty? If so give details
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.....

Declaration:

I declare that the replies given in this application form are to the best of my knowledge and belief true and correct.

Name:.....Signed:.....Date.....

(Print name & position)

Testimonial

Icertify that

.....is known to me.

He/She is a person of good character and is otherwise a fit and proper person to carry on business as an adjuster.

Name:.....Signed:..... Stamp.....

(Print name & position)

(capacity of individual signing testimonial should be indicated i.e. Justice of the Peace, Notary Public, Minister of Religion, Police Officer above the rank of Inspector or Resident Magistrate)

Date