

LETTER OF APPOINTMENT

This agreement appoints IBGL as insurance broker & replaces any existing arrangement(s) to advise on, arrange or negotiate your insurance requirements between you and any other insurance broker or agent.

All clients must complete sections 1, 2, 3 and 5. Corporate clients must complete all sections, affix company stamp and sign (counter sign if required)

1) Client Details

Name _____
Address _____

Land Line No. _____
Cell Phone No. _____
Email _____

2) Type of Insurance

Motor Vehicle(s)
Property(ies)
Individual Health
Individual Life
Group Health
Group Life
Liability
Other (specify below)

3) Policy Details

Policy # _____
Vehicle Reg # _____ Insurance Co. _____

4) Corporate Details (if applicable)

Business Name _____
Registered Address _____

Business Tel: _____
Business Email _____

AFFIX
STAMP

5) Declaration

By signing, I confirm that I/we are authorised to appoint IBGL as my/our insurance broker with effect from ___/___/____. IBGL and/or its official representatives are authorised to receive any information regarding my/our insurance and claims history held by insurance companies or 3rd parties, and share any information regarding my/our insurance and claims history to insurance companies, or authorised 3rd parties. IBGL is appointed as my/our insurance broker.

Client Signature

Counter-Signature (if required)

ID Confirmed PoA Confirmed Referred By _____