

# Application Form

## Industry-Wide Course Fees Protection Insurance Scheme

Please complete all sections to facilitate the processing of your application.

Statement pursuant to Section 25(5) Cap. 142 of the Insurance Act or any subsequent amendments thereof. You are to disclose in the proposal form fully and faithfully all facts which you know or ought to know, otherwise the Policy issued hereunder may be void.

### Particulars of Applicant

<b>Name of Private Education Institution (PEI):</b>		_____	
<b>Mailing Address:</b>		_____	
_____		Postal Code	(            )
<b>Name of Contact Person (Capitalize Family Name):</b>		<b>Designation:</b>	
_____		_____	
<b>Email:</b>		<b>Contact No.:</b>	
_____		_____	
<b>Period of Indemnity:</b>		<b>No. of Insured Students:</b>	
From _____ To _____		_____	

### Documents to submit

1. Latest Credit Rating Approved by Committee for Private Education (CPE)
2. ERF Certificate
3. Latest ACRA (validity of 3 months preceding the date of this application)
4. Audited Financial Reports for the past 3 years
5. Interim Management Accounts if the latest audited report is not ready
6. Claim details for the last 3 years
7. Projection on total fees collected (Please fill in the information as stated in Excel file)
8. Where the applicant forms part of a larger group of companies, ACRA files and the consolidated financials for the group and each individual entity are required (if applicable)

### Declaration

1. We will comply with all the rules and regulations imposed by Committee for Private Education (CPE) including collection of course fees according to the fee collection limits imposed by CPE.
2. We hereby declare that the information and details provided herein are true and correct to the best of our knowledge and we have not withheld any relevant information regarding this application. We agree that the information provided forms the basis of the insurance contract between Liberty Insurance Pte Ltd and ourselves. If a material fact is not disclosed in this application, any policy issued may be void. Further, we confirm that the undersigned is duly authorized to sign this Application Form for and on behalf of the applicant PEI.

# Industry-Wide Course Fees Protection Insurance Scheme

## Declaration

- 3) We agree that information will be used, stored, transferred to or exchanged with such persons (whether situated within or outside of Singapore) that Liberty Insurance Pte Ltd may consider necessary, including any member of Liberty Group for any purpose in connection with promoting, improving and furthering the provision of financial services to us and/or for other purposes. We agree that where Liberty Insurance Pte Ltd considers necessary or appropriate, it may transfer data, details or information to any appointed service provider (whether situated in or outside Singapore), under conditions of confidentiality imposed on such service providers, for the purpose of data processing or providing any service on Liberty Insurance Pte Ltd's behalf. The appointed service providers may be required by law to disclose information received from Liberty Insurance Pte Ltd to third parties. Such circumstances include service provider being compelled to disclose information pursuant to a court order, police investigations and criminal prosecutions for tax evasion or other offences.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signatory

Name:

Designation:

Company Stamp:

## Submission and Information

- Please submit this application form and all supporting documents via [oneliberty](#) or email to [iwc@libertyinsurance.com.sg](mailto:iwc@libertyinsurance.com.sg)
- For more information on IWC, please contact Liberty Insurance at 6506 4949 or our exclusive producer, Enrich Advisory Pte Ltd  
Genna Ang @ 9671 5922, email [genna@enrichadvisory.com](mailto:genna@enrichadvisory.com) or Christina Chng @ 9760 2569, email [christina@enrichadvisory.com](mailto:christina@enrichadvisory.com)