

## PROPOSAL FORM – FEE PROTECTION SCHEME (FPS) GROUP INSURANCE

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

Statement pursuant to Section 23(5) of the Insurance Act 1966 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 Proposer

Name of Private Education Institution (PEI) (Please state the Company name as registered with ACRA business profile): _____	Business Registration No. (UEN No.): _____
Mailing Address: _____ Postal Code ( )	
Name of Contact Person (Capitalise Family Name): _____	Designation: _____
Email: _____	Contact No.: _____

### Details of EduTrust Status

Current EduTrust Status: _____	Validity: From _____ To _____
<b>Period of Insurance: (Maximum 12 Months)</b> From _____ To _____	



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### Maximum Insurable Limit

Based on PEI's latest annual revenue or projected total Course Fees for upcoming year, whichever is applicable.

S\$ \_\_\_\_\_

### Details of Student

Student population for the current year: \_\_\_\_\_

No. of Foreign Students: \_\_\_\_\_

Percentage of Foreign Students: \_\_\_\_\_

No. of Local Students: \_\_\_\_\_

Percentage of Local Students: \_\_\_\_\_

### Documents to submit:

1. Proposal Form
2. Latest ERF Certificate
3. Latest EduTrust Certificate (if any)
4. Latest ACRA File (validity of 3 months preceding the date of this application)
5. Audited/unaudited Financial Reports for the past 3 years
6. Interim Management Accounts (Profit & Loss and Balance Sheet) if the latest audited/unaudited report is not ready
7. 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)
8. Latest Crediting Report approved by SSG
9. FPS Limit Projection (Please fill in the information as required in our Excel file format)
10. Sample receipt issued to each Student upon payment of that Student's Course Fees
11. Claim details for the past 3 years
12. Any other information to support the proposal



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## DECLARATION

1. We will comply with all the rules and regulations imposed under the Fee Protection Scheme administered by the Authority, including collection of course fees according to the fee collection limits imposed by the Authority.
2. We will declare all fees paid by students according to the Definition of Fees and the Fee Collection Cap stipulated in the Fee Protection Scheme Instruction Manual as and when CPE updates from time to time under the Fee Protection Scheme.
3. 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. Further, we confirm that the undersigned is duly authorised to sign this Proposal Form for and on behalf of the applicant PEI.
4. We hereby confirm that we have read and fully agree to Liberty's Data Protection Policy at [www.libertyinsurance.com.sg/data-protection-policy](http://www.libertyinsurance.com.sg/data-protection-policy), both now and in advance as it may be amended from time to time.

## IMPORTANT NOTICE TO SUBMITTER

If you, the submitter of this form, are submitting this form for another person who is the actual Proposer; and in consideration for Liberty processing this application upon your request:

- a) You agree that you have been validly & legally authorised by the Proposer to do so; and
- b) You warrant that you have shown this entire completed document to the intended Proposer and had obtained his/her agreement to everything; and
- c) You, in your personal capacity, agree to indemnify and keep Liberty Insurance Pte Ltd indemnified against all proceedings, costs, expenses, claims, liabilities, losses or damages if any part of this Notice turns out to be false, howsoever whatsoever, on a **strict liability basis**, that is, even if your state of mind was unintentional, intentional, negligent, inadvertent, accidental, unknowing, etc.

\_\_\_\_\_

Date

\_\_\_\_\_

Authorised Signature

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Company Stamp:

## Submission and Information

- Please submit this proposal form and all supporting documents [fps@libertyinsurance.com.sg](mailto:fps@libertyinsurance.com.sg)
- For more information on FPS, please contact Liberty Insurance at 6506 4949 or our exclusive producer, Enrich Advisory Pte Ltd  
Genna Ang: (65) 9671 5922 [genna@enrichadvisory.com](mailto:genna@enrichadvisory.com) or  
Christina Chng: (65) 9760 2569 [christina@enrichadvisory.com](mailto:christina@enrichadvisory.com)

