

Proposal Form – Industry-Wide Course Fees Protection Insurance Scheme

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 Applicant

Name of Private Education Institution (PEI): _____	
Mailing Address: _____ Postal Code ()	
Name of Contact Person (Capitalise Family Name): _____	Designation: _____
Email: _____	Contact No.: _____
Period of Indemnity: From _____ to _____	No. of Insured Students: _____

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. Further, we confirm that the undersigned is duly authorised to sign this Application Form for and on behalf of the applicant PEI.



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3. We hereby confirm that we have read and fully agree to Liberty's Data Protection Policy at www.libertyinsurance.com.sg/data-protection-policy, both now and in advance as it may be amended from time to time.

Date

Authorised Signature

Name: _____

Designation: _____

Company Stamp:

Submission and Information

- Please submit this application form and all supporting documents to 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: (65) 9671 5922 genna@enrichadvisory.com or
Christina Chng: (65) 9760 2569 christina@enrichadvisory.com

