Liberty Pte Limited
One Raffles Quay #40-01 North Tower
Singapore 048583
Tel: 1800-LIBERTY (5423 789)
UEN | GST Reg. No. 201538069C
libertyinternational.com/sg

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 _____
Period of Insurance: (Maximum 12 Months) 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 SWDA
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 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 SWDA updates from time to time under the Fee Protection Scheme.

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

3. By signing this form, I/we consent to Liberty Pte Limited ("Liberty") and its authorised service providers, related entities, and partners (collectively, "Appointees") collecting, using, and disclosing my/our personal data, and any personal data of other individuals provided by me/us, for purposes including: assessing and providing insurance products and services; policy administration, renewals, claims, and payments; compliance, audit, and regulatory reporting; research, analytics, and service improvement; and communication and customer support. I/we confirm that I/we have read and agree to Liberty's Privacy Policy, which explains how Liberty manages personal data, including cross-border transfers. If I/we provide personal data of other individuals, I/we warrant that I/we have obtained their consent (or consent from their legal representatives, where applicable) for these purposes. I/we understand that I/we may access, correct, or withdraw consent for my/our personal data at any time by contacting Liberty's Data Protection Officer at privacy.officer.ap@libertymutual.com, subject to legal and contractual obligations.

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 Pte Limited 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
- For more information on FPS, please contact Liberty 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