



**Liberty Pte Limited**  
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Singapore 048583  
Tel: 1800-LIBERTY (5423 789)  
UEN | GST Reg. No. 201538069C  
libertyinternational.com/sg

## 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 SkillsFuture Singapore (SSG)
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 SSG including collection of course fees according to the fee collection limits imposed by SSG.
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 Application Form for and on behalf of the applicant PEI.



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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](mailto:privacy.officer.ap@libertymutual.com), subject to legal and contractual obligations.

\_\_\_\_\_

Date

\_\_\_\_\_

Authorised Signature

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

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

Company Stamp:

### Submission and Information

- Please submit this application form and all supporting documents to [iwc@libertyinsurance.com.sg](mailto:iwc@libertyinsurance.com.sg)
- For more information on IWC, please contact Liberty 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)

