



FEE PROTECTION SCHEME (FPS)
Insurance Facility Application Form

Statement pursuant to Section 25(5) of Insurance Act, Cap 142 or any subsequent amendment thereof.
You are to fully and faithfully disclose in this application form all the facts that you know or ought to know in respect of the risk that is being proposed, otherwise the policy issued hereunder may be void.

Please complete and provide all the information and supporting documents required to underwrite and assess your application.

Applicant/Organisation Profile

| | |
|---|----|
| Trading Name of PEI e.g. ABC Institute of Business | |
| Legal Entity Name of PEI e.g. ABC Group Pte Ltd | |
| Year of Establishment/Incorporation | |
| Previous Name(s) (if any) | |
| Company/Business/Society Registration Number | |
| Registered Address | |
| School Address (list all premises) | |
| Contact Person (Contact No. & Email) [please attached name card] | |
| Insurance Limits required | \$ |

Mandatory documents/information to be attached with this application:

Management and Employee Profile

Check List

| | |
|---|--|
| MOE Certificate of Registration as a School | |
| Profiles of Board of Directors | |
| Profile of Management Representative as registered with MOE | |
| Profile of key Management Personnel | |
| Profile and <i>Curriculum Vita</i> of Teaching Staff | |



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| Course and Student Details | <u>Check List</u> |
|--|-------------------|
| Names and description of every Course offered (support with MOE's approval letter) | |
| List of Tuition/Course fees (full amount) for each Course. | |
| Scheduled Duration of each Course. | |
| Course fees payment schedule and collection mode (monthly, yearly etc) for each Course | |
| Franchise or agency arrangements | |
| Agreements/affiliations with overseas Institutions or Universities partners | |
| Accreditations and awards (state whether current or past) | |

| Students Profile (past 3 years) | <u>Check List</u> |
|--|-------------------|
| Maximum enrollment capacity and total Student population size | |
| Frequency and size of Student intake per year and their specific courses | |
| Breakdown of Student population headcount by <u>international</u> students and <u>local</u> students | |
| Turnover contribution in percentage (%) by <u>international</u> students and <u>local</u> students | |

| Financial Documents | <u>Check List</u> |
|--|-------------------|
| - Business Profile (ACRA extract not more than 2 months old) | |
| - Profit and Loss Statements and Balance Sheets (past 3 years). For private limited companies, audited accounts/directors' report including annexed notes to accounts. For partnerships and sole proprietorships, please submit Form P filed with IRAS. | |
| - Bank Statements (past 6 months) | |

| Counter Indemnity | <u>Check List</u> |
|--|-------------------|
| - Minimum 2 Counter Indemnities (signed originals) | |
| - Indemnitors must be either shareholders/owners and/or directors of the Applicant | |
| - NRICs of Indemnitors (photocopy) | |
| - IRAS Notice of Assessment of Indemnitors (past 3 years) | |



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Declaration by the Applicant:

I/We declare that the information provided in this application is true and correct, and I/we have not withheld any material information regarding this application.

I/We agree that the information provided in this application forms the basis of the insurance contract between me/us and LONPAC Insurance Bhd if our application is accepted.

I/We agree that the information provided with this application shall be the property of LONPAC Insurance Bhd and further agree and consent to the use and/or release to any third party, by LONPAC Insurance Bhd, any information contained in this Application Form, confidential or otherwise pertaining to me/us including facts and figures that are known to LONPAC Insurance Bhd and/or have been made available to LONPAC Insurance Bhd by me/us and/or Intermediaries, in such manner as would be required by any government body, and/or in the conduct of LONPAC Insurance Bhd's business and/or for the purpose of insurance administration."

I/We will also ensure that any other information or documents required by LONPAC Insurance Bhd shall be provided expeditiously and that delay in doing so will affect the application process.

Signature of Authorised Signatory: _____ (with company stamp)

Name and Designation : _____

Date : _____

Note to PEI Applicant

Please complete this form and submit together with all necessary supporting documents and a non-refundable cheque of \$200 in favour of "**Lonpac Insurance Bhd**" to:

AEGIS Insurance Services Pte Ltd
15 Queen Street, #03-07, Tan Chong Tower, Singapore 188537.
Email: customerservice@aegisic.com

For assistance, please call tel: 68370306
Alternatively, you may call Richard Tay (m: 9856 3573) or Evan Chng (m: 9387 0446)