

## Annex D: Form for Travel Agent who is a Trade Specific Agent

### PROVISION OF INFORMATION BY TRAVEL AGENT WHO IS A TRADE SPECIFIC AGENT

#### Section A – Travel Insurance against Insolvency

As a licensing condition of the Singapore Tourism Board, we Albatross World Travel & Tours Pte Ltd are required to inform you, the Client, to consider purchasing travel insurance –

- (a) against any failure or disruption in our provision of the travel product arising out of any insolvency on our part; and
- (b) in favour of all travellers for whom the payment or deposit is to be made.

#### Section B – Decision to Purchase Travel Insurance

Before we can accept any payment or deposit from you for your travel product, we are required to record the following particulars:

|                         |  |
|-------------------------|--|
| Your Full Name          |  |
| Travel Product Ref. No. |  |
| Names of Travellers     |  |

**Do you wish to purchase the travel insurance described above at this time?** (Tick appropriate box)

|                          |            |   |                          |
|--------------------------|------------|---|--------------------------|
| <input type="checkbox"/> | <b>Yes</b> | I wish to purchase such travel insurance through the travel agent.  | Complete Section D       |
| <input type="checkbox"/> | <b>Yes</b> | I wish to purchase such travel insurance myself with reference to the Board's list of insurers at <a href="https://www.stb.gov.sg/industries/travel-agents/Documents/TInsurers.pdf">https://www.stb.gov.sg/industries/travel-agents/Documents/TInsurers.pdf</a> . | Complete Section C and D |
| <input type="checkbox"/> | <b>No</b>  | Reasons include "I will purchase such travel insurance later", "I have already purchased such travel insurance" or "I do not wish to be insured".   | Complete Section D       |

#### Section C – Particulars of Travel Insurance (repeat for each Certificate of Insurance)

|                             |  |
|-----------------------------|--|
| Name of Insurer             |  |
| Name of Policy              |  |
| Policy Ref. No.             |  |
| Names of Insured Travellers |  |

Alternatively, please attach or provide a copy of the Certificate of Insurance.

#### Section D – Acknowledgement

You acknowledge the risk if you do not purchase travel insurance against insolvency. Please acknowledge the accuracy of this form by signing below or by providing other unique written authentication (such as email or multimedia message) against the completed contents of this form.

|                              |                                     |
|------------------------------|-------------------------------------|
| Signature of Client and Date | Name of Travel Agent staff and Date |
|------------------------------|-------------------------------------|