

## APEC Business Travel Card Reimbursement for Solitaire and Life Solitaire PPS Club members

### FORM A: REQUEST FOR REIMBURSEMENT BY CHEQUE

Before you submit your request for reimbursement, please click [here](#) for more information on eligibility and terms and conditions.

Please complete and submit this "Form A: Request for Reimbursement by Cheque" along with the following supporting documents via email\* to [KF\\_contact@singaporeair.com.sg](mailto:KF_contact@singaporeair.com.sg). Please use the email address registered to your KrisFlyer account.

1. Official acknowledgement of your ABTC application (from your home country)\*\*
2. Official receipt of application fee(s)\*\*

*\*Please ensure that the total size of your email does not exceed 15MB*

*\*\*All supporting documents must contain the name of the principal Solitaire PPS Club member for verification purposes*

Please allow 6 to 8 weeks from the point of submission for the processing of your reimbursement. Thank you.

\_\_\_\_\_ Please fill up the form below clearly in CAPITAL LETTERS \_\_\_\_\_

KrisFlyer membership number:

Amount to be claimed:

Beneficiary name as in bank account\*:

Currency:

*\*Please ensure that the beneficiary is the principal Solitaire PPS Club member*

Address for cheque to be delivered to:

Cheques will be made out in the exact amount and currency reflected on the official payment invoice and will only be paid to the principal Solitaire PPS Club member who has applied for the APEC Business Travel Card.

By completing and submitting this form, I hereby represent that:

1. I am the true owner of the KrisFlyer account of the details as set out herein;
2. All information provided and included into this form are true, accurate and sufficient for the transaction hereunder.
3. I agree and acknowledge that any personal data I provide will be processed by Singapore Airlines for purposes of administering my request in accordance with its Privacy Policy available at [www.singaporeair.com](http://www.singaporeair.com); and
4. I have read and understood, and agree to be bound by all the terms and conditions contained within this form.

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date  
(DD/MM/YY)