

Your Ref: **WITHOUT PREJUDICE**

Our Ref:

3 July 2014

[Insurance Company]  
[Address]  
[Address]  
Singapore [Code]

Claims Control Tel: 6383 7953  
Fax: 6383 7626

Attn: Claims Dept

Dear Sirs

**ACCIDENT INVOLVING SBS \_\_\_\_\_, \_\_\_\_\_ (YOUR INSURED) & COMMUTER  
ALONG \_\_\_\_\_ ON \_\_\_\_\_**

We understand that you are the insurers of vehicle no \_\_\_\_\_ which was involved in the above accident with our bus SBS xxxx.

As a result of your insured's careless driving, our commuter sustained injuries and had to seek medical treatment. Details of the claim and copies of all relevant supporting documents are attached herewith.

As the accident was wholly caused by your insured, \_\_\_\_\_, we are forwarding the claim to your office.

The name and contact details of the injured commuter is: -

[		]
[	Name and Address	]
[	of Injured Commuter	]
[		]

Please revert to us on your position as soon as possible. Specifically, please let us know if you will be liaising with the commuter directly.

Thank you and looking forward to your reply.

Yours faithfully,

[Name]  
Claims Officer  
Claims Department

Enc.

*We are committed to excellence. For our continual improvement, please contact Ms Tracy Tan at [tracytan@sbstransit.com.sg](mailto:tracytan@sbstransit.com.sg) if you have any suggestions or have yet to receive a response to your issue. We welcome your feedback.*

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*Please direct all correspondence to the Claims department at 205 Braddell Road, East Wing 2<sup>nd</sup> Flr, Singapore 579701, facsimile number 6383 7626. Correspondence not sent to this given address or faxed to this given facsimile number will risk delay in response or not being attended to.*