

Our Ref: 03449/13/AL

2 July 2014

WITHOUT PREJUDICE

Mdm Sharifah Faizah Binte Syed Hussain
Blk 886A Tampines Street 83
#02-53
Singapore 521886

Claims Control Tel : 63837953

Fax: 63837626

Dear Mdm Sharifah

SBS 8894 K ON 5.9.13

We refer to the above matter

For the purpose of an amicable closure, and based on your medical bills, we are prepared to offer an ex-gratia sum of XXXXX in full and final settlement of your claim.

Kindly read and complete the enclosed Discharge Voucher and sign it before a witness. Thereafter, please return the duly executed Discharge Voucher together with the following ticked documents :

- | | |
|--|---|
| 1) a copy of your IC (front and back) | (<input checked="" type="checkbox"/>) |
| 2) all original medical bills | (<input type="checkbox"/>) |
| 3) your child's birth certificate | (<input checked="" type="checkbox"/>) |

Upon receipt of the above documents, we will proceed to process **payment. The witness' particulars must also be furnished.**

We appreciate your patience in this matter.

We also take this opportunity to wish you well.

Yours faithfully,

Name of officer
Designation
Claims Department

Encl

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

Please direct all correspondence to the Claims Department at 205 Braddell Road 2rd Level East Wing, Singapore 579701, facsimile number 6383 7626.