

Your Ref:

Our Ref:

2 July 2014

[Hospital Name]
[Address]
[Address]
Singapore [Code]

Claims Control Tel: 6383 7953
Fax: 6383 7626

Attn: Medical Records Office

Dear Sirs

[NAME OF PATIENT, NRIC NO SXXXXXXXA]

We refer to the above matter.

The abovementioned, [name of patient] received treatment at your hospital for the injuries resulting from an accident on board our bus SBS XXXXA on [date of accident].

In considering his injury claim against us, we would like to obtain his medical report.

[Relate Facts]

We enclose the duly signed consent and our cheque [DBSXXXXXX] for \$xx.xx.

Please let us have the medical report soon.

Yours faithfully,

[Name]
Claims Officer
Claims Department

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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.