

## FACSIMILE TRANSMISSION



08 July 2014

Company Registration No: 199206653M

Tel: 6383 xxxx

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No. of page(s): 01  
(including this page)

To :  
For attention of :  
Fax :  
Your Ref :  
Our Ref :  
**Subject** : ACCIDENT INVOLVING SBS  
ALONG

We refer to our fax of \_\_\_\_\_.

To-date, we have yet to receive your discharge voucher.

Kindly let us have your discharge voucher by \_\_\_\_\_.

Thank you.

Regards,

[Name]  
Claims Officer  
Claims Department

*Please direct all correspondence to the Claims Department at 205 Braddell Road 2<sup>nd</sup> Level East Wing, Singapore 579701, facsimile number 6383 7626.*

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