

Date: 2 July 2014

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

Attn: Medical Records Office

REQUEST FOR MEDICAL REPORT OR INFORMATION

PATIENT : _____

NRIC/ PASSPORT : _____

INCIDENT INVOLVING SBS _____ & COMMUTER/ PEDESTRIAN
ALONG _____ ON _____

I, residing at _____

hereby authorise you to release the medical report or information relating to the above-
captioned incident to :-

Claims Department
SBS Transit Ltd
205 Braddell Road
East Wing Level 2
Singapore 579701

Tel : 6383 XXXX
Fax : 6383 7626
Attn:

Please note that SBS Transit Ltd will pay for the Medical Report fees. Thank you.

Signature of Patient/Parent/Next-of-kin

Relationship to the patient
(if other than the patient)

Date