

WITHOUT PREJUDICE

Dear xxxx

Thank you for your email dated xxxx

Please be assured that this matter is receiving our attention and we will reply you as soon as we have completed our investigation.

In order for us to assess your claim accurately, please let us have the following details/ documents as indicated below:

Date and time of accident

Place of accident

Bus Service Number

Bus Registration Number

EZ Link Card Number

A brief description of the incident

Description of Injuries sustained

Police report/ police investigation result

Original medical bills

Medical certificate (MC)

Medical Report from \_\_\_\_\_ dated \_\_\_\_\_

Please note that the above request should not be construed as an admission of liability.

We appreciate your patience and understanding in this matter. If you have any query, please contact the undersigned at 63837953. Alternatively, you may write to us at [claimscontrol@comfortdelgro.com](mailto:claimscontrol@comfortdelgro.com)

Thank you.

Linda Yeung  
Claims Department  
DID: 63837953  
Fax: 63837626

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