

Our Ref: _____

Date: _____

Attn: _____



Claims Unit
205 Braddell Road Singapore 579701

Mainline 63837953
Facsimile 63837626

Without Prejudice

Dear Sir/Madam

ACCIDENT INVOLVING _____

We acknowledge receipt of your letter/ documents dated _____.

Please be assured that this matter is receiving our attention and we will reply to 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 our 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@comfordelgro.com.

Thank you.

Yours faithfully

Linda Yeung
Claims Department

We are committed to excellence. For our continual improvement, please contact Ms Alice Liow at alichelby@comfordelgro.com if you have any suggestions or have yet to receive a response to your issue. We welcome your feedback.