

Letter of Claim Withdrawal

TO :

Re: Policy No.:
Claim No.
Date of traffic accident:
Vehicles involved:

Dear Sir/ Madam,

I/We refer to my/our submitted claim form in relation to the above incident and have decided to withdraw from my claim lodged under the above motor policy.

I/We hereby confirm and agree that:

- (I) This is my/our formal withdrawal of above claim whereby I/We undertake all existing and potential legal liabilities arising directly and/or indirectly out of the above incident;
- (II) _____ (hereinafter called the Insurers) is therefore completely discharged from all contractual responsibilities under the above motor policy to indemnify me/us for any claims in connection with any such existing/potential liabilities;

In any event, if the Insurers is bound by any Laws/Ordinance or Court Orders to pay any relevant bodily/personal injuries claims arising from the above incident, I/We undertake to reimburse the Insurers for all losses that they have incurred as a result of any such claim settlement.

Yours faithfully,

Date this _____ day of _____ 20 ____

Signature
of Insured _____

Signature
of Witness _____

I/D Card No. _____

I/D Card No. _____

Name _____
(BLOCK LETTER)

Name _____
(BLOCK LETTER)

Occupation

Occupation

Address

Address