

Date:

To:

Dear Sir,

Claim File No. _____

I/We confirm that I am/we are the registered owner/insured of Motor Vehicle No. _____ which was involved in an accident on / / at _____ and reported to you by a "Motor Accident Claim From/ Motor Accident Report From" under Policy No. _____ and Insurer _____.

As the said policy will become/has been due for renewal, I/we hereby withdraw my claim for compensation and indemnity under the said policy in respect of the said accident. I am/We are fully aware that should any person or persons make any claim against me/us, or the driver of my/our vehicle at the material time, or you for any loss/damage/expenses arising from or by reason of the said accident, I/we will be responsible for such claims and cannot seek any compensation or indemnity from you.

I also declare that no person was injured in the above accident.

Please arrange for my/our "No Claim Bonus" to be reinstated.

Signature of Owner/Insured

I.D./B.R. No.: _____

Tel No.: _____