

# SAMPLE

To: xxx Insurance Company Limited

Date: \_\_\_\_\_

## Motor Claims Withdrawal Letter

Policy No.: \_\_\_\_\_

Vehicle Reg. No.: \_\_\_\_\_

I/ We \_\_\_\_\_ hereby agree to withdraw my/ our claim(s) and discharge the Insurers and/ or their agents from all of my/ our claims, present or future, in connection with or in any way arising out of an occurrence at \_\_\_\_\_

On the \_\_\_\_\_(day) of \_\_\_\_\_ (month) \_\_\_\_\_(year). I further agree that I shall be responsible to pay any Third Party (ies) and/ or indemnify the insurers and/ or their agents against any arising out of the said accident.

Date this \_\_\_\_\_ (day) of \_\_\_\_\_(month) \_\_\_\_\_ (year).

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_