

To: ING General Insurance Company Limited
7/F., ING Tower,
308 Des Voeux Road,
Central, Hong Kong

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: _____