



THE HAND IN HAND MUTUAL FIRE INSURANCE COMPANY LTD.
MOTOR CLAIMS DEPARTMENT

\$ Date Claim #

I/We Suffered Damage to my/our Motor Vehicle
No. as a result of an accident on at

Involving motor vehicle No. Owned by
and driven by of

and which insured with the **Hand-in-Hand Mutual Fire Insurance Company Limited**.

I/We also suffered other loss.

I/We have received form the **Hand-in-Hand Mutual Fire Insurance Company Limited** the sum of

In Full settlement, satisfaction and discharge of any and all claims, demands, actions, suit or causes of every description and of all loss, damages, costs, charges, and expenses already suffered or which I/We may suffer after accepting this amount as a result of the accident.

I/We also agree to discharge absolutely and completely the Company liability for the owner's damage under section 1 of the motor policy

No. Issued to

in respect to any such liability by virtue of the Company paying me/us the sum of

I/We have been told that I am/we are at liberty to seek independent legal advice if I/we wish to do so. I/We appreciate and specifically agree that the above sum is the full and final amount I/We will receive in respect of the accident.

WITNESSES

ID #

1. _____

2. _____