

# Agreement of Loss Form

**Important Note**  
Strictly on without prejudice

**PLEASE USE BLOCK LETTERS**

Policy No.:	Claim No.:
Insured name	Date:

I/We agree to accept the sum of	as final settlement
For replacement of	
Damaged by	
Date:	

I/We acknowledge that we have not been induced to sign this discharge and that I/We will not be entitled to cancellation of this statement on any grounds whatsoever.

Insured

Surname:	First name:	
I.D. number:	Name of company:	Designation:
Signature:	Date:	

Witness

Surname:	First name:
ID. number:	
Signature:	Date:

## Settlement Computation

	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Net Claim:</b>	<b>\$</b>

## Bank Details - (your bank details are required)

Account Name:	Name of bank:
Branch:	Account No.: