

Private Settlement for Motor Accidents

Accident Details

Date: _____ Time: _____ Location: _____

Drivers Details

1. Vehicle Registration no: _____ Driven By: _____ (Name & NRIC no) and
vehicle owned by: _____ (Name & NRIC no).

2. Vehicle Registration no: _____ Driven By: _____ (Name & NRIC no) and
vehicle owned by: _____ (Name & NRIC no).

The parties have confirmed that there are no injuries or death involved therefore will not make a police report of this accident and **neither party to claim under his/ the other parties's insurance and have agreed to settle this matter amicably as follows:** (Please tick as applicable)

- Neither party shall be liable to compensate the other party for any loss nor damages (direct or indirect) incurred or to be incurred as a result of the accident.

- Without any admission of liability, (paying party compensation) has paid a sum of \$ _____ which (owner receiving compensation) hereby acknowledges receipt thereof in full and final settlement of all damages and cost incurred and/or to be incurred as a result of the accident.

The parties understand that the information collected on the private settlement form will be kept and used by the incumbent insurer for investigating and administering claims, Fraud detection and underwriting future insurance applications.

Name(paying party): _____ Mobile: _____

Email Address: _____ NRIC/Passport no: _____

Signature: _____

Name(owner receiving compensation): _____ Mobile: _____

Email Address: _____ NRIC/Passport no: _____

Signature: _____