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Claim Number (for official use)	
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PRIVATE SETTLEMENT FORM

Details of accident
Date: _____ Time: _____ Location of accident: _____
involving motor vehicle registration number: _____ **(Vehicle A)** & _____ **(Vehicle B)**.

Contact Details of Parties involved
Name & NRIC of Driver/Owner of Vehicle A (Party A): _____
Name & NRIC of Driver/Owner of Vehicle B (Party B): _____

The parties have agreed to settle the above mentioned accident on an amicable basis as follows:

*Please select the option appropriate to your situation and complete any blanks (where applicable).

- 1. Neither party shall be liable to compensate the other party for any loss or damage (direct or indirect) incurred or to be incurred as a result of the accident.
- 2. Without any admission of liability, Party _____ has paid a sum of S\$ _____ which Party _____ hereby acknowledges receipt thereof in full and full settlement of all damages and costs incurred and/or to be incurred as a result of the accident.
- 3. Vehicle _____ has been repaired to the satisfaction of Party _____ and has been returned in good working order to Party _____.

Each of the parties further confirms that there are no personal injuries or death involved in this accident, and that he/she has not and will not make any police report or claim against his/her own motor insurance or that of the other party's, in relation to this accident.

We understand that the information collected on this private settlement form will be kept and used by Auto & General Insurance (Singapore) Pte. Limited (trading as Budget Direct Insurance) for insurance and claims administration and investigation purposes.

Signed by **Party A**
Contact number:
Address:
Date:

Signed by **Party B**
Contact number:
Address:
Date: