

AGREEMENT OF LOSS- EX GRATIA PAYMENT AGREEMENT WITHOUT PREJUDICE AND/OR ADMISSION OF LIABILITY

Compendium cares about your privacy. To assist you with your claim, Compendium, our service providers and your insurer has to process the personal information you provide when completing this Agreement. The information will be treated with caution and all reasonable security measures have been implemented to protect your personal information.

BETWEEN

AND

I, the undersigned	Identity Number	
hereby accept payment in the amount of		(rands and cents only) from
	in respect of my alleged loss which occurred on	
which was registered under claim number		
I acknowledge that the above payment is made by		
ex gratia and without any admission of liability whatsoever in terms of my insurance policy, with policy number		
and/or in terms of the claim. I confirm that this ex gratia payment is not made by		
in terms of the policy and I waive any and all right in terms of the policy. I acknowledge that I have concluded this Agreement freely and voluntarily, being fully aware of this Agreements contents and import.		

BANKING DETAILS

Name of Bank	
Account Holders Name	
Account Number	
Branch	
Branch Code	
Signed at	on
Signature of Insured	Signature of Insure
Witnesses:	Witnesses:
1.	1.
2.	2.