

AGREEMENT OF LOSS- WRITE OFF & SALVAGE 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.

Claim Number	
Policy Number	

I/We		(insured)	as owner of the vehicle hereby agree to accept
from Compendium Insurance Brokers (Pty) Ltd and		(insurer)	In terms of the above policy number
(policy number)	the amount of	R	in full and final settlement of
all claims for the write off/theft of the vehicle being a		(Make)	(Year)
(Registration Number)	following the incident that occurred on or about		(Date)
at	(Place)		

On receipt of payment of this amount by Compendium Insurance Brokers (Pty) Ltd ("Compendium") and/or my insurer, which payment is in full and final settlement of all and any claims whatsoever which the I/We, the insured owner of the vehicle has or may have against Compendium and/or my insurer arising from the accident in respect of own damage. I/We, as owner of the vehicle hereby cedes, assigns and makes over all rights, title and interest in and to the insured vehicle and authorises Compendium and/or my insurer irrevocably and in *rem suam* to dispose of the salvage in the insured vehicle and to retain any proceeds as Compendium and/or my insurer's sole and absolute property.

I/We as owner of the insured vehicle agrees to render all reasonable assistance in the recovery of amounts paid out by Compendium and/or my insurer in respect of the insured vehicle from third party/ies responsible for the loss.

Basis of Settlement Amount	
Sum Insured/Retail	
Value/Market Value	
Deductions	Excess:
	Excess:
	Excess
	Excess:

Settlement to Insured	
All payments are deemed to be VAT inclusive, unless otherwise stated. Please note that all claims will be paid into the premium paying account, unless otherwise agreed.	
Signature of Insured	
Date	
Place	
Signature of Witness	
Signature of Witness	