

PRIVATE SETTLEMENT FORM

1. Details of Accident:

a. Date/ Time: _____

b. Location: _____

2. Details of Drivers

a. Motor Vehicle Registration number _____ driven by
_____(Name & NRIC) and owned by
_____(Name & NRIC no).

b. Motor Vehicle Registration number _____ driven by
_____(Name & NRIC)
and owned by _____ (Name &
NRIC no).

3. There were no bodily injuries or death involved with regards to the above mentioned accident.

4. The parties involved have agreed to settle this matter amicably as follows:

Without any admission of liability, _____ (Party
Paying Compensation) has paid a sum of S\$_____ which
_____ (Owner receiving compensation) hereby acknowledges
receipt there of in full and final settlement of all damages and cost incurred and/ or to be
incurred as a result of the accident.

5. Both Parties will not file any accident claims against his/ her own policy or against the third party's insurance policy as a result of the accident.

Paying Party

Name :

NRIC :

Signature :

Date :

Owner Receiving Compensation

Name :

NRIC :

Signature :

Date :

Witness (1)

Name :

NRIC :

Signature :

Date :

Witness (2)

Name :

NRIC :

Signature :

Date :