A close-up of a logo

Description automatically generated with medium confidence

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***“Without Prejudice”***

**AGREEMENT OF LOSS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **INSURER** |  | | | VAT No: | |
| **Policy Number** | ${policy\_number} | **Our Ref. No.** | ${our\_reference} | **Date of Occurrence** | ${date\_of\_collision} |

|  |  |
| --- | --- |
| **Name of Insured** | ${insured} |
| **Nature of Claim** | ${nature\_of\_claim} |

**${input}**

**Declaration:**

1. I / We declare that there is not and will not be any other claim lodged with any other party related to this incident and that there is no other insurance applicable on the same property, loss, damage or injury.
2. I/we, the undersigned duly authorized representative(s) of **${insured}** acknowledge that this Agreement of Loss is for the full and final settlement in respect of this claim and that no further claims for payment in relation to the incident in question will be entertained by the Insurer.
3. AC&E Underwriting Managers/New National Assurance Company Limited will not be held liable for any other expense accident related or not and any excess amounts will be for our own account.
4. I/we hereby release and forever discharge for ourselves, our heirs, executors, administrators and assigns, and indemnify and forever hold harmless, **SMART INSURE**, their Directors, Employees, Agents and Insurers of and from all claims, demands, damages, actions, causes of action or suits at law, or in equity of whatsoever kind or nature, for or because of any matter or thing done, omitted or suffered to be done by **${insured},** their Directors, Employees, Agents or Insurers on account of damage to all Third Party’s property which occurred on or about **${date\_of\_collision}** in relation to claim number **${our\_reference}.**
5. We fully understand that this agreement is subject to the Insurers admitting liability in terms of the Insurance Policy.

I/We request you to electronically deposit the money into the following account:

|  |  |  |  |
| --- | --- | --- | --- |
| **Insured Banking Details** | | Insured Vat No. | |
| Bank | ………………………………………………………………. | Account Holder | s………………………………………………………………. |
| Branch Code | ………………………………………………………………. | Account Number | ………………………………………………………………. |
| **Kindly take note that the following must be submitted with the AOL:**  **Copy of cancelled cheque; or letter from the bank (not older than 3 months) showing that insured is account holder** | | | |

|  |  |  |
| --- | --- | --- |
| ……………………………..………………………….. | …………………………………………………………. | …………………………………………………………… |
| **SIGNATURE OF INSURED** | **NAME IN PRINT OF SIGNATORY** | **DATE SIGNED** |
| **(DULY AUTHORISED REPRESENTATIVE)** | **(DULY AUTHORISED REPRESENTATIVE** |  |