



കേരളം KERALA

ED 653661

Consent Letter for (Total loss)

To,
Acko General Insurance Limited,
Address

Subject: Consent Letter.

Dear Sir / Madam,

This is to inform you that I / We Sandhyamol P C have obtained a comprehensive insurance policy from Acko General Insurance Limited. Below are the details referring to the claim:

Claim No: MTDCCL339402,
Policy No: ACCA00763133454/00.
Date of Loss: 14/07/2023.
Date of Claims Notification: 15/07/2023.
Vehicle No. KL40H2366.
Policy Period: 18/01/2023 to 17/01/2024.

WHEREAS the said vehicle was involved in an accident for which this claim has been lodged on Acko General Insurance Limited. NOW, THEREFORE, in consideration of the mutual covenant contained, Acko General Insurance Limited, and I/We agree as follows:

No: 22951 Date: 28/10/23 Rs. 100/-

Sandhya Mol P-C Thozheli

Sruthy.S

Stamp Vendor, Perumbavoor

(Auth)

Chelamattam.



First, I/We hereby consent to a full and final settlement of my claim No MTDCCR339402 in respect of my vehicle No. KL40H2366 under policy NoACCA00763133454/00, arising from an accident dated 14/07/2023 for a sum of Rs.41000/- (Rupees Forty-One Thousand Thirty-Nine only) to be paid to me/ us by Acko General Insurance Limited on a Total loss basis.

Second, I hereby consent to hand over the damaged vehicle to the salvage buyer recommended by the surveyor after receiving the payment of wreck value from the buyer. I/We fully understand that the full and final settlement as mentioned herein is arrived after having taken the value of salvage into account.

Third, I/We hereby consent and understand that the said policy bearing NoACCA00763133454/00, shall be canceled by Acko General Insurance Limited. with effect from the date of the accident mentioned herein.

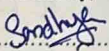
Fourth, I/We hereby authorize that the payment shall be made and released in favor of I /we / Financier as applicable (insert financier's name) Sandhyamol P C

Fifth, I/We hereby consent that upon final payment of consideration set forth herein, I/We, agree to release Acko General Insurance Limited. from all claims, demands, and liabilities arising out of or related to the said policy.

I/We warrant that I/We have read the consent letter, that I/We have had adequate opportunity for review and consultation, and I fully understand the contents hereof.

Thanking you,

Yours sincerely,

()
Sandhyamol P C (.....)

Insured's Signature

Insured 's Name & Address


SANDHYAMOL PC

THOZHELY (H),

CHELAMATTOM,

OKKAL PO,

683550


Witness Signature

Witness' Name & Address

HEMA MADANAN

AMRITHASREE (H),

CHANDRATHARA APARTMENTS,

IRUMPANAM P.O,

682309