

Discharge of Liability

I/We having taken the delivery of my vehicle No. _____ from
M/s _____ after satisfactory repair with replacement
of as allowed by the insurer which was damaged by Vehicle No. _____ belonging
to Mr./Mrs. _____ on _____ and
insured with RICBL vide policy No _____.

With the signing of this letter, I/we hereby discharge
Mr./Mrs _____ and insurer, RICBL from any
liability out of the said accident.

Signed on ____ / ____ /20 ____ at _____

Signature of Third Party Vehicle Owner.

Name _____

Address: _____

CID No. _____

Witnessed by:

Signature of
Witness _____

Name _____

Address _____

Mobile No.: _____

CID No.: _____

(Attach CID/Driving License/Voter
Card Copy of witness)