Thanachart Insurance Public Company Limited
999/1 The Nine Tower, Rama 9 Road,
Suanluang,
Suanluang, Bangkok 10250 THAILAND
Tel: 0-2308-9300 Fax: 0-2308-9333
www.thanachartinsurance.co.th
Taxpayer ID No. 0107555000473

Compromise Agreement

(Between the Party and the Company)

Issued at .....
Date .....

Due to the accident of motor vehicle Brand …… Registration No. ……..
on …….. at around …….. hours, the car has been insured with Thanachart Insurance Public Company Limited. At the time of accident, the car was driven by Mr./Mrs./Miss …….....,
causing ……..…
The incidence occurred at ……in the locality of ……

For release of responsibiltiy under the aforesaid policy, Thanachart Insurance Public Company Limited agrees to reimburse damage to .....
in total amount of ……. Baht (……).
Cheque payment at the Company is scheduled on.....

I .....
residing at Address No. ....., Lane/Alley....., Road.....,Village No.....
Sub-district....., District.....Province .....
Tel. ....., hereby, agree to be reimbursed for the aforesaid damage in total amount of
.....
.....
from Thanachart Insurance Public Company Limited, and promise that after receiving the said amount of money from the Company, I shall no longer have the right to make any other claim out of the aforesaid accident in any case whatsoever from Thanachart Insurance Public Company Limited, and/or the insured under Insurance Policy No. .....
and/or Mr./Mrs./Miss ....., the driver.

IN WITNESS WHEREOF, all parties have agreed to affix their signatures in the presence of witness.

I have already recevied money in the amount of .....Baht
as Cheque No.....
since .....

Signature:.....Payee

Signature: ……. Victim

Signature:……. Promisor

Signature:……..……..... Company's Representative

Signature:……. Witness

L-01-008-2