I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on the date of \_\_/\_\_/\_\_ paid a sum of $\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the owner and insured driver of a **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, VIN # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** to cover the costs associated with a minor (type) \_\_\_\_\_\_\_\_\_\_\_\_\_ collision that took place on \_\_/\_\_/\_\_ at \_\_\_\_\_\_AM/PM located at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Police report **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**was filed on \_\_/\_\_/\_\_ with Officer \_\_\_\_\_\_\_\_\_\_\_ Badge # \_\_\_\_\_\_\_ which documented the minor collision.

All costs associated with the repair of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ vehicle have been paid in full on this day dated \_\_/\_\_/\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ accept no further cost incursions outside of what has been documented and paid as per this receipt, as a result of the minor incident that took place on \_\_/\_\_/\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agrees and acknowledges through signing this receipt that the full damages to the **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** addressed above and his **health and well-being** have been fully compensated and no further monetary compensation is required.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licence number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Licence number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_