
PRIVATE SETTLEMENT AGREEMENT & RELEASE OF LIABILITY

IMPORTANT DISCLAIMER

This agreement constitutes a private settlement between the individuals signing below.

Date of Incident: _____

Location of Incident: _____

Parties

Paying Driver:

Name: _____

Address: _____

Phone: _____

Vehicle (Year/Make/Model): _____

VIN (if known): _____

Other Driver:

Name: _____

Address: _____

Phone: _____

Vehicle (Year/Make/Model): _____

VIN (if known): _____

1. Purpose of Agreement

This Agreement is made between the above-named parties regarding a motor vehicle incident that occurred on the date and at the location listed above.

The parties agree to resolve this matter privately and without filing a claim through their respective insurance companies.

2. Payment for Property Damage

The Paying Driver agrees to pay for the repair of damage to the Other Driver's vehicle in the total amount of \$_____, payable directly to:

- The repair facility: _____
- The Other Driver

Payment shall be made on or before: _____.

3. Release of Liability

Upon receipt of the full payment described above, the Other Driver agrees to release and forever discharge the Paying Driver from any and all claims, demands, damages, actions, or causes of action arising out of or related to this motor vehicle incident.

This release includes, but is not limited to:

- Property damage
- Bodily injury (whether known or unknown at this time)
- Loss of use
- Diminished value
- Any additional claims arising from the incident

The Other Driver acknowledges that no injuries were reported at the time of the incident.

4. No Admission of Additional Liability

This Agreement represents a compromise and settlement of disputed claims and shall not be construed as an admission of liability beyond the payment described above.

5. Entire Agreement

This document contains the entire agreement between the parties concerning this matter. No other promises or agreements are valid unless made in writing and signed by both parties.

6. Voluntary Agreement

Each party acknowledges that they:

- Have read and understand this Agreement
 - Are signing voluntarily
 - Have had the opportunity to seek independent legal advice
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Other Driver Signature:

Signature: _____

Printed Name: _____

Date: _____

Paying Driver Signature:

Signature: _____

Printed Name: _____

Date: _____

* Sage Insurance Group is not a party to this agreement and assumes no responsibility for its content, enforceability, or legal effect.