

CLAIM SETTLEMENT N°**ASSURED :****POLICY N° :****PRODUCER : ALLEN INSURANCE****PRODUCER'S REF. :****DATE OF LOSS : 18/07/01****MEANS OF TRANSPORT :****CLAIM FILE N° :****BENEFICIARY:****Breakdown of payment :**

	Claim amount	Deductible	Net Amount	Intermediary
PA SETTLEMENT	282,00	0,00	282,00	

TOTAL OF PAYMENT : 282,00 US DOLLAR

The undersigned recognizes to have received the sum above as a full and final settlement of the afore captioned claims : by accepting this settlement, the undersigned formerly gives up any rights or any future claims as the consequence of this claim and to subrogate the insurers in all its rights of recourse.

Including the Claim settlement,

Done

, on

Signature and trading stamp