



**ACCEPTANCE OF LIABILITY**  
**(Letter requesting payment)**

I accept my liability for the  damage  
caused to  on  (day/month/year).

I request that the claimant(s) be compensated for the damage I caused, based on the liability risk of my prevailing household insurance policy  
with  insurance company.

Policy ID:

Dated:  ,

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Signature of person causing damage (Insured/Policyholder)