

# Damage Waiver Acknowledgement

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

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to acknowledge the damage waiver associated with your recent accident that occurred on [Date of Accident]. This waiver outlines the terms and conditions regarding the financial responsibilities for damages incurred.

By signing this document, you confirm that you understand and accept the terms of the damage waiver, which includes the following:

- You will be responsible for any costs that exceed the coverage limit outlined in your agreement.
- In the event of damages, all necessary repairs will be conducted by authorized personnel.
- You agree to notify us promptly regarding any incidents that may result in damage.

Please sign below to acknowledge your acceptance of the damage waiver terms:

\_\_\_\_\_  
[Recipient's Name]

[Date]

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]