



THE ORIENTAL INSURANCE CO. LTD.

REGD. OFFICE: ORIENTAL HOUSE, P.B. NO. 7037, A-28/27, ASAF ALI ROAD, NEW DELHI - 110002

B.O. Address: Branch Office No. II, Jewel Arcade Layam Road, Kochi - 682 011

Phone: 0484 - 2370837, 2381678

DISCHARGE VOUCHER

Deptt : _____

Claim No : _____

Ref No.: _____

Policy No.: _____

Date : _____

In consideration of approval of my / our claim, I / we hereby accept from the Oriental Insurance Company Limited the sum of Rs.....(Rupees.....
.....only) (approved net claim amount) in **full and final settlement** of my / our claim for the loss of.....(property) which occurred on.....(date of loss) covered under policy No.....for the period from.....to.....

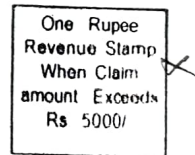
Motor Deptt : Vehicle No.....Make :

Fire / Misc. Deptt : Details of Property :

Marine : AWB / RR / BL / No & Date.....Vessel.....

I / We hereby voluntarily give discharge receipt to the company in **full & final settlement** of all my / our claims present or future arising directly / indirectly in respect of the said loss / accident. I / We hereby also subrogate all my / our rights and remedies to the Company in respect of the above loss / damages.

Rs. :



Counter Signature of the Financier
(in case of total loss) with Rubber Stamp

Signature of claimant/ :
Insured

Full Name : _____

Address : _____

Tel No. : _____

Bank Name & Branch : _____

Address : _____

Account No. : _____

Witness

Signature : _____

Full Name : _____

Address : _____

Tel. No.: _____

(In case of illiterate, Bank Manager to verify)
thump impression