

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

| |
|-------------------|
| Issuing Office |
|-------------------|



The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Received _____ Day of _____ 200 _____
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. _____
(In words Rupees _____)
in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. _____ insured under Policy No. _____ of
the said company and accident which occurred on or about _____ I/We give
the discharge receipt to the Company in full and final settlement of all my/our claims
present of future arising directly/indirectly in respect of the said accident.

Rs. _____

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| One Rupee Revenue Stamp When Amount Exceeds Rs. 5000/- |
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Witness

Name

Signature

Address

Signature *Asaf*

Occupation

Address

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Bank Account Number

Name of the Bank