



Claims Service Centre, 601-605 TOWN CENTER 1 , ANDHERI KURAL ROAD, MAROL , ANDHERI EAST , MUMBAI 400059

+91 022 2859 0225 ; WWW.ORIENTALINSURANCE.CO.IN CIN – U66010DL1947GOI007158

DEPTT	MISCE	CLAIM NO	130012/48/2025/00030667
DATE	11-09-2025	POLICY NO	132100/48/2025/1393

In consideration of approval of my claim I hereby accept from the Oriental Insurance company limited the sum of **50000 INR** in full and final settlement of my claim for the loss which occurred on **132100/48/2025/1393** covered under the policy no **132100/48/2025/1393** for the period starting from **132100/48/2025/1393** covering employees of **UTI MUTUTAL FUND**

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

SIGNATURE OF LEGAL HEIR/PARENTS

One Rupee Revenue Stamp
when amount exceeds Rs.5000/-

Counter signature of Legal heirs of the insure person (in case of claim being paid to corporate).

AKHILESH CHANDRA		
	BANK NAME	
	Account No	
	IFSC CODE	
Signature		
Full Name		
Address		
Tel No		