



SATISFACTION/DISCHARGE VOUCHER

Claim No.....

I/We.....
.....hereby certify that the repairs to my/our
.....vehicle have been carried out to
my/our entire satisfaction and I/We agree that the discharge of the accounts
of M/s.....for
Rs..... by the Generali Central
Insurance Company Limited, shall be in full discharge of all claims under
Motor Policy..... in respect of damage to my/our
above said vehicle, as a result of an accident which occurred on or about
the.....day of20

Place:

Date:.....

Revenue
Stamp

Signature of Insured.



Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | (IRDAI Regn. No.: 132) (CIN: U66030MH2006PLC165287) | Regd. and Corp. Office: Unit No. 801 and 802, 8th Floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083 | Fax: 022-4097 6900 | Email: gcicare@generalicentral.com | Website: www.generalicentralinsurance.com | Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800 | Trade Logo displayed above belongs to M/S Assicurazioni Generali - Societa Per Azioni and used by Generali Central Insurance Company Limited under license.