Claim Ref.	Claim Ref. No. 196,806	Payment Voucher No. 922	oucher l	No. 922	P_{age} Page 1 of 1
Agency:	Agency: UNICORN INSURANCE BROKERS LIMITED	OKERS LIMITED	Date: 2	Date: 26-Jan-2024	
Payee: Address: Pay Locatio	Payee: PRABAR CHAKRABARTI Address: C/O UNICORN INSURANCE BROKERS LTD Pay Location: Head Office	BROKERS LTD	Bank: F Cheque N	Bank: FINA BANK Cheque No.: 085313	
PIN No.: N	PIN NO.: N/A VAT NO.: N/A		Inv. No.:	Inv. No.: N/A Inv. Date: 04-01-2024	1-01-2024
Being settler INSURED U	Being settlement of: MEDICAL BILLS UNDER MEDICAL CLAIM NO. CL/MED/23/3106/23 INSURED UNICORN INS BROKERS	ER MEDICAL CLAIM NO. CL	MED/23/31(06/23	Net Amount KShs.
Kshs. (in words)		EIGHTEEN THOUSAND TWENTY and Cents ZERO Only			18,020.00
Prepared b	Prepared by: JANE WAKONYO	Signature		Checked By:	Checked By:
	ACCOUNT HEAD	HEAD		Debit	Credit
DIRECT L(DIRECT LOSS PAID-MEDICAL			18,020.00	
	CASH & BANK FINA BANK: 011-101 3475	011-101 3475			18,020.00
Cheque drawn by:	awn by:	Cheque signed by:		Cheque signed by:	d by: