



UNITED INDIA INSURANCE

UNITED INDIA INSURANCE CO. LTD.

Regd. & Head Office :24, Whites Road, Chennai - 600 014

Website : <http://www.uiic.co.in>

SATISFACTION CUM DISCHARGE VOUCHER

POLICY NO. :
VEHICLE NO. :
MAKE :
DATE OF ACCIDENT :

My/Our Motor Car No. _____ Which has been repaired by _____ on _____
to my/our satisfaction, and we admit that the payment of Rs _____ on
account of such repairs by UNITED INDIA INSURANCE CO LTD in full discharge of my/our claim upon the
said company under policy no. _____
in respect of the damaged caused to the said Motor Car in an accident that occurred thereto on or
about _____ at _____

PLACE :
DATE :

Signature of the Insured

.....
I/We hereby acknowledge having received from M/S United India Insurance Company Limited a sum of
Rs. _____

PLACE :
DATE :

Signature of the dealer/workshop