



PRIORITY[®]
INSURANCE
CO. LTD.

DISCHARGE VOUCHER

CLAIM NO.: PR/CL/MOT/32210/2021

POLICY NO.: PR/KSR/MC/20/21785

In consideration of the sum of **GHC 850.00** be paid to me by you, I **CHARLOTTE SERWAA/CHRISTIAN KWABENA ACHEAMPONG** hereby accept such sum in full satisfaction, liquidation and discharge of all claims under the above claim number in respect of the accident which occurred on or about **16TH FEBRUARY, 2021** in respect of vehicle with registration number **AS 9421-18**.

We hereby acknowledge that we have not been induced to sign this discharge by any representation made to me by **PRIORITY INSURANCE COMPANY LIMITED** or its Agents and We will not be entitled to a cancellation of this settlement on any grounds whatsoever. This payment is made and accepted without admission of liability.

Dated at this day of 2022.

NAME AND ADDRESS: -----

SIGNATURE: -----DATE: -----

PLEASE AFFIX
A POSTAGE
STAMP HERE

WITNESS

NAME AND ADDRESS: -----

SIGNATURE: -----DATE-----