



The New India Assurance Company Limited
Large Corporate & Brokers Office (950000)
2nd Floor, 4, Mangoe lane, Kolkata-700 001.
Phone : 10331 2248-3088, 2248-0446, 2248-0448

DISCHARGE VOUCHER

Dept: MISC

Claim No.:

Policy No.:

Insured :

Date of Loss :

In consideration of approval of our claim we hereby accept from The New India Insurance Company Limited the sum of Rs. (Rupees only) (approved Net Claim amount) towards full and final settlement of Total / Partial claims in respect of Gadget IMEI No.....

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

Rs.

One ought to receive stamp when claim are
Exceeds Rs. 5000/-

Signature of Beneficiary :

Full name :

Address :

Tel.No. :

Bank Name & Branch

Address :

Account No.

IFSC CODE

Witness :

Signature :

Full Name :

Address :

Tel. No. :

To be filled by Policy Holder when the claim amount is received by Policy Holder

We hereby acknowledge the receipt of INR _____ (Rupees _____) against the claim number _____

Signature of Policy Holder with seal :