

## SATISFACTION / DISCHARGE VOUCHER

Claim No:	
I/We here	by certify that the repairs
to my/ourvehicle have be	en carried out to my/ou
entire satisfaction and I/We agree that the discha	rge of the accounts o
M/s	for
Rs( <b>Rs</b>	<b>Only</b> ) by
the Future Generali India Insurance Company Limited	shall be in full discharge
of my claim under Motor Policy	in respect of damage to
my/our above said vehicle, as a result of an accider	nt which occurred on the
date	
Place: Baroda	_
	Revenue Stamp
Date:	Stamp

Signature of Insured.