



THE ORIENTAL INSURANCE COMPANY LIMITED

CBO-III VADODARA 171102

Regd. Office: Oriental House, P.B. No.7037, A-25/25, Asaf Ali Road, New Delhi- 110 002

DISCHARGE VOUCHER (To be taken in duplicate)

Deptt: _____

Ref No. _____

Claim No. _____

Policy No. _____

Date _____

In connection of approval of my/our claim I/we hereby accept from the Oriental Insurance Co. Ltd. the sum of Rs. Rupees only (approved net claim amount) in **full & final settlement** of my/our claim for the loss of (property) which occurred on (date of Loss) covered under Policy No. for the period from to

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

Rs.

ALL THE FIELDS ARE MANDATORY

One Rupee
Revenue
Stamp for
amount ex-
ceeding
Rs.5000/-

Counter signature of the Financer
(in case of total loss) with Rubber stamp

Signature of claimant/Insured:
Full Name :

Witness:

Address :

Signature :

Tel. No's :

Full Name :

Bank Account No.

Address :

Bank Account Type (Savings/Current/CC etc.):

Tel. No. :

Bank Name & Branch

Address :

(In case of illiterate, Bank Manager to verify thumb impression)

Name in Bank Account:

BANK NEFT CODE:

Bank MICR Code:

Your mail ID :

(for intimation of transfer of funds in your account)

1. In view of the revised guidelines of Ministry of Finance, we shall make Claim Payments **ONLY** by way of direct transfer to your abovesaid bank account and shall not be responsible for any wrong payment made due to mistake in particulars submitted by you.
2. Kindly attach your cancelled cheque leaf bearing Bank IFSC/NEFT Code, your complete bank account no. & your name in the bank)