

## Discharge Voucher

Claim Reference No.:

Policy No.: \_\_\_\_\_ (The policy")

Claimant: Bank       Cardholder

If Claimant is Bank:

Name and Branch of the bank: \_\_\_\_\_

If claimant is Cardholder:

Name of the Cardholder: \_\_\_\_\_

The claimant \_\_\_\_\_ seeks indemnification of INR \_\_\_\_\_ ("the claim") under the policy for the loss arising out of \_\_\_\_\_. Insurer has agreed to settle an amount of INR \_\_\_\_\_ towards full and final settlement of the claim. I/We, the claimant(s) herein acknowledge and declare the receipt of Rs. \_\_\_\_\_ the amount due and payable under the above mentioned claim reference no. towards the full and final settlement of the claim herein.

I/We, hereby declare that the Insurer i.e. HDFC ERGO General insurance Company Ltd. is discharged of all its liabilities that have arisen or may arise directly or indirectly from or in relation to the aforementioned claim under the said policy.

In the event cardholder is the claimant:

Signature of the Cardholder: \_\_\_\_\_

In the event Bank is the Claimant:

Authorized Signatory with Name & stamp:

\_\_\_\_\_

Place:

Date: