

**PRADHAN MANTRI SURAKSHA BIMA YOJANA
DISCHARGE VOUCHER**

Claim No. :(to be filled by Bank)

Policy No.:

Name of Bank / branch:

Name of Insured:

Suvarnayug Sahakari Bank Ltd

Bank Account No. of Insured:

In Consideration of approval of my claim referred above, I/We hereby accept from *(name of the Insurance Company)* the sum of Rs. *(approved net Claim amount)* **in full and final settlement** of my/our claim arising out ofwhich occurred on *(date of loss)* covered under Policy No. Valid for the period from.....to.....

I/We hereby voluntarily give discharge receipt to the Company **in full and final settlement** of all my/our claims present or 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.

One Rupee Rev.Stamp

Signature of the Nominee /Insured.

Full Name:

Address:

Account No of Nominee:

Witness

Full Name

Address

Counter Signature of Authorised Official of the Bank

Suvarnayug Sahakari Bank Ltd
Reg.Office 1102/10/11, Marne Height
Budhwar Peth, Pune 411 002.