



SATISFACTION VOUCHER

Insured Name	
Policy Number	
Claim Number	
Vehicle Registration Number/ Engine number / Chassis Number	
Date Of Loss	
Voucher Date	
Payee Type	
Payee Name	
Payment Mode	
Financer Name	

After inspecting my vehicle repaired at M/s. _____

I/we hereby confirm that the damages claimed by me/us under the above mentioned claim have been repaired to my/our utmost satisfaction. I/we request you to kindly pay the claim amount of Rs. _____ (Rupees _____) directly to them. I/we have paid the amount of Rs. _____ (_____) towards depreciation and/or extra work done on my/our vehicle.

Settlement of this claim shall be constituted as complete Full & Final discharge of liability of the Company under the policy & I/we shall have no further claim arising out of the same incident.

Insured's counter signature

Repairer's stamp & signature