

CONSENT / SATISFACTION CUM DISCHARGE VOUCHER

Received from **UNIVERSAL SOMPO GENERAL INSURANCE COMPANY LIMITED** the sum of Rs _____ (Rupees _____) in full and final payment of our Bill No: _____ dated ___/___/_____ towards repairs done to the Vehicle No: _____ belonging to the here under countersigned whose Satisfaction Voucher towards satisfactory repairs of vehicle duly signed is also appended.

Rs _____

**Re 1/-
Stamp or
Franking for
Claims over
Rs.500/-**

Insured's Counter Signature

Repairer's Stamp & Signature

I/We hereby acknowledge having received from the garage M/s _____ my/our Insured Vehicle no: _____, which has been repaired to my/our full satisfaction, and I/we admit that the payment of Rs _____ (Rupees _____) made by **UNIVERSAL SOMPO GENERAL INSURANCE COMPANY LIMITED** for such repairs is in full discharge of my/our claim upon the said Company under its Policy No: _____ in respect of the damage caused to the said Insured Vehicle in an accident that occurred on the _____ day of _____ 20____

Date : _____

Signature of the Insured

Place : _____