

## SATISFACTION/DISCHARGE VOUCHER

**Claim No.**.....

I/We.....  
.....hereby certify that the repairs to my/our  
.....vehicle have been carried out to  
my/our entire satisfaction and I/We agree that the discharge of the accounts  
of M/s.....for  
Rs..... by the Generali Central  
Insurance Company Limited, shall be in full discharge of all claims under  
Motor Policy..... in respect of damage to my/our  
above said vehicle, as a result of an accident which occurred on or about  
the.....day of .....20 .....

Place: .....

Date:.....

Revenue  
Stamp

Signature of Insured.