



<b>CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED</b> Registered and Head Office: Dare House, 2nd Floor, No.2, N.S.C. Bose Road, Chennai-600 001 Tel: 91-44-3044-5400 Fax: 91-44-4044 5550 Toll Free: 1800 208 55 44 Cholainsurance.com Email: customercare@cholams.murugappa.com (IRDA Regn. No. 123) CIN: U66030TN2001PLC047977	
<b>Discharge Voucher ( This receipt duly stamped and signed )</b>	
Received a sum of Rs. _____ towards full and final settlement of the claim no _____. The liability has been explained to me.	
Rs..... Witness.....	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p style="text-align: center;">Affix Rs.1/- Revenue Stamp</p>
<b>Signature of Insured (with Seal if it is corporate/company name)</b>	

For assistance Pls Call us at our Toll Free No: 1800 208 55 44

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<b>Satisfaction Voucher ( This receipt duly stamped and signed )</b>	
I/We hereby confirm that Vehicle Registration No. _____ has been repaired to my/our satisfaction and hereby fully discharge CHOLA MS GIC Ltd., from all liabilities under this claim. I/We also agree to pay my/our share of loss, if any, directly to the repairer where cashless has been availed.	
Rs..... Witness.....	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p style="text-align: center;">Affix Rs.1/- Revenue Stamp</p>
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