

**PRADHAN MANTRI SURAKSHA BIMA YOJANA  
DISCHARGE VOUCHER**

Claim No: *(to be filled by Bank)*

Policy No:

Name of Bank / branch:

Name of Insured:

Bank Account No. of Insured:

Date:

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 of . . . . . which 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

Bank Name & Branch:

Address: