



**IFFCO-TOKIO GENERAL INSURANCE CO. LTD**

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

**Date of Issue:**  
**Date of Receipt:**

**Discharge Voucher**

Received from IFFCO-TOKIO GENERAL INSURANCE CO. LTD., a sum of Rs .....  
in payment of Full & Final settlement of my/our below mentioned claim.

Policy No :  
Claim No. :

**Name of Insured :**

**Seal & Signature of Insured/Claimant :**

(Please affix Rs.1/- revenue stamp and put your seal & signatures on it)

**Date :** \_\_\_\_\_