



ANDHRA PRADESH MAHESH CO-OPERATIVE URBAN BANK LTD.

(MULTI-STATE SCHEDULED BANK)

Head Office: 8-2-680 / 1 & 2, Road No. 12, Banjara Hills, Hyderabad - 500 034 (T.S.)

Phones : 040 - 24615296, 24615299, 23437100 - 103 / 105 & 23431824 Fax: 040 - 24616427

Website : www.apmaheshbank.com ISO 9001 : 2015 Certified E-mail : info@apmaheshbank.com

**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 New India Assurance Company Ltd., 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 Branch

Bank Name & Branch:

Address: