

**PRADHAN MANTRI SURAKSHA BIMA YOJANA  
DISCHARGE VOUCHER**

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

Policy No.: 0901004215P999990037

Name of Bank / branch:  
Tamilnad Mercantile Bank Ltd.,

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

Tamilnad Mercantile Bank Ltd.,  
Regd. Office : 57, V.E.Road,  
Thoothukudi - 628 002.