

# Business Interruption Coverage Payout Discharge Voucher

## Policy & Insured Information

Policy Number:

Insured Name:

Business Address:

## Claim Details

Claim Reference No.:

Incident Date:

Loss Description:

Payout Amount (in figures):

Payout Amount (in words):

Payment Date:

## Declaration & Discharge

☐ I/We, the undersigned, hereby acknowledge receipt of the above payout amount in full and final settlement of my/our claim under the abovementioned policy for business interruption. I/We discharge the insurer from all further liability related to this claim.

☐ I/We confirm that all information provided is true and correct.

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Signature of Insured / Authorized Person

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

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For and on behalf of Insurance Company

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

*Note: This voucher must be completed and duly signed before payout may be processed.*