

# Claimant Discharge Statement

## Business Interruption Policy

### Policy & Claim Information

Policy Number

Claim Number

Insured Business Name

Date of Loss

### Details of Settlement

Settlement Amount

Settlement Terms / Notes

### Discharge Declaration

I, the undersigned, being duly authorized and representing the claimant/insured above, acknowledge receipt of the settlement stated and confirm that it is accepted as full and final settlement of any and all claims arising from the incident detailed under the referenced policy and claim numbers.

By signing below, I discharge the insurer from any further liability in respect of this claim.

Claimant/Authorized Representative

Full Name

Date

Witness

Full Name

Date

**Note:** This is a sample template for reference only. Please ensure all required information is completed and consult your policy and legal advisor before use.