

Claims Settlement Discharge Voucher

Business Interruption Loss

Claim Reference

Policy Number: _____

Claim Number: _____

Insured Name: _____

Loss Location: _____

Date of Loss: _____

Settlement Details

Gross Settlement Amount _____

Less: Policy Excess / Deductible _____

Less: Other Deductions _____

Net Amount Payable _____

Declaration

I/We hereby acknowledge receipt of the above payment in full and final settlement of my/our claim for Business Interruption Loss under the referenced policy and discharge the Insurer from all current and future liability in respect of this loss.

I/We confirm that there are no other outstanding claims, demands, or causes of action arising from this incident.

Insured's Signature & Stamp

Date

Authorized by Insurer

Date

This document is to be signed in the presence of, and witnessed by, an authorized representative of the insurer.