

# Discharge Voucher

## Business Interruption Claim

Insured Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Claim Number: \_\_\_\_\_

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

## Discharge Statement

I/We, the undersigned, hereby acknowledge receipt of the sum of \_\_\_\_\_ (Amount in words: \_\_\_\_\_) in full and final settlement of all claims arising from the business interruption loss under the above-mentioned policy.

I/We agree to release and discharge the insurer from all further claims and demands in respect of the said loss.

\_\_\_\_\_  
Authorized Signatory  
(Insured)

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

\_\_\_\_\_  
Authorized Signatory  
(For and on behalf of Insurer)

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

**Note:** Please review all information carefully before signing. This voucher is valid only upon signature and settlement of the claim amount stated above.