

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.