

ANNEXURE- 3

THE ORIENTAL INSURANCE CO. LTD

DIVISION NO. X, 15/16 SCINDIA HOUSE, K.G. MARG, NEW DELHI-110 001
TEL NO. 23357301,23310371, FAX- 23310829
(Regd. Office: Oriental House, P.B. No. 7037, A-25/27, Asif Ali Road, New Delhi-2)



CLAIM DISBURSEMENT VOUCHER

Received from The Oriental Insurance Co. Ltd a sum of Rs. _____
only (Rs. _____) towards full and final
settlement of Claim No. _____ under Policy No.
_____ arising out of accident on _____

1. _____

2. _____

3. _____

4. _____

(Signature/ L.T.I. of Insured Member/Nominee on a Revenue Stamp)

Signature/ L.T.I. Attested of Insured Member/Nominee

(Signature)

Name & Address of the Certifying Authority _____

(Affix official Stamp)