MOTOR /MISC. CLAIM DEPARTMENT

In respect of: fire claim

Which occurred on or about the

Form No: SPL - 9 (H)

THE NEW INDIA ASSURANCE CO.LTD.,
NON-SUIT CLAIM HUB - AURANGABAD(160002)
LIC BUILDING, PLOT NO: 3, N-5, CIDCO: AUURANGABAD:43100
PH NOS: 0240 - 2480715, 2482715

CLAIM SETTLEMENT VOUCHER Intimated Loss No: Date of Payment: Settle Loss No: 1604001123809000001 Disbursement No: Date: 08/66/2023 RECEIVED FROM THE NEW INDIA ASSURANCE COMPANY LIMITED THE SUM OF RS.: 19.777.030 L. (Nineteen Jakk Seventy Geven thousand of two hund, thirty rupees only) Which I/We agree to accept in full satisfaction and discharge of all Claims present or Future Under the Policy No: 16040011028000000187

day of

makendie C.C. hattycs

Affix (Revenue Stamp)

Shree Shyam Agro Industries

Migniture of the Claiman

And Insured)

Proprietor

Name: Mahandra P. Yeuhalita Cell No: 8830013739



Rs:



"OO5725" 4450160021: 001983" 30