

**THE ORIENTAL INSURANCE CO. LTD.**

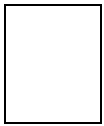
**DIVISION NO. X, 15/16 SCINDIA HOUSE, K.G. MARG, NEW DELHI-110001**

**Tel. No. : 23357301, 23310371, Fax : 23310829**

**(Regd. Office : Oriental House, P.B. No. 7037, a-25/27, Asaf Ali Road, New Delhi-110002)**

CLAIM DISBURSEMENT FORM

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  
\_\_\_\_\_



(Signature / L.T.I. 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) \_\_\_\_\_

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