



**Universal Accident Insurance & Social Benefit Scheme**

**DISCHARGE LOSS VOUCHER**

The company does not admit the liability by issuance of this form.

**Beneficiary/Claimant Information**

- 1. Name \_\_\_\_\_
- 2. Father's Name / Spouse Name \_\_\_\_\_
- 3. CNIC # 

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- 4. Contact details Landline # \_\_\_\_\_ Cell# \_\_\_\_\_  
Email (if any) \_\_\_\_\_
- 5. Relationship with deceased \_\_\_\_\_
- 6. Postal Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All information provided is true and correct to the best of my knowledge. In case of any forgery of documents or material misrepresentation, my claim be forfeiture.

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

Beneficiary Signature \_\_\_\_\_

**Bank Account Information**

- Name of Bank \_\_\_\_\_
- Branch Name \_\_\_\_\_
- Account No. \_\_\_\_\_
- Verified by the Bank \_\_\_\_\_  
*(Signed & stamped)*