

IN MEMORY OF SHAHEED MOHTARMA BENAZIR BHUTTO



HEAD OFFICE

1ST FLOOR, IMPERIAL COURT, DR. ZIA UDDIN AHMED ROAD Karachi, Pakistan

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www.sindhinsurancecld.com

SATISFACTION NOTE

Claim No. _____

Date _____

I/We hereby acknowledge having received from Messers _____

_____ the repairs of my/our Motor _____ No. _____ repaired

and in complete running order to my/our entire satisfaction and in consideration of their setting the repairs bill No.

_____ for Rs. _____. I/We hereby give this discharge to **SINDH INSURANCE LIMITED** under their

Policy No. _____ in full settlement of all claims present or future arising directly or

indirectly out of the accident which occurred to my/our aforesaid Motor _____ on the _____ day

of _____ 201

Insured's Signature _____

Address _____

N.B. This form must be signed only by the Insured.
