



Claim No:

FIJICARE INSURANCE DISCHARGE VOUCHER

I, (Mr. /Ms.....) have taken delivery of motor vehicle .Registration No And hereby certify that the whole of the repairs and replacements for which I/we have claimed have been carried out to my/our entire satisfaction by

I/We hereby authorize and direct **FIJICARE INSURANCE LIMITED** to pay the accounts for such payments and will discharge **FIJICARE INSURANCE LIMITED** from all liability in connection with my/ our claim for damage to such motor vehicle arising out of accident which occurred on:

..... (date) (month)(year)

Signature Insured:

Witness: **Date:**

N.B. No account recognized unless accompanied by this discharge voucher.