

CLAIM NO:	Date:
LOSS VOUCHER	
Received this Dated from	Alfalah Insurance Company Limited(Window Takafu
Operations) without prejudice to liability	the sum of Rs
) which I / We hereby agree to accept a	as full and final payment and discharge of our claim under
policy Noin	respect of Fire claim due to damage to
which occurred on the day of,	
For & on behalf of	
Signature:	_
Name:	_
Designation:	