



CCN NO.

**East West Assist Pvt. Ltd.**  
97 Manekshaw Road , Sainik Farms, New Delhi-62  
Ph: 011-29554348, 49, Fax No: 011- 29554130 Toll Free: 1600111146  
E-mail:assistance@eastwestassist.com

**Claim Payment cum Discharge Voucher**

<b>CCN NO. :</b>		<b>Policy No:</b>	
<b>Insurance Company: Oriental Insurance Co Ltd. / The National Insurance Company Ltd.</b>			
<b>Period of Insurance :</b>		<b>to</b>	
<b>Name of Insured / Corp. :</b>			
<b>Name of Patient :</b>			

<b>Sum Insured</b>	<b>Rs</b>	
Previous Claim (if any)	<b>Rs</b>	
Total Claim submitted	<b>Rs</b>	
Deductions	<b>Rs</b>	
<b>Total Claim Settled</b>	<b>Rs</b>	
<b>Note: - Total Claim Settled = (Total Claim Submitted – Deductions)</b>		
<b>EWA Paid</b>	<b>Rs</b>	
<b>Member Paid</b>	<b>Rs</b>	
<b>Balance Sum Insured as on</b>		
	<b>Rs</b>	

Received from East West Assist Pvt Ltd. Ltd.  
Rupees :

Note:  
Kindly get the original discharge voucher signed by the **patient / insured** and send it back to us so that we can issue the cheque of the same.

In full and final settlement of My/Our claim as detailed herein above.

<b>Rs.</b>	
<b>Bank:</b>	
<b>Date:</b>	
<b>Place:</b>	

**Cheque No:**

Signature of the Claimant/Insured

**Deductions: -**