Head Office:
8th Floor, State Life Building # 2, Wallace Road, Off I. I. Chundrigar Road, P. O. Box 500,
Karachi, Pakistan. UAN: 111-845-111 Fax: (92-21) 2463117
www.ublinsurers.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 settling the repairs bill No. _____ for Rs. _____. I/We hereby give this discharge to **UBL Insurers 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 _____ 200 .

Insured's Signature _____

Address _____

_____

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