

FORM II

[Clause 20 (i)]

ANNEXURE - SANCTION ORDER NO.

Dated:.....

Discharge Receipt

Received with thanks fromInsurance Co. Ltd. sum of Rs.....being the compensation under hit and run provisions of the Motor Vehicles Act in full and final settlement of my claim for the accident occurred to me/to the deceased person.....(name of deceased) on.....(date of accident) at.....(name of place).

**Signature on revenue stamp
by beneficiary/victim**

WITNESS: