

## SATISFACTION NOTE

**United India Insurance Co. Ltd.**

Service Hub, Delhi Regional Office-2

Dear Sir,

**Policy No.** \_\_\_\_\_

**Claim No.** \_\_\_\_\_

The repairs to my/our Vehicle No. \_\_\_\_\_ have been completed to my/our entire satisfaction by (Dealer/Repairer Name) \_\_\_\_\_ & we agree that the payment to them of Repair Bill No. \_\_\_\_\_ Dt. \_\_\_\_\_ for Rupees \_\_\_\_\_ by you will discharge in full your liability under the above policy in respect of the accident which occurred on or about the \_\_\_ day of \_\_\_\_\_ 2016

**Place  
Dated**

**Yours faithfully**

**Signature of Insured**

**Name** \_\_\_\_\_

We agree that the payment of the above mentioned bill to us will settle our account in full in respect of repairs carried out to the above vehicle in the said accident.

We hereby undertake to keep the salvage in safe custody pending your advice regarding disposal thereof.

**Place**

**Date**

**WINDSHIELD CAR GLASS  
Signature & Seal/Stamp of Repairer  
Please affix a Revenue Stamp**