STATE INSURANCE
COMPANY LIMITED

Live in a better State of mind
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PROPERTY CLAIM PAYMENT
RECORD

INSURED: _____

POLICY NO: _____   POLICY PERIOD: _____

DATE OF LOSS: _____   CLAIM NO: _____

NATURE OF LOSS: _____   _____

DATE OF PAYMENT	CHEQUE NUMBER	AMOUNT		NATURE OF PAYMENT	TO WHOM PAID	INITIALS

NOTES