

No-Claim Certificate under Indemnity Liability

To Whomsoever It May Concern

This is to certify that I/We, **[Name of Claimant/Insured]**, holder of policy number **[Policy Number]** issued by **[Insurance Company Name]**, do hereby state and confirm that I/We have not made, nor intend to make, any claim or demand whatsoever with respect to the indemnity liability covered under the above-mentioned policy, for the period commencing from **[Start Date]** to **[End Date]**.

I/We further declare that neither I/we nor anyone acting on my/our behalf have received any compensation, settlement, or indemnity payment relating to any incident, accident, or loss that would have been covered under the terms of the said policy for the above period.

This certificate is issued at the specific request of **[Recipient/Entity]** for whatever purpose it may serve and without any risk, responsibility, or liability on the part of **[Insurance Company Name]** or its representatives.

Place: [Place]

Date: [Date]

Authorized Signatory
(Insurance Company)

Signature of Insured
(Name and Seal)

Important Notes:

- No-Claim Certificates are legal declarations and any false information can attract penalties.
- Always ensure all details—such as name, policy number, and dates—are correct and match policy records.
- This document may be required for policy renewal, claim settlement, or transfer of rights.
- The certificate does not absolve parties from future undisclosed claims or fraud detection by the insurer.
- Consult with your insurance provider or legal counsel before issuing or accepting such certificates.