

# Vehicle No-Claim Liability Certificate

[Insurance Company Name]  
[Registered Office Address]

Certificate No.	[Certificate Number]
Date of Issue	[DD/MM/YYYY]
Policy Number	[Insurance Policy Number]
Insured Name	[Full Name of Policyholder]
Address	[Policyholder Address]
Vehicle Registration Number	[Vehicle No]
Vehicle Make/Model	[Make & Model]
Period of Insurance	[Start Date] to [End Date]

This is to certify that during the above-mentioned period of insurance, no claim has been made or is pending against the insurance policy stated above with regard to the insured vehicle. The insured has not been found liable for any accident, damage, or loss covered under the terms of the policy within the stated policy period.

This certificate is issued at the request of the insured and is based on the records available with us as of the date of issue.

Authorized Signatory  
[Name & Designation]  
[Insurance Company Name]

## Important Notes:

- This certificate is issued solely for the purpose of confirming no-claim status and should not be considered as a policy document.
- Any false declaration or concealment of information may lead to cancellation of this certificate.
- No Claim Liability Certificate is valid as of the date of issue only and does not guarantee future claim-free status.
- This document may be required while transferring or renewing vehicle insurance.
- Please verify all particulars carefully. Contact the issuing company in case of discrepancies.