

ABC Corporation Pvt. Ltd.

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No Claim Certificate for Group Insurance Policy

Policy Holder Name: ABC Corporation Pvt. Ltd.

Group Insurance Policy No.: GI/2023/987654

Insurance Period: 01-Apr-2023 to 31-Mar-2024

Insurer Name: XYZ Insurance Company Ltd.

This is to certify that during the above-mentioned policy period, no claim has been made or lodged by any of the covered employees or their dependents under the group insurance policy referenced herein.

The Company further affirms that all terms and conditions of the policy have been adhered to during the policy tenure, and there are no known circumstances which might result in any future claim under the said policy period.

Authorized Signatory

Name: _____

Designation: _____

Date: ____ / ____ / ____

Company Seal

Important Notes:

- The No Claim Certificate is issued based on information available up to the certificate issuance date.
- This document is typically required for policy renewal, migrations, or shifting of insurance providers.
- Any omission or suppression of facts may render the certificate invalid.
- This certificate must be signed and stamped by an authorized official of the company.
- Subject to verification by the insurance provider as per their policy terms.