

No Claim Certificate

For Health Insurance Settlement

Certificate No. : [Enter Certificate Number]
Date : [DD/MM/YYYY]
Policy Holder Name : [Full Name]
Policy Number : [Policy Number]
Insured Person : [Insured Person's Name]
Period of Insurance : [From DD/MM/YYYY to DD/MM/YYYY]
Insurance Company : [Name of Insurance Company]

This is to certify that during the above mentioned policy period, no claim has been made by the policyholder or any of the insured members under the referenced health insurance policy. To the best of our knowledge and records maintained, the policy remains claim-free for the given period.

This certificate is issued on the request of the policyholder and does not confer any right, title, or interest to any third party. It is intended for the purpose of health insurance settlement or as specified by the applicant.

Authorized Signatory

[Seal / Stamp]

Important Notes:

- This certificate is valid only for the policy period mentioned above.
- Any claims made after issuance of this certificate are not covered under this document.
- Misuse or misrepresentation of this certificate can lead to legal action.
- Always verify certificate details with the issuing insurance company for authenticity.
- This certificate may be required when porting or renewing health insurance policies.