

No Claim Certificate

Date: _____

To,
The Claims Department
[Insurance Company Name]
[Branch Address]
[City, Country]

Subject: No Claim Certificate for Travel Insurance Settlement

This is to certify that I, **[Policyholder Name]**, holding Travel Insurance Policy Number **[Policy Number]** issued by **[Insurance Company Name]**, have completed my insured travel period from **[Start Date]** to **[End Date]** without lodging any claim under the referenced policy.

I hereby declare that I have not made, nor do I intend to make, any claim against my travel insurance policy for the above-mentioned coverage period. Kindly issue a No Claim Certificate accordingly for your records and for any future reference.

Thank you for your attention.

Signature of Policyholder
Name: _____
Contact: _____

Important Notes

- This certificate is issued upon the request of the policyholder and confirms no claims were made during the policy period.
- Ensure all details provided are accurate to avoid delays or rejections.
- This document may be required while applying for new insurance policies or for premium discounts.
- Always retain a copy of this certificate for your records.
- Consult your insurance provider for any specific requirements or procedures.