

NO CLAIM CERTIFICATE

Vehicle Insurance Settlement

Certificate No.	:	_____
Date of Issue	:	_____
Policy Holder Name	:	_____
Address	:	_____
Policy No.	:	_____
Vehicle Make/Model	:	_____
Registration No.	:	_____
Period of Insurance	:	From _____ To _____

This is to certify that during the stated period of insurance for the above-mentioned vehicle under the referenced policy number, no claim has been made by the policyholder and no indemnity has been provided by this company.

This certificate is being issued at the request of the policyholder for whatever purposes it may serve.

Authorized Signatory

Name: _____
Designation: _____
Company Seal: _____

Important Notes:

- This certificate is valid only for the period mentioned above.
- Issued based on the policyholder's request and company records.
- Forging or tampering with this certificate is punishable by law.
- This document does not guarantee any future claims or benefits.
- Contact the insurance company for verification, if necessary.