

No Claim Certificate

For Life Insurance Settlement

Date: [MM/DD/YYYY]

Policy No.: [Policy Number]

To,
The Manager
[Life Insurance Company Name]
[Branch Address]

Subject: **No Claim Certificate for Settlement of Life Insurance Policy**

Dear Sir/Madam,

This is to certify that I, [Claimant Name], holder and nominee of the above-mentioned life insurance policy, have received the full and final settlement amount with respect to the policy of [Insured Name], who expired on [Date of Death].

I hereby confirm that no further claim, due, or demand of any nature whatsoever is pending or will be made in the future by me or by any legal heirs, nominees, or representatives, regarding this policy. I request you to kindly issue the No Claim Certificate.

Policyholder Name:	[Policyholder Full Name]
Nominee Name:	[Nominee Full Name]
Policy Number:	[Policy Number]
Sum Insured:	[Amount in Numbers & Words]
Date of Policy Settlement:	[MM/DD/YYYY]

Kindly acknowledge the receipt and process the request for the No Claim Certificate accordingly.

Date: [MM/DD/YYYY] _____
Signature of Claimant
[Claimant Name]

Important Notes:

- This document certifies that no further claim shall be made for the settled policy.
- Ensure all details are accurate and match original policy documents.
- No Claim Certificate may be required for legal or record purposes.
- Keep a signed copy for your personal records.
- Consult the insurance company for any queries before submission.