

No Claim Declaration Certificate

Date: _____

To,

The Insurance Company

[Insurer Name]

[Branch Address]

Subject: No Claim Declaration Certificate for Insurance Settlement

Dear Sir/Madam,

This is to certify that I, the undersigned, have not made any claim(s) nor received any insurance settlement in respect of the insured item as listed below, during the policy period stated.

Name of Policyholder : _____

Policy Number : _____

Insured Item/Property : _____

Policy Period : _____

Contact Details : _____

I confirm that no previous claim has been filed, nor has any compensation or benefits been received by me for the aforementioned policy during the period of coverage.

I am making this declaration truthfully and understand that any misrepresentation or concealment of facts will lead to the repudiation of my insurance claim and possible legal action.

Signature:

(Policyholder)

Place:

Date:

Important Notes

- This certificate must be signed and submitted to your insurer.
- Ensure that all declarations made are accurate and truthful.
- Providing false information may result in denial of claims or legal penalties.
- Check if your insurer has a specific template for the No Claim Declaration.
- Retain a copy of this certificate for your records.