

**[Insurance Company Name]**

[Company Address Line 1]

[Company Address Line 2]

Contact: [Phone Number] | Email: [Email Address]

**NO CLAIM CERTIFICATE**

Policyholder Name : [Full Name]  
Policy Number : [Policy Number]  
Type of Policy : [Type/Description]  
Period of Insurance : [Start Date] to [End Date]  
Vehicle/Asset Insured : [Details, if applicable]

This is to certify that during the above mentioned period of insurance, no claim has been made or is pending under the aforesaid policy by the insured or on behalf of the insured.

This certificate is being issued on the request of the policyholder for insurance and/or record purposes only.

Authorized Signatory  
[Name & Designation]

\_\_\_\_\_  
Date: [Issue Date]

**Important Notes:**

- This certificate does not constitute a policy of insurance.
- Issued based on information available up to the date mentioned.
- Any claims arising after the issue of this certificate will not be reflected herein.
- Always verify the details with the issuing insurer.
- For any queries, contact the insurance company's authorized representative.

[Company Seal, if applicable]