

Certificate of Insurance (Third-Party Motor)

This is to certify that, subject to the terms and conditions contained herein or endorsed hereon, the vehicle described below is insured against third-party risks for the period specified.

Certificate Number	[_____]
Policy Number	[_____]
Insurer	[Insurance Company Name]
Period of Insurance	From [dd/mm/yyyy] To [dd/mm/yyyy]

1. Insured Owner Details

Name	[Full Name]
Address	[Address]
Contact Number	[Phone Number]

2. Vehicle Details

Registration Number	[Plate Number]
Make/Model	[Make/Model]
Year of Manufacture	[Year]
Chassis/Engine Number	[Chassis/Engine Number]
Type of Body	[Type]

3. Policy Coverage

- Coverage: Third-party bodily injury and property damage.
- Limit of Liability: [Specify Amount or "as per Policy"]
- Use of vehicle: [Private | Commercial | Other]

4. General Conditions

- This certificate is issued under and subject to the relevant insurance acts and regulations in [Country/Region].
- Any use of the vehicle for purposes other than as specified may render this certificate invalid.
- For the full terms, conditions, and exclusions, refer to the policy wording.

Authorised Insurer Signatory
Date: _____

Insured's Signature
Date: _____

Official Seal / Stamp

Date: _____