

# No Objection Certificate (NOC)

## For Third Party Accident Insurance Claim

To Whomsoever It May Concern,

This is to certify that the undersigned has **no objection** to the processing and settlement of the Third Party Accident Insurance claim with the following details:

**Name of Claimant** : \_\_\_\_\_  
**Vehicle Registration No.** : \_\_\_\_\_  
**Policy Number** : \_\_\_\_\_  
**Date of Accident** : \_\_\_\_\_  
**Insured Person/Owner Name** : \_\_\_\_\_

The undersigned hereby gives full consent and has no objection to the insurance company settling the claim in favor of the above-named party for the aforementioned accident.

This certificate is being issued upon the request of the claimant for the purpose of processing the insurance claim and for submission to the concerned authorities.

All information furnished above is true to the best of my knowledge and belief.

Date : \_\_\_\_\_

Place : \_\_\_\_\_

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Name & Signature of Owner/Insured

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Name & Signature of Claimant