

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 : _____

Name & Signature of Owner/Insured

Name & Signature of Claimant