Certification Form for Insurance Company

Insurance Company Certification Form
Claimant Information:

- Name: _____
- Address: _____
- Phone Number: _____
- Email: _____

Insurance Policy Details:

- Policy Number: _____
- Claim Number: _____
- Date of Incident: _____

Certification:
This is to certify that the dash cam footage provided by the claimant, [Claimant's Name], was a key factor in the decision to award the insurance claim referenced above.
Please provide details of how the footage influenced the claim decision:

Insurance Company Information:

- Insurance Company Name: _____
- Contact Person: _____
- Phone Number: _____
- Email: _____

Authorized Signature:

I hereby confirm that the information provided above is accurate and that the dash cam footage was instrumental in the decision to award the claim.

(Signature)

(Name & Title)

(Date)

Company Seal/Stamp:

Please return the completed form along with any supporting documentation to Forestals

These terms and conditions, along with the certification form, ensure clarity and authenticity in the process of awarding the cashback Voucher.