

Insurance Policy Certificate

Policy Schedule

1. Policyholder Details

| | |
|----------------------|----------------------|
| Name of Policyholder | <input type="text"/> |
| Address | <input type="text"/> |
| Contact Number | <input type="text"/> |
| Email | <input type="text"/> |

2. Policy Information

| | |
|-------------------|----------------------|
| Policy Number | <input type="text"/> |
| Type of Insurance | <input type="text"/> |
| Effective Date | <input type="text"/> |
| Expiry Date | <input type="text"/> |

3. Insured Details

| | |
|-----------------|----------------------|
| Name of Insured | <input type="text"/> |
| Sum Insured | <input type="text"/> |
| Premium Amount | <input type="text"/> |

4. Additional Information

| | |
|---------------|----------------------|
| Remarks | <input type="text"/> |
| Beneficiaries | <input type="text"/> |

Authorized Signature:

Date:

Insurer Stamp/Seal:

Date: