

Complaint Register Form

- Please complete in BLOCK CAPITALS and give a definite answer to each question
- Use a separate paper if the space provided for the answer is not enough

1. Insured Details			
Please provide the conta	act details.		
Name of the			
Complainant Contact Information	DO Pov	City	Country
Contact information	PO Box	City	Country
	Tel	Mob	Fax
2. Policy Details	Email		
Please provide the policy	/ detail. Please e	nsure correctness of th	ne details provided.
Policy No			ate No
Policy Type		'	-
Insurer			
Our ref no			
3. Complaint details			
_	•		ny documents supporting the
complaint, please provid	le as attachmen	ts	
Description of			
the complaint			
	_		D.
Signature	Dat	te	Place