

# 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 contact details.*

Name of the Complainant			
Contact Information	PO Box	City	Country
	Tel	Mob	Fax
	Email		

## 2. Policy Details

*Please provide the policy detail. Please ensure correctness of the details provided.*

Policy No		Certificate No	
Policy Type			
Insurer			
Our ref no			

## 3. Complaint details

*Please give exact description of the complaint. If there are any documents supporting the complaint, please provide as attachments*

Description of the complaint		
Signature	Date	Place