

## 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			
<i>Please provide the contact details.</i>			
Name of the Complainant			
Contact Information	PO Box	City	Country
	Tel	Mob	Fax
	Email		
2. Policy Details			
<i>Please provide the policy detail. Please ensure correctness of the details provided.</i>			
Policy No		Certificate No	
Policy Type			
Insurer			
Our ref no			
3. Complaint details			
<i>Please give exact description of the complaint. If there are any documents supporting the complaint, please provide as attachments</i>			
Description of the complaint			
Signature	Date	Place	