



## **Complaint Form**

| Name                              |  |                                     |                       |                     |                      |             |
|-----------------------------------|--|-------------------------------------|-----------------------|---------------------|----------------------|-------------|
| Addres                            | ss   |                                     |                       |                     |                      |             |
| Teleph                            | ione   |                                     |                       |                     |                      |             |
| E-mail                            |  |                                     |                       |                     |                      |             |
| Policy                            | Number   |                                     |                       |                     |                      |             |
| Submi                             | ssion date   |                                     |                       |                     |                      |             |
| The pro                           | cess of the comp   | laint submission a                  | oes not limit the rig | ght for legal claim | s, by its activation | •           |
| Issue:<br>Please r                | mark ( ✓ ) the su  | ubject of your prol                 | olem / complaint:     |                     |                      |             |
| Inform                            | ation relative to  | o the Company's                     | products              |                     |                      |             |
| Delay                             | or refusal to pay  | compensation /                      | buyout                |                     |                      |             |
| Contac                            | ct and customer  | service by the Ins                  | urance Intermedia     | ry                  |                      |             |
| Contac                            | ct and customer  | service by Compa                    | ny (other than cor    | npensation claims   | s)                   |             |
| Excess                            | ive increase of p  | premiums                            |                       |                     |                      |             |
| Differe                           | ence in the amo  | unt of compensati                   | on /buyout            |                     |                      |             |
| Other                             |  |                                     |                       |                     |                      |             |
|                                   |  |                                     |                       |                     |                      |             |
| (Please                           |  | •                                   | submitting all the    | relative details    | on dates, people     | e involved, |
| (Please                           | clearly describe   | e the compliant,                    | submitting all the    | relative details    | on dates, people     | e involved, |
| (Please                           | clearly describe   | e the compliant,                    | submitting all the    | relative details    | on dates, people     | e involved, |
| (Please convers                   | clearly describe<br>ations, specific o   | e the compliant, occurrences etc.). | submitting all the    |                     | on dates, people     | e involved, |
| (Please convers  Attachn (Copy of | clearly describe ations, specific of the second sec | e the compliant, occurrences etc.). |                       | ocumentation)       | on dates, people     |             |
| Attachn (Copy of 1. 2.            | clearly describe ations, specific of the control of | e the compliant, occurrences etc.). |                       | ocumentation)       |                      |             |
| (Please convers  Attachn (Copy of | clearly describe ations, specific of the second sec | e the compliant, occurrences etc.). |                       | ocumentation)       |                      |             |
| Attachn (Copy of 1. 2.            | clearly describe ations, specific of the second sec | e the compliant, occurrences etc.). |                       | ocumentation)       |                      |             |