

**Complaint Form**

<b>Name</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>E-mail</b>	
<b>Policy Number</b>	
<b>Submission date</b>	

*The process of the complaint submission does not limit the right for legal claims, by its activation.*

**Issue:**

Please mark ( ✓ ) the subject of your problem / complaint:

<b>Information relative to the Company's products</b>	
<b>Delay or refusal to pay compensation / buyout</b>	
<b>Contact and customer service by the Insurance Intermediary</b>	
<b>Contact and customer service by Company (other than compensation claims)</b>	
<b>Excessive increase of premiums</b>	
<b>Difference in the amount of compensation /buyout</b>	
<b>Other</b>	

**Details of your issue or complaint:**

(Please clearly describe the complaint, submitting all the relative details on dates, people involved, conversations, specific occurrences etc.).

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**Attachments:**

(Copy of insurance policy, receipts & additional supporting documentation)

1. ....
2. ....
3. ....
4. ....
5. ....

**Signature of the Insured**