

Dear Sir / Madam,

Your complaint is important to us and will be carefully reviewed.
Within 3 business days you will receive an answer in the way you choose below.

1. Your information:

- ☐ Name:
- ☐ Correspondance address:
- ☐ Phone / Mobile:
- ☐ E-mail address:
- ☐ Policy / Claim number (if applicable):

2. Describe the incident below:

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3. Expected action from the Insurer:

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4. Indicate how you want to receive a response:

- ☐ By the above mentioned e-mail;
- ☐ Written reply at the above mentioned correspondence address.

Signature:

Submission date:

Thank you!