

## CUSTOMER COMPLAINT FORM

CUSTOMER DETAILS			
NAME		IDENTITY NR	
HOME ADDRESS		POSTAL ADDRESS	
TELEPHONE (H)		TELEPHONE (W)	
CELLULAR NR		E-MAIL ADDRESS	
INSURER		PRODUCT TYPE	
POLICY NR		ADVISOR	
CLAIM NR		CLAIM DATE	
PREFERRED METHOD OF COMMUNICATION			
COMPLAINT DETAILS			
PLEASE DESCRIBE BACKGROUND TO THE COMPLAINT.			
PLEASE DESCRIBE NATURE OF COMPLAINT.			
IS YOUR COMPLAINT ABOUT A SPECIFIC PERSON? WHO IS THE PERSON?			
IF YOU FEEL THAT YOU WERE NOT TREATED FAIRLY, DESCRIBE WHY YOU ARE OF SUCH OPINION.			
WHAT OUTCOME DO YOU DESIRE?			
CLIENT DECLARATION			
I HEREWITH DECLARE THAT I AM THE POLICYHOLDER/CLIENT AS PER THE POLICY DOCUMENT			YES / NO
I HEREWITH CONFIRM THAT I AM DULY AUTHORISED TO SUBMIT THIS COMPLAINT			YES / NO
SIGNATURE		DATE	