



Please complete this form. Then send it to the Chief Executive of your insurance company with a letter outlining your complaint.

To The Chief Executive

Name of company _____

Address _____

Policyholder name/s _____

Policyholder address (as shown on policy) _____

Address for correspondence (if different) _____

Daytime phone no. _____

Fax no. _____

Policy no. _____

Policy type (e.g. motor, health, bonds etc.) _____

Claim no. (if known) _____