

ANNEX - VI – A

Complaint No. : [tdComplaint_No]

To,

The Insurance Ombudsman,

[Center_address]

Re : Complaint against : [Insurance]

Branch/Division: [Branch]

Policy No. : [Policy No]

[Name_of_complainant]

Being aggrieved, I am lodging complaint against the above referred Insurance Company.

Details are given as under:-

1. Complainants full Name and Address

Name: [Name_of_Complainant]

Address: [Full_Address]

Telephone No.: [Telephone No.]

LandLine No.: [Landline No.]

Mobile No.: [Mobile No]

Relationship to the [Relationship]

insured person

2. Name of the

Insurance Co.: [Insurance]

Office address: [Insurance_of_Address]

Division/Branch: [Branch]

3. Policy No: [Policy No]

4. Subject Matter of

Complaint and brief _____

fact of this case: _____

5. Date of preferring your claim/complaint

to the office (please enclose copy of the

Letter):

6. Date of reply of Insurance Company. (Please enclose a

Copy of the letter):

7. Are any proceedings before any court/Consumer

forum/Arbitrator on the same subject matter pending

or were so earlier:

8. Nature and extent of monetary loss, if any,

(In case of General Insurance cases only):

9. Quantum of relief sought:

10. (a) Particulars of representation made against

repudiation of claim to DO/RO/ ZO/Grievance Cell

and outcome thereof:

(b) If not made representation give reasons,

if any:

11. I hereby declare and solemnly affirm that

a) The information given above is true to the best of my knowledge and belief.

b) The complaint was lodged with the insurance company on [dtcomplaintDate] as per

copy enclosed and the company has rejected my claim/complaint/not replied even after a month /replied on [dtrepliedonDate] but the same is not acceptable to me.

c) The period of one year has not elapsed from the date of rejection letter or final from the Insurance Company.

d) The complaint is not on the same subject matter for which any proceedings before any court or consumer forum or arbitrator are pending/settled or were so earlier.

e) The subject matter is not decided earlier by your office or any office the insurance Ombudsman.

12. I/We enclose copies of the documents:

1. Copy of Complaint letter written to the Insurance Company.
2. Copy of reply received from the said Insurance Company.
3. Copy of reminder, if any.

Yours faithfully,

(Signature of the Complainant)

To,

The Insurance Company,

[center_address]

Dear Sir,

Re: Complaint against: [Insurance]

Branch/Division: [Branch]

Policy No. : [PolicyNo]

Name: [Name_of_Complaint]

Your reference: [Complaint_No]

With reference to your letter dated [Letter_Date_of_annex_6] on the above subject. I/We here by give my/our unconditional and irrevocable consent for the Insurance Ombudsman to act as a mediator, between the Insurance Company and myself and give his recommendations for the resolution of complaint.

Kindly give your recommendation at the earliest.

Yours faithfully,

(Signature)