

**ANNEX-VII (A)**

Date: [ Date ]

To,

The Insurance Ombudsman

[IdCenter\_address]

Dear Sir,

Re: Complainant against [ Insurance ] Insurance Comp

[ Branch ] Branch/Division

Policy No. [IdPolicy No ]

Name: [Name\_of\_Complainant ]

Your Reference Complaint No.: [ complaint\_No ]

With reference to your letter dated [Letter\_Date\_of\_Annex\_7] on the above subject, we hereby

give our unconditional and irrevocable consent to the Insurance Ombudsman to act as a Mediator between the Insurance Company and complainant and give his recommendation for the resolution of the complainant.

[Comments]

Your faithfully,

(Signature)

Designation: [ Designation ]