

ANNEX-VI-A

Complaint No. : [tdComplaint_No.]

To

The Insurance Ombudsman,

[tdCenter_address]

Re: Complaint Against: [tdInsurance]

Branch/Division : [tdBranch]

Policy No. : [tdPolicyNo]

[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
insured Person : [tdRelationship]

2. Name of the
Insurance Co. : [tdInsurance]
Office Address: [Insurance_Off_Address]
Division / Branch: [tdBranch]

3. Policy Number: [tdPolicyNo.]

4. Subject Matter of
Complaint and brief
facts of the 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 case 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) 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 of the insurance Ombudsman.

12. I/We enclose copies of the following documents :

1. Copy of the 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 Ombudsman,

[tdCenter_Address]

Dear Sir,

Re: Complaint Against: [tdInsurance]

Branch/Division: [tdBranch]

Policy No. : [tdPolicyNo.]

Name: [Name_of_Complainant]

Your Reference : [tdComplaint_No]

With reference to your letter dated [letter_date_of_annex_6] on the above subject. I/We hereby give my/our unconditional / 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 recommendations at the earliest.

Yours Faithfully,

(Signature)