

ANNEX VII(A)

Date: [Date]

To,

The Insurance Ombudsman

[tdCenter_address]

Dear Sir,

Re: Complaint Against [tdInsurance] Insurance Company

[tdBranch] Branch/Division

Policy [tdPolicyNo.]

Name: [Name_of_Complainant]

Your Reference Contact No. : [tdComplaint_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 the Complainant and give his recommendation for the resolution of the complaint.

[Comments]

Yours Faithfully,

(Signature)

Designation: [tdDesignation]