



Formal Complaint / Dispute Form

Full Name	
ID Number	
Policy and/or claim Number	
Telephone Number	
Fax Number	
Cellphone Number	
Email Address	
Details of broker / Administration / UMA	
Person/s you have previously discussed your complaint/dispute with	

Copies of documents which must be sent to us:

- Policy Schedule / Certificate of Insurance
- Letter of rejection of claim (where applicable)
- All documentation, including correspondence with the Insurer relevant to the complaint

Power of Attorney in favor of the person acting on behalf of the complainant, where applicable



