

ANNEX-VI-A

Complaint No. : _____

To,
The Insurance Ombudsman,
_____,
_____,
_____.

Re: Complaint against : _____

Branch/Division : _____

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 : _____

Address : _____

Telephone No. : _____

LandLine No. : _____

Mobile No. : _____

Email. : _____

Relationship to the
insured Person : _____

**2. Name of the
Insurance Co. :** _____

Office address : _____

Division / Branch : _____

3. Policy Number : _____

**4. Subject Matter of
complaint and brief
Details 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 cases only) : _____

9. Quantum of relief sought : _____

10. (a) Particulars of representation made against repudiation of claim to DO/ RO/ ZO/ Grievance Cell of Insurer 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 _____ as per copy enclosed and the company has rejected my claim/ complaint/ not replied even after a month/ replied on _____ 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 complaint letter written to the Insurance Company.
2. Copy of reply received from the said Insurance Company.
3. Copy of reminder , if any.

For Medicaid / Health Policy Related complaint.

Whether your policy is Fresh or Ported _____ (Yes / No)

If Yes then provide details as below.

a) Date of Porting: _____

b) Previous Insurance company Name: _____

c) Previous Policy Nos. _____

d) Date of Commencement of Previous Policy Nos _____.

e) Sum Insured. _____

Yours faithfully,

(Signature of the Complainant)

To,
The Insurance Ombudsman,

_____.

Dear Sir,

Re: Complaint against : _____

Branch / Division : _____

Policy No. : _____

Name : _____

Your Reference : _____

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.

"I hereby give my consent for Audio and/or Video Hearing, . (If yes, please tick ✓)

Kindly give your recommendation at the earliest.

Yours faithfully,

(Signature)

If you are submitting the documents by email, please send it on _____ only.