

**ANNEX-VI-A**

Complaint No. : \_\_\_\_\_

To,  
The Insurance Ombudsman,  
\_\_\_\_\_,  
\_\_\_\_\_,  
\_\_\_\_\_.

Re: Complaint against : \_\_\_\_\_  
Branch/Division : \_\_\_\_\_  
Policy No. : \_\_\_\_\_  
Name\_of\_Complainant: \_\_\_\_\_

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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 Mediclaim / 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 : \_\_\_\_\_

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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.**