

## **CUSTOMER COMPLAINT LODGMENT FORM**

- a) Name of the complainant :
- b) Postal Address of the complainant :
- c) Mobile/Phone Number :
- d) E mail Id :
- e) Policy Number :
- f) Name of the policy holder :  
(If differs from the complainant)
- g) FNPF number of the policy holder :  
Or EDP Number (any other ID)
- h) Date of Birth of the policy holder :
- i) Details of complaint and :  
Amount involved if any

Date :

Place:

Signature of Complainant

### **For Office Use Only**

1. Unique Reference Number :
2. Complaint received On :
3. Complaint received by :
4. Complaint attended by :
5. Complaint closed on :
6. Review by Asst Manager ( Admn) on :