

(P - III)

Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date : \_\_\_\_\_

To,

The Insurance Ombudsman,

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11/11/11

Dear Sir,

Re : Complaint against : \_\_\_\_\_

Branch / Division : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Name : \_\_\_\_\_

Your reference : \_\_\_\_\_

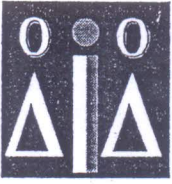
.....

With reference to your letter dated \_\_\_\_\_ on the above subject. I/we hereby 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.

Kindly give your recommendation at the earliest.

Yours faithfully,

(Signature)



बीमा लोकपाल का कार्यालय  
(महाराष्ट्र और गोवा) मुंबई

Office of the Insurance Ombudsman  
(Maharashtra & Goa) Mumbai

Jeevan Seva Annexe,  
3rd Floor, S. V. Road,  
Santacruz (W.), Mumbai-400 054.  
Tel. : 022 2610 6552 Fax : 2610 6052

(P - II)

For Office Use

Case No.

The Insurance Ombudsman,  
Jeevan Seva Annexe,  
3rd Floor, S. V. Road,  
Santacruz (W),  
Mumbai - 400 054.

RE : Complaint against \_\_\_\_\_  
(Name of the Insurance Company)

Branch/Division \_\_\_\_\_

Policy No. \_\_\_\_\_ Name \_\_\_\_\_

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Being aggrieved, I am lodging complaint against the above referred Insurance Company.

Details are given as under :-

1. Complainant's full \_\_\_\_\_  
Name and Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

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 facts \_\_\_\_\_  
of the case. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Date of preferring \_\_\_\_\_  
your claim/complaint \_\_\_\_\_  
to the office. (please \_\_\_\_\_  
enclose a copy of the letter.)
6. Date of reply of Insurance \_\_\_\_\_  
Company. (Please enclose \_\_\_\_\_  
a copy of the reply).
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 & outcome \_\_\_\_\_  
thereof \_\_\_\_\_  
(b) If not made representation \_\_\_\_\_  
give reasons, if any \_\_\_\_\_

