

(P - III)

Name : _____

Address : _____

Date : _____

To,

The Insurance Ombudsman,

11/11/11

Dear Sir,

Re : Complaint against : _____

Branch / Division : _____

Policy No. : _____

Name : _____

Your reference : _____

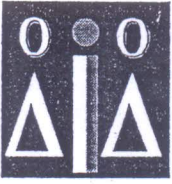
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With reference to your letter dated _____ on the above subject. I/we hereby give my/our unconditional and irrevocable consent for the Insurance Ombudsman to act as a mediator, between the Insurance Company and myself and give his recommendations for 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 _____

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 _____

