




Reference No. _____

Date: _____

COMPLAINT REGISTER FORM

1. Details of Complainant	<input type="radio"/>  Insured	<input type="radio"/>  Third Party	<input type="radio"/>  Other
Source of Complaint	<input type="radio"/> Call <input type="radio"/> Email <input type="radio"/> Personal Visit		
Full Name			
Address			
Date of Birth			
Email Address			
Name of Employer (if any)			
Mobile Number			
Other Contact Number (s)			

2. Policy Details	Please ensure to provide correct information and copies of valid documents.
Name of Insured Member	
Policy Number	
Member Certificate No.	
Emirates ID # & expiry date	
Insurer	

3. Nature of Complaints	Please give exact details of the complaint and kindly provide the documents to support the complaint

Full Name & Signature of Complainant/Insured Member