



redefining / standards

COMPLAINT / FEEDBACK FORM

Source: Walk in Telephone Written

Policy No:	Date: Time: am/pm
<u>Policyholder's Details:</u> Name: I/C No: Address: Contact No:	<u>Details of Person Completing Form (if other than Policyholder):</u> Name: I/C No: Address: Contact No: Relationship with Life Assured:
<u>Agent's Details:</u> Name: Agent Code:	
Nature/Description of (please select one). You may attach a separate form if the space is insufficient: <input type="checkbox"/> Complaint <input type="checkbox"/> Feedback	

Signature: _____

Date: _____