

## COMPLAINT FORM

### PERSONAL INFORMATION:

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

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

Gender:  Male  Female

Date of Birth: \_\_\_\_\_

Emirates ID: \_\_\_\_\_

Insurance Card Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email ID: \_\_\_\_\_

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

### Complaint Details:

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

Nature of Complaint:

- Quotation  Cards  Claims  
 Customer Services  TPA Services  Others

Complaint Subject:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

