



ASR
underwriting
AGENCIES

Complaint Form

Internal Use Only

Internal Dispute Manager

Name of Person Sending Form

Name & Address of Complainant

Contact Name

Telephone Number

Fax Number

Email Address

Policy Number / Claim Number

Please complete the appropriate areas with regards to your Complaint. If these areas do not suit, then please complete the area titled "Other Issues to be resolved".

Claims Related Issues

If your complaint is relating to the declinature of your claim please answer the following:

1. Did you understand the points raised in ASR's letter declining acceptance of your claim? yes no
If No, please explain:

2. Why do you think your claim should be paid? Please be specific, by using reference to sections in the policy wording that you feel provides cover for your claim:

Service Related Issues

1. Are there any issues relating to the service you have received from ASR that you would like to raise?
Please be specific:

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Other Issues To Be Resolved

If your complaint does not fall within one of the areas listed above, please provide an explanation of your complaint in the space provided below:

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What do you feel could be done to reasonably settle this issue? Please be specific:

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Signed by:

Please Print Your Name:

Date Signed: