

Complaints Procedure
Complaint Form
- for submission to Citadel Insurance p.l.c. -

1 Particulars of complainant

(*) First name _____
Surname _____
Mailing address _____

Post code _____
Phone number _____
Mobile number _____
E-mail address _____
Fax number _____
ID Card number _____

(*) *If the complainant is a firm, write the name of the firm and leave blank the spaces allotted for writing the surname and the ID Card number.*

2 Particulars of representative (where applicable)

First name _____
Surname _____
Mailing address _____

Post code _____
Phone number _____
Mobile number _____
E-mail address _____
Fax number _____
ID Card number _____

3 How are you making this complaint?

(tick the appropriate box)

- a) As the policyholder?
- b) As the person insured?
- c) As the beneficiary?
- d) As the injured third party
- e) As the representative of the policyholder?
- f) As the representative of the person insured?
- g) As the representative of the beneficiary?
- h) As the representative of the injured third party?
- i) None as from (a) to (h) above

7 Complaint supporting documentation

Please specify documentation attached.

8 Declaration

(A or B as applicable)

A *To be signed by the complainant if the complainant himself/herself is making the complaint*

I shall cooperate fully with Citadel Insurance p.l.c. with respect to my complaint including, but not limited to, providing further documentation and/or supplying further statements of facts to support my complaint.

Signature _____ Date _____

B *To be signed by the representative of the complainant if the complainant is making the complaint through a representative*

Both the complainant and I shall cooperate fully with Citadel Insurance p.l.c. with respect to the complaint including, but not limited to, providing further documentation and/or supplying further statements of facts to support the complaint.

My appointment as the complainant's representative and the complainant's consent to act on his/her behalf are included hereunder in this form.

Signature _____ Date _____

9 Appointment of complainant's representative and consent to act on his/her behalf

I hereby appoint and authorise

(name and surname of appointee)

whose Identity Card number and other particulars are given elsewhere in this form to act as my representative in connection with my complaint in all stages of the investigation.

Signature of complainant _____ Date _____

10 Representative's relationship

(tick the appropriate box)

- a) Family member
- b) Friend
- c) Professional person

11 Method of corresponding

Would you like us to correspond with you by postal service or by email?

(tick the appropriate box)

- a) By postal service
- b) (*)By email

(*) If by email, provide us with your email address here