



PROGRESSIVE INSURANCE BHD (19002-P)

COMPLAINT FORM

COMPLAINANT'S DETAILS

Name	Tel. No.
IC No.	Fax
Business Registration No.	e-mail
Correspondence Address	

COMPLAINT DETAILS

Policy No.	Claim Amount
Amount Insured	Reference No.

TYPE OF INSURANCE POLICY (PLEASE TICK ✓)

Motor	<input type="checkbox"/>	Liability	<input type="checkbox"/>
Fire	<input type="checkbox"/>	Medical & Health	<input type="checkbox"/>
Engineering	<input type="checkbox"/>	Personal Accident	<input type="checkbox"/>
Others, please specify			

TYPE OF COMPLAINT (PLEASE TICK ✓)

Claims		Underwriting		Marketing & Sales	
Delay	<input type="checkbox"/>	Non-renewal	<input type="checkbox"/>	Agent's service	<input type="checkbox"/>
Unsatisfactory offer	<input type="checkbox"/>	Delay in policy issuance	<input type="checkbox"/>	Pressure selling techniques	<input type="checkbox"/>
Repudiation	<input type="checkbox"/>	Policy cancellation / premiums refunds	<input type="checkbox"/>	Misleading illustrations & brochures	<input type="checkbox"/>
Others, please specify					



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My complaint is as follows: (please enclose photocopies of the relevant documents and ensure that the facts of complaint are explained clearly)

COMPLAINANT DECLARATION

I/We hereby agree that the information provided are true.

Date Signature

FOR OFFICE USE ONLY

To

The Progressive Insurance Bhd hereby acknowledged receipt of complaint no.

Date:

Acknowledgement:
