



PROGRESSIVE INSURANCE BHD

Registration No.: 197401001891 (19002-P)

Complaint Form

CUSTOMER INFORMATION

Source	<input type="checkbox"/> Walk in	<input type="checkbox"/> Telephone	<input type="checkbox"/> Letter
	<input type="checkbox"/> Email	<input type="checkbox"/> Website	<input type="checkbox"/> Fax
Date / Time			
Policy number / Claim number / Other References			
Name of Customer			
Address			
Telephone No			
E-mail			
Description of Complaint <i>(You may attach a separate form if the space is insufficient)</i>			

Agent's Details

Agent Code	Name of Agent
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Customer Declaration

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

Date	Signature
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COMPLAINT INFORMATION (For office use only)

Matter handled by:	
Department:	<input type="checkbox"/> Underwriting <input type="checkbox"/> Claims <input type="checkbox"/> Internal Audit <input type="checkbox"/> Reinsurance <input type="checkbox"/> Compliance <input type="checkbox"/> Risk Management <input type="checkbox"/> Actuary <input type="checkbox"/> Finance <input type="checkbox"/> HRA <input type="checkbox"/> MIS <input type="checkbox"/> Compliance <input type="checkbox"/> International Broking <input type="checkbox"/> Business Transformation (Please tick which branch) <input type="checkbox"/> Kuala Lumpur <input type="checkbox"/> Butterworth <input type="checkbox"/> Kota Kinabalu <input type="checkbox"/> Johor Bahru <input type="checkbox"/> Melaka <input type="checkbox"/> Sandakan

Nature of complaint : Please tick appropriate complaint (√)

Benefits & Claims

- | | |
|---|--|
| <input type="checkbox"/> Delay in Claim Payment | <input type="checkbox"/> Delay in Processing |
| <input type="checkbox"/> Dispute on Bonus, GCP, & Survival Benefits | <input type="checkbox"/> Dispute on Claim Amount |
| <input type="checkbox"/> Dispute on Maturity/Surrender Value | <input type="checkbox"/> Fraudulent Claims |
| <input type="checkbox"/> Repudiation of Claims | <input type="checkbox"/> Unsatisfactory Repair Works |
| <input type="checkbox"/> Others, please specify: | |

Marketing and Sales

- | | |
|---|---|
| <input type="checkbox"/> Force Selling | <input type="checkbox"/> Misleading Sales Materials |
| <input type="checkbox"/> Dispute on Bonus, GCP, & Survival Benefits | <input type="checkbox"/> Dispute on Claim Amount |
| <input type="checkbox"/> Misleading / Misrep / Misselling by Staff / Intermediaries | <input type="checkbox"/> Replacement of Policy/Cert |
| <input type="checkbox"/> Others, please specify: | |

Product Features

- | | |
|--|--|
| <input type="checkbox"/> High Premiums or Fees/Charges | <input type="checkbox"/> Revision of MHI Premium |
| <input type="checkbox"/> Unfair Product Features | <input type="checkbox"/> Others, please specify: |

Underwriting

- | | |
|--|--|
| <input type="checkbox"/> Dispute on NCD | <input type="checkbox"/> Refuse to Insure |
| <input type="checkbox"/> Refuse to renew | <input type="checkbox"/> Unfair Condition Imposed – Exclusion / Loading / Excess |
| <input type="checkbox"/> Others, please specify: | |

Customer Related Services

- | | |
|---|---|
| <input type="checkbox"/> Delay in cancelling policy / certificates | <input type="checkbox"/> Delay in or No Refund / Compensation |
| <input type="checkbox"/> Delay in or Non Issuance of GL | <input type="checkbox"/> Delay in or Non Issuance of Policy Documents / Notices |
| <input type="checkbox"/> Unprofessional Behaviour of Staff / Intermediaries | <input type="checkbox"/> Wrongful advice / info by staff |
| <input type="checkbox"/> Others, please specify: | |

Mishandling of Client Money

Please specify (if any):

Personal Data Protection

Please specify (if any):

Other than above

Please specify (if any):

Next course of action**Conclusion**