



CUSTOMER INFORMATION

Source	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Email	<input type="checkbox"/> Hotline	<input type="checkbox"/> Office number
	<input type="checkbox"/> Letter	<input type="checkbox"/> Website	<input type="checkbox"/> Fax	<input type="checkbox"/> WhatsApp
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 declare that all information provided is true and correct.

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"/> Risk Management |
| <input type="checkbox"/> Reinsurance | <input type="checkbox"/> Compliance | <input type="checkbox"/> Internal Audit |
| <input type="checkbox"/> Actuary | <input type="checkbox"/> Finance | <input type="checkbox"/> Broking |
| <input type="checkbox"/> IT | <input type="checkbox"/> HRA | <input type="checkbox"/> Customer Service |

Business Transformation (Please tick which branch)

- | | | |
|---------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Kuala Lumpur | <input type="checkbox"/> Butterworth | <input type="checkbox"/> Alor Setar |
| <input type="checkbox"/> Johor Bahru | <input type="checkbox"/> Melaka | <input type="checkbox"/> Sandakan |
| <input type="checkbox"/> Kuching | <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**