

ANNEX-VI-A

Complaint No: _____

Date: _____

To,
The Insurance Ombudsman,

Re: Complaint against IndiaFirst Life Insurance Company Limited

Branch/Division: _____

Policy No. : _____

Name of Complainant: _____

Being aggrieved, I am lodging complaint against the above referred Insurance Company.
Details are given as under:-

1. Complainant's full Name and Address-

i. Name: _____

ii. Address: _____

iii. Telephone no: _____

iv. Landline no: _____

v. Mobile No: _____

Relationship to the Insured person: _____

2. Name of the Insurance Co. : IndiaFirst Life Insurance Company Limited

Office Address: 301, B Wing, The Qube, Infinity IT Park,
Dindoshi – Film City road, Malad (East),
Mumbai- 400 097

Division/Branch: _____

3. Policy Number : _____

4. Subject Matter of Complaint and brief facts of the case:

5. Date of Preferring your Claim/complaint to the Office (please enclose Copy of the letter):

6. Date of reply of Insurance Company (Please enclose a Copy of letter):

7. Are any Proceedings before any Court/Consumer Forum/Arbitrator on the same subject matter pending or were so earlier.

8. Nature and extent of monetary loss, if any (In case of General Insurance cases only)

9. Quantum of relief sought:

10. (a) Particulars of representation made against repudiation of claim to DO/RO/ ZO/Grievance Cell and Outcome thereof:

(b) If not made representation give reasons, if any:

11. I hereby declare and solemnly affirm that:

a) The information given above is true to the best of my knowledge and belief.

b) The complaint was lodged was lodged with the Insurance Company on _____ (Complaint date) as per copy enclosed and the company has rejected my claim/complaint/not replied even after a month/replied on _____ (replied on Date) but the same is not acceptable to me.

- c) The period of one year has not elapsed from the date of rejection letter or final from the Insurance Company.
- d) The Complaint is not on the same subject matter for which any proceedings before any court or consumer forum or arbitrator are pending/settled or were so earlier.
- e) The subject matter is not decided earlier by your office or any office of the Insurance Ombudsman.

12. I/We enclose copies of the following documents:

- 1) Copy of complaint letter written to the Insurance Company.
- 2) Copy of reply received from the said Insurance Company.
- 3) Copy of reminder, if any.

Yours faithfully,

(Name of the Complainant)

(Signature of the Complainant)

Date: _____

To,
The Insurance Ombudsman,

Dear Sir,

Re: Complaint against IndiaFirst Life Insurance Company Limited

Branch/Division: _____

Policy No.: _____

Name: _____

Your Reference No.: _____

With reference to your letter dated _____ (letter _date _of _Annex 6) on the above subject. I/We hereby give my/our unconditional and irrevocable consent for the Insurance Ombudsman to act as a mediator, between the Insurance Company and myself and give his recommendations for the resolution of complaint.

Kindly give your recommendation at the earliest.

Yours faithfully,

(Name of the Complainant)

(Signature of the Complainant)