

**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:

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

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

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

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

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9. Quantum of relief sought:

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

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

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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,

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(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)