

Consumer Complaint against insurer/insurance intermediary advice form

To: Supervisor of Insurance,
Administrative Building
2nd Floor,
Belmopan

From: Name of person filing complaint: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Date of Birth: _____

Identification Card: _____

Copy of Photo ID required.

1. Name of Insurer or insurance intermediary against whom complaint is being made:- _____

2. Name of Policyholder (other than Third party filing complaint): _____

3. Nature of complaint:-

- Claims Payment related Premium payment related Delayed response to queries raised other, please specify

4. Nature of your interest in this matter?

- As insured Party as injured Third party as assignee of policy or of interest in policy, other, please specify

5. Type of insurance policy involved:-

- a. Motor (If “motor”, state type of cover Comprehensive Third party Third Party Fire and Theft Act Liability only.)
- b. Property (Fire, theft, riot, strike, and malicious damage, hurricane, flood)
- c. Liability - Employer’s, Public, CAR
- d. Long-term: Life, Group Life, Annuity, Pension, riders for Personal Accident, Sickness and/or Disability extensions)
- e. Accident classes (Personal Accident, etc.)

6. Period covered by the insurance policy:- _____

7. Date of event giving rise to claim? _____

- For General insurance business – Please attach copy of Police Report.
- For Long-Term Insurance Business – Please attach relevant Report (medical certificate or death certificate).

Was premium fully paid up to make the insurance policy in force at date of event? Yes No Not Applicable

8. Were there any special conditions, warranties or stipulations attaching to the policy at the time? Yes No Not Applicable

If “yes”, what were these?

9. Is Insurer/Insurance intermediary refusing to pay claim? Yes No Not Applicable

If “yes” on what basis? — denying liability, contesting amount being claimed, other, please specify

10. State action(s) you have taken to date and insurer/insurance intermediary's response.

11. Have you consulted an Attorney-at-law to date on this matter?

Yes No Not Applicable

If "yes", which Attorney-at law is handling matter on your behalf?

12. Have you sought I Court action against insurer or insurance intermediary?

Yes No Not Applicable

If yes, please state date filed: _____

13. Has the case been tried and a Court Order secured?

Yes No Not Applicable

If yes, please attach a copy of said order.

14. What action do you wish to see taken by the Office of the Supervisor of Insurance in this matter?

Signature

Date form completed

For Official use only

Date Form Received by OSI:

Date response received from insurer/insurance intermediary:

Date of OSI's response to consumer:

Attachments:

- Police Record Original ____ Update ____
- Medical Certificate
- Death Certificate
- Letter by person filing complaint
- Copy of Insurance Policy

File No.:

Reference:

Complaint No.:

Reviewed by:

Comments: