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 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

11/30/2012  CAF01/02
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: