

Complaint Form

Policy Holder details.

Name:..... Surname :.....
NIF:.....
Adress:Province.....
Telephone:..... Fax:..... E-mail:.....

Policy details

Policy Number:..... Claim number:
Risk Insured (vehicle registration number, address of the insured home.....)
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Complaint Details

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Documents attached

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The person registering the complaint manifests that the reason for the complaint is not an object of any administrative, judicial or arbitration proceeding.

In..... on the ...of..... 201_

Customer Service Department: Ronda de Europa 7, 28760 Tres Cantos, Madrid.
Tel: 902 367 167
Fax: 902 123 237