Complaint and Claim Form

Policyholder details

Name:…….. Surnames:……..
Tax ID (NIF):……...
Address: ……Province:……
Telephone:…….. Fax:…… E-mail……..

Policy details

Policy No.:……. Claim No: ……
Insured property (vehicle registration number, home address, etc.):.....
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Claim details

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Attached Documentation

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The claimant states that the subject matter of the complaint or claim is not the subject of an administrative, legal or arbitration procedure.

……..……..……..……202_

Signed

Complaints and Claims Service
Isaac Newton nº7, 28760 Tres Cantos. Madrid