COMMERCIAL
General Insurance

COMPLAINTS MANAGEMENT FUNCTION
Commercial Union House
101 Arch. Makarios III Avenue, 1071 Nicosia
P.O. Box 21312, 1506 Nicosia, Cyprus
Telephone +357 22 505105 Fax +357 22 376155
E-mail clientservices@cgi.com.cy

COMPLAINT FORM

A. COMPLAINANT'S PERSONAL INFORMATION
NAME: SURNAME:
IDENTITY CARD NUMBER / COMPANY REGISTRATION NUMBER:
If the Complainant is a Legal Entity, please provide name of contact person:
ARE YOU A CLIENT OF COMMERCIAL GENERAL INSURANCE LTD? YES / NO

B. COMPLAINANT'S CONTACT DETAILS
MAILING ADDRESS:
E-MAIL:
FAX NUMBER:
TELEPHONE NUMBER: Home: Work: Mobile:

C. BRIEF DESCRIPTION OF COMPLAINT
(You are kindly requested to briefly describe your complaint and attach any relevant documentation. If the space below is not adequate, please continue on a separate sheet of paper. We shall contact you as soon as possible).

(Please indicate method of submission of the Complaint Form and also specify the number of attached documents)
Select: Fax / E-mail / By Hand / By Mail
Number of Attached Documents:

I hereby declare that I grant my express consent to Commercial General Insurance Ltd to collect and process data relating to myself, which may also include sensitive data, in relation to the above Complaint.

COMPLAINANT'S SIGNATURE …… DATE ……