

PROMUTUEL

INSURANCE

COMPLAINT FORM

Policy Number: _____

A) YOUR CONTACT INFORMATION

Last Name First Name

Home Address

No Street Apt.

City Province Postal Code

Telephone (home) Telephone (work) Extension

Fax Email

B) IDENTIFICATION OF THE FIRM

Mutual association Promutuel Réassurance

Name of your insurer, if applicable

Name of the person who processed your file

C) IDENTIFICATION OF THE PRODUCT ABOUT WHICH THE COMPLAINT IS BEING FILED? Check more than one product, if applicable.

Damage Insurance

- Auto
- Home
- Business
- Farm
- Other

Financial Security

- Life insurance
- Health/Disability insurance
- Critical illness insurance
- Travel Insurance

D) DESCRIBE YOUR COMPLAINT AND INCLUDE THE FOLLOWING INFORMATION:

the nature of the complaint, the damage you believe you have suffered and the events that led you to file a complaint, in chronological order.

Use an additional sheet, if necessary.

E) WHAT OUTCOME OR SETTLEMENT ARE YOU HOPING FOR?

Signature

Date

Please attach to this form copies of all documents that you consider important to analyse your complaint.
Please keep the originals.