



Client Dispute Form



Your Details

1. Surname

2. Given name(s)

3. Address

POSTCODE

4. Telephone

Business

Private

 []

 []

E-mail address

5. Contact name
(if there is a person acting on your behalf)

Contact phone number

E-mail address

 []

6. Policy number

7. Claim number

8. Date of initial claim

 / /

Dispute Details

9. Indicate what the dispute is regarding:

- 1. Agents
- 2. Employees
- 3. Policy Documentation
 - (a) Policies
 - (b) Proposals
 - (c) Renewal Decline
 - (d) Brochures
- 4. Claims
 - (a) Documentation/Information
 - (b) Processing (including delay)
 - (c) Rejections
 - (d) Assessors/Adjusters
 - (e) Investigators
- 5. Other Relating to Code

