



CLAIMANT'S ASSISTANCE REQUEST FORM

My complaint is against (one or more): Insurance company Pre-need company HMO
 Agent or broker Others _____

Please completely fill out this form and attach the documents listed below, as well as other documents and correspondence that will help us investigate your complaint. You may mail or personally deliver the filled-out form and its attachments to the Insurance Commission's Main Office and District Offices, or email it to publicassistance@insurance.gov.ph. Please note that a copy of this form and its attachments may be forwarded to the company / party you are complaining against.

REQUIRED ATTACHMENTS

For complaints against non-life insurance companies:

- (1) Copy of the policy;
- (2) Copy of the denial letter, if any; and
- (3) Copy of supporting documents, if any.

For complaints against HMOs:

- (1) Copy of the contract

For complaints against life insurance companies:

- (1) Copy of the policy;
- (2) Copy of the denial letter, if any; and
- (3) Copy of the supporting documents, if any.

For complaints against pre-need companies:

- (1) Copy of the contract; and
- (2) Copy of the Certificate of Full Payment

PLEASE PRINT, TYPE OR WRITE LEGIBLY IN BLACK OR BLUE INK

1 COMPLAINANT'S INFORMATION

Mr. Ms. Mx. _____

LAST NAME FIRST NAME MI

ADDRESS _____

PHONE NO. _____ MOBILE NO. _____

EMAIL _____

2 POLICY / CONTRACT INFORMATION

NAME OF POLICYHOLDER / PLANHOLDER / MEMBER _____

ISSUING COMPANY _____

POLICY / PLAN / CERTIFICATE NO. _____ DATE ISSUED _____

NAME OF POLICY / PLAN / PRODUCT _____

NAME OF AGENT / BROKER / INTERMEDIARY (if applicable) _____

3 TYPE OF PRODUCT

<input type="checkbox"/> Fire insurance	<input type="checkbox"/> Marine insurance	<input type="checkbox"/> Motor car insurance
<input type="checkbox"/> Health insurance	<input type="checkbox"/> Personal accident insurance	<input type="checkbox"/> Engineering insurance
<input type="checkbox"/> Life insurance	<input type="checkbox"/> Microinsurance	<input type="checkbox"/> HMO
<input type="checkbox"/> Pre-need	<input type="checkbox"/> Others _____	

4 REASON FOR COMPLAINT (Choose all that apply)

Denial of claim Issues with claims payment Issues with premium / fee

Issues with renewal / cancellation Others _____

