

POLICYHOLDER COMPLAINT FORM (For Official Use Only) – Complaint No.

PERSONAL DETAILS					
NAME	.....			
SURNAME	.....			
ADDRESS	.....			
CITY	.....			P.C	.....
TELEPHONE NUMBER	.....	MOBILE	.....	FAX	.....
EMAIL	.....			
DO YOU HAVE A POLICY WITH ATLANTIC?	<input type="checkbox"/> YES (POLICY NUMBER:) <input type="checkbox"/> NO				
DO YOU REGISTER COMPLAINT ON BEHALF OF OTHER POLICYHOLDER?	<input type="checkbox"/> YES (POLICY NUMBER:) <input type="checkbox"/> NO				
HOW TO COMMUNICATE?	<input type="checkbox"/> TELEPHONE <input type="checkbox"/> MAIL <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL				

Please return your completed form, together with any attachments to:
Email: complaints@atlantic.com.cy or
Fax: 22-886197

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SIGNATURE & DATE	
POLICYHOLDER SIGNATURE	DATE
.....

FOR OFFICIAL USE ONLY

TYPE OF INSURANCE	<input type="checkbox"/> ACCIDENT	<input type="checkbox"/> MOTOR	<input type="checkbox"/> MARINE
	<input type="checkbox"/> AVIATION	<input type="checkbox"/> PROPERTY	<input type="checkbox"/> LIABILITY
	<input type="checkbox"/> HEALTH	<input type="checkbox"/> OTHER	
	COMPLAINTS FORM REGISTERED BY THE POLICYHOLDER		
	COMPLAINT REGISTERED BY THE POLICYHOLDER WITHOUT SUBMITTING THE FORM <input type="checkbox"/> VERBALLY <input type="checkbox"/> LETTER BY HAND <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> OTHER (.....)		
NAME/SURNAME RECEIVER		
RECEIVER'S DEP'T		
RECEIVED DATE		

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