

POLICYHOLDER COMPLAINT FORM

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?	YES (POLICY NUMBER:)						
DO YOU REGISTER COMPLAINT ON BEHALF OF OTHER POLICYHOLDER?	☐ YES (POLICY NUMBER:) ☐ NO						
HOW TO COMMUNICATE?	TELEPHONE	☐ MAIL	☐ FA	X	☐ EMAIL		

Please return your completed form, together with any attachments to:

Email: complaints@atlantic.com.cy or

Fax: 22-886197



POLICYHOLDER COMPLAINT FORM

COMPLAINT DETAILS						
TYPE OF COMPLAINT	UNDERWRITING CLAIMS HANDLING RECEPTION/ CUSTOMER SERVICE EXTERNAL COOPERATOR					
	OTHER ()					
	NAME/SURNAME					
DOES YOUR COMPLAINT RELATE TO A SPECIFIC EMPLOYEE?	☐ YES					
	□ NO					
	DEPARTMENT					
DOES YOUR COMPLAINT RELATE TO A SPECIFIC	☐ YES					
DEPARTMENT?	□ NO					
PLEASE GIVE A BRIEF SUMMARY OF YOUR COMPLAINT						
PLEASE GIVE A BRIE	F SUMMARY OF YOUR COMPLAINT					
	attach copies of the most recent correspondence you have received in					
(NOTE: Please also a	attach copies of the most recent correspondence you have received in					
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SIGNATURE & DATE						
POLICYHOLDER SIGNATU	RE	DATE				
FOR OFFICIAL USE ONLY						
TYPE OF INSURANCE	ACCIDENT	MOTOR	MARINE			
	AVIATION HEALTH	☐ PROPERTY ☐ OTHER	LIABILITY			
	COMPLAINTS FORM REGISTERED BY THE POLICYHOLDER					
	COMPLAINT REGISTERED BY THE POLICYHOLDER WITHOUT					
	SUBMITTING THE FORM					
	☐ VERBALLY ☐ LETTER BY HAND					
	FAX					
	☐ EMAIL ☐ MAIL					
	OTHER ()					
NAME/SURNAME						
RECEIVER						
RECEIVER'S DEP'T						
RECEIVED DATE						

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