



Sompo Japan Nipponkoa Insurance (Thailand) Plc.

Complaint Form

Claim no.....

Date.....Month.....Year.....

Complaint of Motor Property Miscellaneous Cargo Marine Others.....

Policy no. Claim no.....

1. Name..... Surname

Identification Card no. Tel.Mobile

Home Address

Address for convenient contact

Submit this claim as Insured Beneficiary Third Party Person who has power of attorney Victim

2. Details of the complaint.....

I hereby enclose Attachment (as per attached)

Signature.....Complainant

SignatureComplaint Officer

...../...../.....

For person who considers the complaint

Cause of complaint

Fact and resolution.....

Conclusion

Complainant accepts the resolution

Complainant does not accept the resolution because

Signature.....Person who considers the complaint

(.....)

...../...../.....

For Complainant who walks in

Claim no.....

Date.....Month.....Year.....

The Company has received complaint from according to the

Policy no. Claim no.....

The result will be notified within(This complaint does not cause the prescription to pause.)

Signature.....Complaint Receiver

Tel.

(.....)

Fax.

Attachment

- Copy of identification card
- Copy of police daily memorandum
- Copy of result of alcohol in blood test
- Copy of medical history
- Temporary receipt / Premium Payment Slip
- Result of Lab Test
- Other