UNITED INSURANCE

United Insurance Company PLC · Established 1972 · Amman, Jordan

Suggestions & Complaints Form

Customer Care

CUSTOMER INFORMATION

FULL NAME

NATIONAL ID

MOBILE

EMAIL

POLICY NO. (IF ANY)

CASE DETAILS

TYPE (SUGGESTION / COMPLAINT / INQUIRY)

DATE OF INCIDENT

SUBJECT

BRANCH / DEPARTMENT CONCERNED

PREFERRED CONTACT METHOD

DETAILED DESCRIPTION

DESIRED RESOLUTION

DOCUMENTS ATTACHED

COPY OF POLICY

CORRESPONDENCE

RECEIPTS / OTHER

DECLARATION

I/We declare that the information given above is true and complete to the best of my/our knowledge.
I/We agree that this form, together with any other information provided, shall form the basis of the insurance contract.
I/We authorize United Insurance Company PLC to verify and process this data in line with its privacy policy.

APPLICANT SIGNATURE

DATE