

Complaints form

(PLEASE USE BLOCK CAPITALS)

Your reference Complaint number

YOUR DETAILS

First Name Surname

Address

..... Number Box

Zip Code City Country

Email address

Tel* Mobile*

**please include country codes*

Are you The customer Insured party Damaged party?

Your complaint concerns

An insurance company

Expat & Co

An intermediary:

Policy number

Formulate your complaint concisely here:

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.....

.....

.....

Date Signature

Smart coverage for global citizens.