

**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:

.....  
.....  
.....  
.....

Date ..... Signature .....

**Smart coverage for global citizens.**

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