

Complaint form

*Thank you for
taking the time to
lodge a complaint.*

Please complete this form fully so that we may resolve your complaint as quickly and fairly as possible.

Please return this form to our offices at:
2/2 James St, Whangarei.

YOUR DETAILS

Complainant(s) (If the complainant is not the policyholder, please explain relationship)

CLIENT DETAILS

Company Name (if applicable)

Title Mr/Mrs/Ms/Miss

Surname

First Name

Street Address

Postal Address

Home Telephone

Work Telephone

Mobile

Fax

Email Address

POLICY DETAILS (If available and/or relevant)

Insurance Company Name

Broker

Policy No.

Type of Policy

Expiry Date

Amount in dispute

Complaint form cont.

COMPLAINT DETAILS

What is your complaint? (Please provide us with any documentation/correspondence related to the complaint)

If not stated above what do you think should be done to resolve the matter

Have you referred your dispute to any other organisation for resolution eg. IBANZ, Your insurer, ICNZ

Yes No

If Yes, please give details

PRIVACY ACT 1993

The personal information supplied by you to Adams Trimmer Insurance or obtained about you by Adams Trimmer Insurance, will be used only for the investigation of your complaint or, at the conclusion of the investigation, for reference purposes with Adams Trimmer Insurance.

To enable the investigation of your complaint, personal information about you may be disclosed to the insurance company, or to a third party, unless you advise us that you wish specific information not to be disclosed. You have the right to request access to and correction of any personal information held by Adams Trimmer Insurance. You are entitled to be supplied, on request, with details of any agencies to which Adams Trimmer Insurance has disclosed personal information about you. Failure to supply any personal information requested by Adams Trimmer Insurance may affect the ability of Adams Trimmer Insurance to consider and investigate your complaint.

AUTHORISATION

I/We accept that my/our complaint will be investigated in accordance with the provisions of the Privacy Act 1993

Client(s) Signature

Date

Complainant(s) Signature (if not client)

Date