

DATA FORMAT FOR REGISTERING COMPLAINT WITH IRDA

*Name of Complainant	
Communication Details	
*Door No / Bldg Name / Floor	
Street / Area	
*City/Town/Panchayath/Village	
Taluk/Tehzil	
District	
*State	
*Pin Code	
E- Mail	
Telephone No	
*Mobile No	
Fax No	
*Insurance Type (Please mention Insurance Type	
*Life	Not Applicable
* Non Life	NON LIFE
*Insurance Company Name	UNITED INDIA INSURANCE CO LTD
*Date of Birth of Policy Holder	
*Policy No:	
Cover Note:	NOT PROVIDED
Other Reference No:	
Policy serving Branch Code/Address	500100 / VULCAN INSURANCE BUILDING, DOOR NO.77, GROUND FLOOR, VEER NARIMAN ROAD, MUMBAI 400020, MAHARASHTRA
*Details of the Complaint (Please type the full details of the complaint)	AS PER ENCLOSURE
*Have you Approached Insurance Company Regarding This Grievance (If Yes Provide Ref No)	YES. MY LETTER DATED

*Mandatory fields

DATE:

PLACE:

SIGNATURE OF COMPLAINANT