

COMPLAINT FORM

Settlement of Debate on financial service providers

FINANCIAL ORGANISATION COMPLAINED OF

Name: Allianz Hungária Zrt.
 Address: 1087 Budapest Könyves Kálmán krt. 48-52.

CUSTOMER:

Name: _____
 Policy number/client ID/claim number: _____
 Address: _____ city,
 _____ street, number (floor, number)
 Phone number: _____ / _____
 Way of notification: postal letter: _____ city,
 _____ street, number (floor, number)
 mail: _____

Way of complaint (to be marked):

- personally, (please to be marked)
- complaint form completed by the Customer
 - complaint form completed by the administrator upon request of the Customer
 - complaint written in advance by the Customer
- by phone
- by e-mail, or fax

Detailed list of documents attached hereto (e.g.: invoice, contract, power of attorney)

1. _____
2. _____
3. _____
4. _____

Place of making complaint if the complaint was made in person (agency, contact point):

Name: _____
 Address: _____ city,
 _____ street, number (floor, number)

I. CUSTOMER'S COMPLAINT AND REQUEST

Date of complaint (in personally): _____ year _____ month _____ day

The complaint sent to the financial organisation should be posted as registered letter. The organisation concerned by the complaint has 30 days after receipt to investigate the complaint and send its written answer including its reasoned standpoint and the measures taken to the customer. If you have not received a response or you have a question about your complaint, please call our contact centre: +36 (1/20/30/70) 421-1-421.

Type of complaint (e.g Casco, MTPL): _____

Reason of complaint:

- | | |
|--|--|
| <input type="checkbox"/> No service was provided | <input type="checkbox"/> Misinformation |
| <input type="checkbox"/> No proper service was provided | <input type="checkbox"/> Disagree with the change of fee/cost/interest |
| <input type="checkbox"/> Delayed service | <input type="checkbox"/> Disagree with the additional costs |
| <input type="checkbox"/> The service was not properly provided | <input type="checkbox"/> Disagree with other terms and conditions |
| <input type="checkbox"/> The service was terminated | <input type="checkbox"/> Disagree with the amount of compensation |
| <input type="checkbox"/> Claim demand | <input type="checkbox"/> Compensation was refused |
| <input type="checkbox"/> Not satisfied with the circumstances | <input type="checkbox"/> No proper compensation was provided of administration |
| <input type="checkbox"/> Termination of contract | <input type="checkbox"/> Incomplete information |

Other complaint and its reason:

II. Detailed description of complaint:

Dated: _____, _____] year _____] month _____] day Signature: _____

Certification of acceptance:

Date: _____] year _____] month _____] day

Name: _____ Stamp: _____