# CUSTOMER COMPLAINT FORM
## *BORANG ADUAN PELANGGAN*



DETAILS OF COMPLAINANT/ *BUTIR-BUTIR PENGADU:*

Name/ *Nama*: .....

Contact No/ *No. Telefon* : .....

Address/ *Alamat*::.....

Policy or Claims No/ *No Polisi atau rujukan tuntutan* : .....

Type of Insurance Policy/ *Jenis Polisi Insuran:* Motor/ *Motor* Vehicle No/ *No. Kenderaan*:..... .....

Non Motor(Please state)/ Bukan Motor (Sila nyatakan):.....

PLEASE TICK ( b ) TYPE OF COMPLAINT/ *SILA TANDAKAN ( b ) JENIS ADUAN ANDA:*

**Claims/*Tuntutan*** 1 Delay/*Kelewatan* 1 Unsatisfactory offer/*Tidak berpuas hati dengan tawaran* 1 Repudiation/ *Penolakan*

**Underwriting/ *Pengunderaitan*** 1 Non-renewal/*Tiada pembaharuan* 1 Delay in policy issuance/ *Kelewatan mengeluarkan polisi*

1 Policy cancellation/Premium refund/ *Pembatalan polisi/ Pemulangan premium*

**Marketing & Sales/ *Pemasaran & Penjualan*** 1 Agent's services/*Perkhidmatan ejen* 1 Selling techniques/*Teknik jualan*

1 Misleading illustrations & brochures/ *Risalah yang mengakibatkan salah faham*

1 Others (Please state)/ *Lain-lain (Sila nyatakan):*.....

**DESCRIPTION OF THE COMPLAINT/ *BUTIR-BUTIR ADUAN*:**

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Signature of Complainant/ *Tandatangan Pengadu:*..... ..... Date/ *Tarikh* :.....

PLEASE SUBMIT THE DULY COMPLETED FORM TO:
*SILA HANTARKAN BORANG YANG LENGKAP KE ALAMAT BERIKUT*:

**CUSTOMER COMPLAINT UNIT**
KURNIA INSURANS (MALAYSIA) BHD
MENARA KURNIA,
NO. 9, JALAN PJS 8/9,
46150 PETALING JAYA, SELANGOR.
TEL: 03-7876 1158
FAX: 03-7876 0891

For office use only:
Date received : _____ Fax Mail Call In Walk In
Received by : _____
Department : _____