# 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 (✔) TYPE OF COMPLAINT /*SILA TANDAKAN (✔) JENIS ADUAN ANDA:*

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

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

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

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

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

☐ 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
LEVEL 19, MENARA KURNIA,
NO. 9, JALAN PJS 8/9,
46150 PETALING JAYA, SELANGOR.
TEL: 03-7876 1158
FAX: 03-7876 0891

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Department :_____