

Your details

Name:

First name:

Street, number:

Postcode, town:

Phone number:

Email:

Details of the insurance company you're complaining about

Name of insurer

Facts: What has happened?

Date: When did the damage occur?

Expectations: What is your complaint about? What would you like to happen?

Supplementary information

	Yes	No
Have you already made your claim to the insurer?	<input type="checkbox"/>	<input type="checkbox"/>
Has the insurer sent you its written answer?	<input type="checkbox"/>	<input type="checkbox"/>
Has there been any court action related to your claim?	<input type="checkbox"/>	<input type="checkbox"/>
Have you engaged a lawyer, insurance advisor, legal protection insurance or another specialist in the matter?	<input type="checkbox"/>	<input type="checkbox"/>

Have you enclosed photocopies of all relevant documents?

	Yes
Insurance policy or pension certificate	<input type="checkbox"/>
General terms and conditions of insurance or regulations	<input type="checkbox"/>
Correspondence with the insurance company incl. its written statement	<input type="checkbox"/>
Further relevant documents	<input type="checkbox"/>

Declaration of consent

I would like the Swiss Insurance Ombudsman to consider my complaint.

- I authorise the Swiss Insurance Ombudsman to enter into direct contact with the insurance company if he considers it appropriate and forward to it, at his own discretion, letters and documents that I provide him with.
- I am aware of and consent to the following: correspondence exchanged between the Swiss Insurance Ombudsman and me and the insurance company, respectively, during the intervention will not be forwarded. I shall receive a copy of the insurance company's final statement.
- I understand that if I inform the involved insurance company that I have submitted a complaint to the Swiss Insurance Ombudsman, he may inform the involved insurance company whether this is true and whether he deems it necessary to resolve the complaint through an intervention. If he does not intend to intervene, he will keep the reasons underlying this decision confidential.

Place, date

Signature

Permission

If someone is complaining on your behalf (e.g. relative, acquaintance, conservator) please give us their details.

Name:

First name:

Street, number:

Postcode, town:

Phone number:

Email:

<input type="text"/>	_____	<input type="text"/>	_____
Date	Signature	Date	Signature (Representative)