



Complaint Form

About you – Please tell us:

| |
|---------------------------------------|
| Your title * Mr./Ms./Mrs./M/s : _____ |
| Your name* : _____ |
| Your email address* : _____ |

| | |
|--|--|
| How would you like us to contact you? * :(please tick) | |
| <input type="checkbox"/> Email Post | |
| <input type="checkbox"/> Phone - Preferred time | <input type="checkbox"/> 9.30 am to 12 noon <input type="checkbox"/> 12 noon to 5.30 pm. |
| Please tell us your phone number* | |
| Landline: | Mobile : |

| | |
|------------------------------|----------|
| Please tell us your address* | |
| Address Line 1: | |
| Address Line 2: | |
| County: | City: |
| Postcode: | Country: |

About your complaint

| | |
|---|-----------------------------|
| Are you a New India customer or contacting us about a New India policy? * | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the complaint relate to a claim? * | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| |
|--------------------------------|
| Tell us what has gone wrong? * |
| |

| |
|-------|
| Name: |
| |
| Date: |
| |

**mandatory field*

If you've got some documents or pictures, you'd like us to see you can attach them with the complaint form.