



Ace Synergy Insurance Berhad (364935-P)

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COMPLAINT FORM / BORANG ADUAN

Customer's Reference No. No. Rujukan Pelanggan	Our Reference No. No. Rujukan Kami
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FAX **E-MAIL** **LETTER** **WALK-IN** **PHONE** **BNM**

INSURED INFORMATION / MAKLUMAT PEMEGANG POLISI

Date / Tarikh _____

Insured Name /

Nama Pemegang Polisi _____

I/C No. /

No. K/P _____

Policy No. /

No. Polisi _____

Vehicle No. /

No. Kenderaan _____

Date of Loss /

Tarikh Kehilangan _____

Claim No. /

No. Tuntutan _____

Tel No. /

No. Tel _____

Fax No. /

No. Fax _____

Detail of Complainant (if complaint is other than the Insured. Please specify the nature of relationship with the insured)

Maklumat Pengadu (Jika Pengadu bukan Pemegang Polisi. Sila nyatakan hubungan dengan pemegang polisi) _____

DESCRIPTION OF THE SERVICE YOU ARE COMPLAINING ABOUT

HURAIAN TENTANG ADUAN PERKHIDMATAN YANG DIBUAT

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> CAR
KERETA | <input type="checkbox"/> MOTORCYCLE
MOTORSIKAL | <input type="checkbox"/> NON-MOTOR
BUKAN INSURAN MOTOR | <input type="checkbox"/> Bodily Injury
Kemalangan Diri |
| <input type="checkbox"/> Own Damage Claims
Tuntutan Kerosakan Sendiri | <input type="checkbox"/> Own Damage (KFK)
Tuntutan Kerosakan Sendiri (KFK) | <input type="checkbox"/> T.P.P.D
Tuntutan Pihak Ketiga | |
| <input type="checkbox"/> Theft Claims
Tuntutan Kecurian | <input type="checkbox"/> Windscreen
Cermin Kenderaan | <input type="checkbox"/> Others
Lain-Lain | |

NATURE OF COMPLAINT (Please tick (√) in the appropriate boxes)

PERIHAL ADUAN (Sila tanda (√) di kotak yang disediakan)

- | | |
|--|---|
| <input type="checkbox"/> (1) Delay in processing claims (includes delay in reply to correspondence related to claims)
Penangguhan dalam proses tuntutan (termasuk penangguhan surat menyurat berkaitan tuntutan) | <input type="checkbox"/> (9) Repudiation of liability
Penolakan tanggungan |
| <input type="checkbox"/> (2) Delay in payment of claims (other than court award)
Penangguhan pembayaran tuntutan (selain kes Mahkamah) | <input type="checkbox"/> (10) Issues on cancellation of policy
Memperbaharui Polisi yang telah dibatalkan |
| <input type="checkbox"/> (3) Delay in payment of court award
Penangguhan pembayaran bagi kes Mahkamah | <input type="checkbox"/> (11) No Claim Discount entitlement (NCD)
Kelayakan untuk potongan diskaun (NCD) |
| <input type="checkbox"/> (4) Delay in reply to correspondence
Penangguhan dalam urusan surat menyurat | <input type="checkbox"/> (12) Bonus Entitlement
Kelayakan Bonus |
| <input type="checkbox"/> (5) Delay in issuance of policy / Non-receipt of policy
Pengeluaran Polisi tertangguh / Polisi tidak diterima | <input type="checkbox"/> Vehicle still not repair
Kenderaan masih belum dibaiki |
| <input type="checkbox"/> (6) Unsatisfactory amount of settlement / offer
Tawaran / Jumlah tuntutan tidak memuaskan | <input type="checkbox"/> Error in policy
Kesilapan didalam Polisi |
| <input type="checkbox"/> (7) Conduct of agent
Kelakuan Agent | <input type="checkbox"/> Refund of Premium
Pemulangan bayaran premium |
| <input type="checkbox"/> (8) Refusal to renew / insure
Enggan untuk memperbaharui / Menginsurankan | |
| <input type="checkbox"/> (13) Others
Lain-lain _____ | |

FOR OFFICE USE

REOPEN	DATE	CLOSE DATE	NO. OF DAYS

Brief explanation of the complaint

Penerangan ringkas berkenaan aduan _____

Signature of Insured / Complainant

Tandatangan pemegang polisi / pengadu _____

Date / Tarikh _____