



# Ace Jerneh Insurance Berhad ((9827-A)

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## COMPLAINT FORM / BORANG ADUAN

<b>Customer's Reference No.</b> No. Rujukan Pelanggan	<b>Our Reference No.</b> 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"/> <b>CAR</b><br>KERETA                                   | <input type="checkbox"/> <b>MOTORCYCLE</b><br>MOTORSIKAL                             | <input type="checkbox"/> <b>NON-MOTOR</b><br>BUKAN INSURAN MOTOR | <input type="checkbox"/> <b>Bodily Injury</b><br>Kemalangan Diri |
| <input type="checkbox"/> <b>Own Damage Claims</b><br>Tuntutan Kerosakan Sendiri | <input type="checkbox"/> <b>Own Damage (KFK)</b><br>Tuntutan Kerosakan Sendiri (KFK) | <input type="checkbox"/> <b>T.P.P.D</b><br>Tuntutan Pihak Ketiga |  |
| <input type="checkbox"/> <b>Theft Claims</b><br>Tuntutan Kecurian               | <input type="checkbox"/> <b>Windscreen</b><br>Cermin Kenderaan                       | <input type="checkbox"/> <b>Others</b><br>Lain-Lain              |  |

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

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

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