

To the Attention of
the Complaints Department of
the Insurance Company Euroins AD
Branch Greece

COMPLAINT

under the provision of the Bank of Greece P.E.E 88/05.04.2016

Please fulfil the relevant to the complaint act

I. Complainant's data

<input type="checkbox"/> local natural person	<input type="checkbox"/> foreigner	<input type="checkbox"/> entity
Full name by ID of the complainant		
Type and number of personal ID number		

II. Data of the SUBMITTER of the complaint¹ (shall not be completed when matched with Section I)

Statute of the submitter	<input type="checkbox"/> Personal	<input type="checkbox"/> Legal representative	<input type="checkbox"/> Attorney
Full name by ID			
Quality of the legal representative			
Power of Attorney/ Proxy	No/Date		
	Notary		

IIA. Data of intermediary

Statute of the intermediary	<input type="checkbox"/> Acting on its own interests	<input type="checkbox"/> Acting as representative of insured person ²
Full name by ID		
Intermediary number		
Power of Attorney/Proxy	No/date	
	Notary	

III. Address for Correspondence

Exact address			
Phone/fax		Email	
<input type="checkbox"/>	I would like to be informed for the decision and all relevant matters on my e-mail, as declared above		

IV. ID and type of insurance service concerned

¹ The sender of the complaint is the NATURAL PERSON, who submits the complaint.

² By fulfilling, the intermediary declares with all following arrangements and responsibilities that it has the authority and is compliant regarding insured person interests and will.

<input type="checkbox"/> Insurance contract/ policy		<i>No /of policy/</i>
MTPL <input type="checkbox"/>	Assistance <input type="checkbox"/>	
Property <input type="checkbox"/>	Personal Accident <input type="checkbox"/>	
Surety Bonds <input type="checkbox"/>	Other <input type="checkbox"/>	
<input type="checkbox"/> Claims handling		<i>No /of claim/</i>
Denial or not sufficient repair amount <input type="checkbox"/>	Procedure delay <input type="checkbox"/>	
Coverage <input type="checkbox"/>	Other <input type="checkbox"/>	
<input type="checkbox"/> Other		<i>Please shortly describe the service regarding your demand</i>

Circumstances of the case

Please briefly and clearly describe what are the circumstances concerning your dissatisfaction

V. Request (please formulate your demand accurately and clearly):

VI. I herein attach the following documents (to examine your complaint more objectively, fully, and *quickly, please provide and attach copies of documents in support of your complaint*):

1.
2.
3.

4.

I'm aware that this dispute is free of charge.

Date:

Signature.....