

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>I would like to be informed for the decision and all relevant matters on my e-mail, as declared above</i>		

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.

IV. ID and type of insurance service concerned

<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.....