



CUSTOMER COMPLIMENTS, COMMENTS AND COMPLAINTS FORM

All sections as marked * are to be completed when giving feedback

All personal details remain CONFIDENTIAL

Feedback will be acknowledged within 5 working days of receipt and a resolution within 15 days

CUSTOMER DETAILS

*Name of person making giving feedback:

*Residential Address:

*Postal Address:

*Mobile Contact: *Email:

FEEDBACK DETAILS

Date of Incident (if relevant): Time:

*Branch of Incident:

*Who / What is the subject of your feedback:

*Summary of feedback:

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WITNESS DETAILS (if applicable)

Name:

Address: Contact Number:

FEEDBACK OUTCOME:

Is there any outcome you would like from the feedback provided? Yes No

If yes, please provide details:

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Preferred Mode of Contact:

I hereby declare that the information provided above is true and correct to the best of my knowledge and belief.

* Customer's Signature: Date:

Submit written feedback by:

- Post: Geminia Insurance Co. Ltd P.O. Box 61316 – 00200 Nairobi, Kenya
- Emailing to: customer.experience@geminia.co.ke

Hand delivery to: Name of Branch