

## COMPLAINT FORM

### Personal Information

First Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Gender:  Male  Female

Date of Birth: \_\_\_\_\_

Emirates ID: \_\_\_\_\_

Insurance Card Number: \_\_\_\_\_

Contact number: \_\_\_\_\_

Email ID: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Complaint Details

Date:     /     /

Time:

Nature of complain:

Quotations

Cards

Claims

Customer Services

TPA Services

Others

Complaint Subject:

\_\_\_\_\_

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## COMPLAINT FORM

Complaint Details

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### Verification

I \_\_\_\_\_ hereby stat that the facts set forth are true and correct for best of my knowledge, information and belief, and I expect to be able to prove the same at hearing held in this matter.

Signature: \_\_\_\_\_

Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Send to:

Email ID: [medicalsupport@alsagrins.ae](mailto:medicalsupport@alsagrins.ae) or Fax: 04-2821873