

## COMPLAINT FORM

Settlement of Debate on financial service providers

### FINANCIAL ORGANISATION COMPLAINED OF

Name: Allianz Hungária Zrt.  
Address: 1087 Budapest Könyves Kálmán krt. 48-52.

### CUSTOMER:

Name: \_\_\_\_\_  
Policy number/client ID/claim number: \_\_\_\_\_  
Address: \_\_\_\_\_ city,  
\_\_\_\_\_ street, number (floor, number)  
Phone number: \_\_\_\_\_ / \_\_\_\_\_  
Way of notification:  postal letter: \_\_\_\_\_ city,  
\_\_\_\_\_ street, number (floor, number)  
 mail: \_\_\_\_\_

Way of complaint (to be marked):

- personally, (please to be marked)
- complaint form completed by the Customer
  - complaint form completed by the administrator upon request of the Customer
  - complaint written in advance by the Customer
- by phone  
 by e-mail, or fax

Detailed list of documents attached hereto (e.g.: invoice, contract, power of attorney)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Place of making complaint if the complaint was made in person (agency, contact point):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ city,  
\_\_\_\_\_ street, number (floor, number)

### I. CUSTOMER'S COMPLAINT AND REQUEST

Date of complaint (in personally): \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

The complaint sent to the financial organisation should be posted as registered letter. The organisation concerned by the complaint has 30 days after receipt to investigate the complaint and send its written answer including its reasoned standpoint and the measures taken to the customer. If you have not received a response or you have a question about your complaint, please call our contact centre: +36 (1/20/30/70) 421-1-421.

Type of complaint (e.g Casco, MTPL): \_\_\_\_\_

**Reason of complaint:**

- |  |  |
|--|--|
| <input type="checkbox"/> No service was provided               | <input type="checkbox"/> Misinformation  |
| <input type="checkbox"/> No proper service was provided        | <input type="checkbox"/> Disagree with the change of fee/cost/interest         |
| <input type="checkbox"/> Delayed service                       | <input type="checkbox"/> Disagree with the additional costs                    |
| <input type="checkbox"/> The service was not properly provided | <input type="checkbox"/> Disagree with other terms and conditions              |
| <input type="checkbox"/> The service was terminated            | <input type="checkbox"/> Disagree with the amount of compensation              |
| <input type="checkbox"/> Claim demand                          | <input type="checkbox"/> Compensation was refused                              |
| <input type="checkbox"/> Not satisfied with the circumstances  | <input type="checkbox"/> No proper compensation was provided of administration |
| <input type="checkbox"/> Termination of contract               | <input type="checkbox"/> Incomplete information                                |

Other complaint and its reason:

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**II. Detailed description of complaint:**

Dated: \_\_\_\_\_, \_\_\_\_\_] year \_\_\_\_\_] month \_\_\_\_\_] day Signature: \_\_\_\_\_

**Certification of acceptance:**

Date: \_\_\_\_\_] year \_\_\_\_\_] month \_\_\_\_\_] day

Name: \_\_\_\_\_ Stamp: \_\_\_\_\_