**POLICYHOLDER COMPLAINT FORM**

If you have a complaint about insurance at Lloyd’s, the Complaints team may be able to help you to resolve it.

For full details, please see [www.lloyds.com/complaints](http://www.lloyds.com/complaints). You can contact us for help or advice on 0207 327 5693 or e-mail [complaints@lloyds.com](mailto:complaints@lloyds.com)

It will help us to deal with your complaint if you complete as much of this form as possible. If you do not know something, or it does not apply to you or your complaint, just leave it blank or write ‘N/A’ in the relevant section.

Please complete in block capitals

ABOUT YOU

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Policyholder details | |  | representative acting for you\* | |
| Mr/Mrs/Ms |  |  | Name |  |
| First Name |  |  |  |  |
| Surname |  |  |  |  |
| Address |  |  | Address |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Postcode |  |  | Postcode |  |
| Telephone No |  |  | Telephone No |  |
| Email |  |  | Email |  |

\*A representative can be a professional adviser or just a friend or family member. If you employ a professional to complain on your behalf you will have to meet their costs yourself.

If your complaint concerns your business

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Business |  | | |
| Group Annual Turnover € | |  |

**ABOUT YOUR Insurance POLICY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Who did you buy your insurance from? | |  |  |  |
| Name |  |  | Type of insurance (e.g. Motor, Household etc.) | |
| Address |  |  |  |  |
|  |  |  | If Motor, please provide Registration Number | |
|  |  |  |  | |
| Postcode |  |  | When did this insurance policy start? | |
| Telephone No |  |  |  | |
| Email |  |  |  | |

|  |  |
| --- | --- |
| Policy / Certificate Number |  |

|  |  |
| --- | --- |
| The Lloyd’s syndicate which provides the insurance, if known |  |

**Please attach a copy of the policy certificate or schedule and any other relevant documents you may have.**

**ABOUT YOUR complaint**

|  |  |
| --- | --- |
| Who is your complaint against? |  |

Does your complaint relate to a claim? YES/NO (circle as appropriate)

If YES, when did the claim occur? / /

|  |  |
| --- | --- |
| Claim Number |  |

**The** Financial Ombudsman Service

To enable us to establish how to handle your complaint please could you confirm whether you have contacted the Financial Ombudsman Service (FOS) regarding this complaint?

YES/NO (circle as appropriate)

|  |  |
| --- | --- |
| FOS Reference |  |

**Please provide a summary of your complaint**

|  |
| --- |
|  |
|  |
|  |
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|  |

***Please attach copies of any correspondence you have received relating to your complaint***

**What resolution would you like?**

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| --- |
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|  |

Data Protection

I would like the Complaints team to consider my complaint.

* I acknowledge that Complaints holds my personal data, including personal data ("Personal Data"), which I have provided.
* I consent to Complaints processing my Personal Data for the purposes of considering my complaint.
* I consent to my Personal Data being disclosed by the Complaints team to third parties for the purposes of considering my complaint.

|  |  |  |
| --- | --- | --- |
|  |  | / / |
| Policyholder Signature |  | Date |

|  |  |  |
| --- | --- | --- |
|  |  | / / |
| Representative Signature |  | Date |

(if applicable)

What to do next

Please return your completed form, together with any attachments to the address below.

Complaints

Lloyd’s

Fidentia House

Walter Burke Way

Chatham Maritime

Kent

ME4 4RN

|  |  |
| --- | --- |
| **Telephone:** | (020) 7327 5693 |
| **Email:** | [complaints@lloyds.com](mailto:complaints@lloyds.com) |
| **Website:** | [www.lloyds.com/complaints](http://www.lloyds.com/complaints) |
|  |  |

We will contact you within 2 working days to confirm receipt and explain how we will handle your complaint.