



INSURANCE TRIBUNAL

REPORT/ COMPLAINT FORM

RETURN COMPLETED FORM TO:

Secretary, Insurance Tribunal
Financial Services Commission
Pasea Estate, Tortola VG1110
British Virgin Islands
insurancetribunal@bvifsc.vg
1 (284) 494 4190 Ext. 4770

Note:

If insurance was obtained through an Insurance Agent, the name of the Insurance Agent may be mentioned along with that of the Insurance Company against which this Report or Complaint is being lodged. Accordingly, wherever in this Form 'Insurance Company' is mentioned, you may add the name of the Insurance Agent.

In the Matter of

(Insurance Company)

And

(Name of Insured)

This Report/Complaint is filed by *(name of Insured)* **of**
(address of Insured) **as provided hereunder.**

Address 1:

Address 2:

City: Country: Postal Code:

1. The Insured is representing himself or herself/ represented by
*(name of person representing the Insured) of (address of representative)**

Address 1:

Address 2:

City: Country: Postal Code:

and I can be contacted at Telephone No.:

or Email Address:

2. Indicate when the Insured entered into a contract of insurance (that is, the inception of the Insurance Policy) with the Insurance Company by stating date, month and year (if you don't remember the date and month, just indicate the year).

(DD/MM/YYYY)

3. What type of insurance does your insurance claim and/or report or complaint relate to (that is whether homeowner's property, commercial property, motor vehicle, marine-related, business interruption, etc.)?

4. When you filed your claim for insurance, were you up to date with your premium payment?

☐ Yes ☐ No

5. If your insurance premium payment was not up to date, did you enter into a formal premium payment plan with the Insurance Company?

☐ Yes ☐ No

6. If you did not enter into a formal premium payment, was the Insurance Company accepting part premium payment arrangement with you?

☐ Yes ☐ No ☐ Other

7. If you answered OTHER to Question 6, please indicate that other premium payment arrangement.

8. On what date did you submit your Proof of Loss (construction estimate and supporting documentation) to your insurers for payment?

(DD/MM/YYYY)

9. How much was your claim for insurance payment?

10. Did your Insurance Company visit you or your premises or send a loss adjuster to make an assessment of damage suffered? If the damage relates to a motor vehicle, marine vehicle or other insured property, has the insurance company made an assessment of, or sent somebody to inspect, the damage?

☐ Yes ☐ No

11. If you answered YES to Question 10, what date did the loss adjuster visit or the insurance company make an assessment?

(DD/MM/YYYY)

12. Have you received any offer of payment or received actual payment of insurance from the Insurance Company?

☐ Yes ☐ No

13. If you answered YES to Question 12 above, please indicate the amount of payment offered or received.

14. Are you still negotiating with the Insurance Company about the insurance payment due to you?

☐ Yes ☐ No

15. Irrespective of the answers you have given above, please narrate below the nature of your report or complaint on which you invite the intervention of the Insurance Tribunal *(you may use additional sheets of paper, if necessary, and attach to this Form):*

16. Have you attached a copy of your insurance policy in support of this Form *(a copy can be obtained from your insurer)?* **NOTE: A copy of your full insurance policy (not just your certificate) MUST be provided before the Tribunal can review your Report/ Complaint.**

☐ Yes ☐ No

17. Have you attached a copy of your signed proposal/ application for insurance in support of this Form *(a copy can be obtained from your insurer)?* **NOTE: A copy of your signed proposal/ application for insurance MUST be provided before the Tribunal can review your Report/ Complaint.**

☐ Yes ☐ No

18. In addition to the documents indicated in Questions 16 and 17, I attach to this Form the following supporting documents and endorsements:

(a)

(b)

(c)

(d)

(e)

19. Would you like to call any witness or witnesses before the Tribunal in support of your report or complaint?

☐ Yes☐ No

20. If you answered YES to Question 19, please provide the name, address and telephone contact of any witness you wish to call:

Last Name:

First Name:

Address 1:

Address 2:

City:

Country:

Postal Code:

Telephone No.:

Last Name:

First Name:

Address 1:

Address 2:

City:

Country:

Postal Code:

Telephone No.:

Last Name: First Name:
Address 1:
Address 2:
City: Country: Postal Code:
Telephone No.:

21. Authorisation and Declaration:

I, the undersigned Insured/Insured's Representative, by signing and submitting this Form formally authorize the Insurance Tribunal to receive, consider , request where needed, information from my insurance company (which I hereby also authorise them to release to the Tribunal) and, if merited, mediate my report/complaint with the Insurance Company mentioned in this Form with a view to achieving an amicable agreement; I also declare that the information provided in this Form is true to the best of my ability and nothing therein is designed to mislead the Tribunal and I have not withheld any information which may be crucial to the Tribunal's determination or mediation of my report/complaint.

This Form is submitted this day of , 2018.

Signed:

By the Insured/ Insured's Representative*

**Strike out or omit as necessary*



COMPLAINTS CHECKLIST

- ☐ Completed Application Form
- ☐ Signed Application/ Proposal for Insurance
- ☐ Full Insurance Policy (photocopy)
- ☐ Any Endorsements to the Insurance Policy
- ☐ Contractor's Estimate / Private Adjusters Analysis
- ☐ Copy of any Offer
- ☐ Other Supporting Documents
 - Photographs of Damage
 - Receipts for Cost of Protecting Property
 - Cost of Alternative Accommodation if covered in Policy
 - Other (please list)

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NOTE: Please put a checkmark to the relevant items as an indication that those documents have been attached.