

Complaint Form

Policy Holder :

Policy Number :

Mobile No. :

E-Mail :

Kindly indicate with a tick the entity against which your complaint is being lodged

Service Product Claim

Incident date, Time & Place, if applicable: _____

Name of **SNIC** employee attending to the incidents if any: _____

Nature of the incident (Please tick below as applicable):

Staff behavior is Unfriendly

Medical toll free line inaccessible

Language barrier

Delay in answering calls

Delayed approval (Please Specify Timing)

Delay in service

Denial of Claim

Negative feedback from staff

Others

Negative feedback from Provider I.E (workshop, Hospital, ETC)

Briefly describe your complaint below:

(Please attach a detailed description of your complaint along with this form if the space above inadequate for your purpose)
Thank you for taking the time to report this complaint to us.

1. Indicates mandatory fields without which the complaint will not be accepted by **SNIC Insurance**
2. You can send this form to **SNIC P.O.Box.17033, Manama, Bahrain /Fax. 1756 4243 Email : complaints@snic.com.bh**
3. You will receive an acknowledgment of the complaint within the next 24 hours.
4. **SNIC Insurance** undertakes to officially respond to your complaint within 7 working days In case any additional time is required for investigation of your complaint, you will be updated about its progress on a weekly basis until completion.