

Evaluation Form

Policy Holder:

Policy Number:

Completed By:

Designation:

Class of Insurance:

- Medical Motor Fire Liability General Accidents Others

Specify Class for Others: _____

Customer Service :

- Friendly/Courteous
 Delay in being attended to
 Unfriendly

Complaint Handling:

- No feedback
 Provides feedback within a suitable turnover
 Unhelpful

Processing Quotations/Policies/Queries

- Excellent
 Average
 Poor

Processing Claims/Queries

- Excellent
 Average
 Poor

Products

- Provides all the required protection
 Flexible Benefits
 Additional protection benefits to be included
 Rigid Benefits

Suggested Development and Enhancement to any of the above:

You can send this form to **SNIC Insurance** P.O.Box. 17033, Manama, Bahrain /Fax. 17 56 42 43 /

Email : customer.service@snic.com.bh. You will receive an acknowledgment of the complaint within the next 24 hours.