Complaint Form

(Complaint Unit)

Submission Document No. _____

Written at: _____

Date: _____ Month _____B.E._____

1. I, First Name _____ Last Name _____

   am the: ☐Policyholder ☐Beneficiary ☐Authorized Representative ☐Other (please specify): _____

   of Insurance Policy No. _____ ID Card No. _____

   House No._____ Village/Building_____ Moo No. _____ Soi_____ Road _____

   Sub-district _____ District _____Province _____ Postal Code _____

   Phone (Home) _____ Phone (Work) _____ Mobile _____

   Fax _____ E-mail _____

   Preferred Contact Address: _____

   _____

2. I would like to file a complaint regarding: _____

3. I have attached the following documents with this complaint:

   ☐ Copy of National ID card

   ☐ Power of attorney

   ☐ Other documents (if any): _____

   _____

   Total number of attached documents: _____

4. Details of the complaint:

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

MUANG THAI LIFE

Signature _____(Complainant)

Submitted on:_____

(Received by:_____)

Contact Customer Care Center Department

Tel: 1766 press 7 or (02) 290 3000

Fax: (02) 276-4856

E-mail: complaint_unit@muangthai.co.th

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