



الشركة الوطنية للتأمينات العامة (ش.م.ع.)
NATIONAL GENERAL INSURANCE CO. (PSC)



POLICY HOLDER COMPLAINTS REGISTRATION FORM

(Separate forms to be used for each complaint or if more space is required)

HealthNet Card No / Policy No:

Name of the complainant:

Mailing Address of the complainant:

E-mail:

Telephone:

Fax:

NATURE OF COMPLAINT: (Please tick the appropriate box)

Policy:

| | |
|---|--|
| ▪ Non-receipt of Policy Document <input type="checkbox"/> | ▪ Adjustment of Premium <input type="checkbox"/> |
| ▪ Non-revival of Lapsed policies <input type="checkbox"/> | ▪ Cancellation of Policy <input type="checkbox"/> |
| ▪ Non-refund of Premium <input type="checkbox"/> | ▪ Issue of Duplicate Policy/ Card <input type="checkbox"/> |
| ▪ Wrong Plan/ Change of Plan <input type="checkbox"/> | ▪ Alterations in Policy <input type="checkbox"/> |

Claim:

| | |
|---|--|
| ▪ Non- payment of Claim <input type="checkbox"/> | ▪ Non- receipt of Payment Cheque <input type="checkbox"/> |
| ▪ Short- payment of Claim <input type="checkbox"/> | ▪ Non- receipt of Remittance Advice <input type="checkbox"/> |
| ▪ Pre- authorization/ Approval <input type="checkbox"/> | ▪ Incorrect Bank Account Details <input type="checkbox"/> |
| ▪ Misplaced Claims Documents <input type="checkbox"/> | ▪ Unnecessary Delay in Claim Resolution <input type="checkbox"/> |

Customer Service (During Office Hours)/ Emergency Medical Hotline (After Office Hours):

| | |
|--|--|
| ▪ Telephone Courtesy <input type="checkbox"/> | ▪ Mis- statement/ False Statement <input type="checkbox"/> |
| ▪ Non- attendance of Telephone Call <input type="checkbox"/> | ▪ Un-cooperative Attitude <input type="checkbox"/> |

Sales Agent:

| | |
|---|---|
| ▪ Mis-statement/ False Statement <input type="checkbox"/> | ▪ Concealment of Information <input type="checkbox"/> |
| ▪ Mis- representation <input type="checkbox"/> | ▪ others <input type="checkbox"/> |

HealthNet Network Providers:

| | |
|--|--|
| ▪ Non- acceptance of HealthNet Card <input type="checkbox"/> | ▪ Professional Negligence <input type="checkbox"/> |
| ▪ Delayed Pre- authorization <input type="checkbox"/> | ▪ Inadequate Treatment <input type="checkbox"/> |

