

**ANNEX-VI**

Ref.No : [tdComplaint\_No]

Date : [Date]

[Name\_of\_Complainant]

[Full\_Address]

Mobile No. : [Mobile\_No]

Dear Sir/Madam,

**Re: Complaint No. : [tdComplaint\_No]**

**COMPLAINANT : [Name\_of\_Complainant]**

**V/S**

**RESPONDENT : [tdInsurance]**

You are hereby informed that your complaint dated [ComplaintLetterDate] has been registered arising out of policy No. [tdPolicyNo] issued by the respondent.

You shall send your written consent in terms of Rule 13(2) of The Insurance Ombudsman Rules, 2017 for Ombudsman to act as a mediator between yourself and Company and give his recommendation for the resolution of the complaint.

You shall also send details of the complaint (as per enclosed Annexure VI A) with copies of all the documents in support of your claim /grievance against the decision of the insurance Company along with copies of representation made by you to the Insurance Company against the final decision of the Company and the decision against your grievance, if any received from the Insurance Company. Please send a photocopy of the full policy document duly signed by you.

**All the above documents should reach this office within 10 days from the receipt of this NOTICE**

If we do not **receive above referred requirements within the stipulated time**, we shall close the complaint without further correspondence in the matter.

[Comments]

Yours faithfully,

**Asstt./Dy./Secretary**

ENCL: As above