

Complaint Form

If you are unhappy with the service of the insurance company or the service of SIP Europe AG («SIP»), a corporation duly registered as an independent insurance intermediary under license number 10116 by the Finanzmarktaufsicht Liechtenstein FMA, we welcome you to hand in your complaint. Customer satisfaction is highly important to us. We investigate every complaint to continuously improve our own service and provide feedback to our insurance partners to enhance the client experience of all insureds.

Your details

Please leave us your details, so that we can contact you after having investigated your complaint.

Name

Address and country

Email

Telephone

Insurance company

Policy number

What your complaint is about

Please let us know if your complaint is addressed to your insurance company or SIP.

Your insurance intermediary SIP
Your insurance company

Please select the reason for your complaint.

Sales
Claims
Terms & Conditions
Commissions & Fees
Administration
Other reasons

Specify your complaint

Please describe the reason for your complaint as detailed as possible. This will help us during our investigations. Please provide us with the exact dates of events, the name of involved companies and people, as well as a description of your expectations.

Date

Signature

Please return the signed form in original or as a scan via email to liechtenstein@sip.ch or send it to SIP Europe AG, Poststrasse 14, 9494 Schaan, Liechtenstein.