

## Complaint Form

If you are unhappy with the service of the insurance company or the service of SIP Switzerland AG («SIP»), a corporation duly registered as an independent insurance intermediary under license number F01111824 by FINMA, 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 [zurich@sip.ch](mailto:zurich@sip.ch) or send it to SIP Switzerland AG, Am Stadtrand 11, 8600 Dübendorf, Switzerland.