

Complaint form

Thank you for taking the time to lodge a complaint. Please complete this form fully so that we may resolve your complaint as quickly and fairly as possible. Please return this form to info@covi.co.nz or PO Box 62608, Greenlane, Auckland 1546.

YOUR DETAILS

Complainant(s) (If complainant is not the policyholder, please explain relationship)

CLIENT DETAILS

Company name (If applicable)

Title: Mrs/Ms/Miss/Mr

Surname

First name

Street address

Postal address

Home telephone

Work telephone

Mobile telephone

Fax

Email address

POLICY DETAILS

(If available and/or relevant)

Insurance company name

Policy No

Type of policy

Expiry date of policy

Amount in dispute

COMPLAINT

What is your complaint? (Please provide us with any documentation/correspondence related to the complaint)

If not stated above what do you think should be done to resolve the matter

Have you referred your dispute to any other organisation for resolution? E.g. IBANZ – If Yes, please give details Y N

Is this the first time you have made this complaint? If, no please give details Y N

PRIVACY ACT 1993

The personal information supplied by you to Covi Insurance, or obtained about you by Covi, will be used only for the investigation of your complaint or, at the conclusion of the investigation, for reference purposes with Covi.

To enable the investigation of your complaint, personal information about you may be disclosed to the insurance company, or to a third party, unless you advise Covi that you wish specific information not to be disclosed.

You have the right to request access to and correction of any personal information held by Covi. You are entitled to be supplied, on request, with details of any agencies to which Covi has disclosed personal information about you.

Failure to supply any personal information requested by Covi may affect the ability of Covi to consider and investigate your complaint.

I/We accept that my/our complaint will be investigated in accordance with the provisions of the Privacy Act 1993

SIGNATURE/CLIENT(S)

DATE

SIGNATURE/COMPLAINT(S) (IF NOT THE CLIENT)

DATE