



MUI Continental Insurance Bhd (29123-D)

COMPLAINT FORM

Name :

Address :

Telephone (House)
(Office)
(Mobile)

E-mail Address :

C/Note / Policy / Claims No : -

The complaint is on :- (Please tick)

Claims Policy

NCB Agency

Others _____
(please specify)

MY COMPLAINT IS AS FOLLOWS : (Briefly describe)

Date : _____