## TRAVEL INSURANCE

## Complaint form

 $Please\ complete\ the\ form\ below\ to\ register\ your\ complaint\ and\ send\ to\ customerservice. chubbarabia@chubb.com$ 

Whilst all efforts will be made to revert back within 10 working days, if our final response will be delayed beyond 15 working days or if more time is needed for investigation, we will inform you when we will be able to contact you again about the complaint.

CUSTOMER INFORMATION		
Name of Policyholder/Insured Person :		Date:
Policy no:	Claim no:	
Tel No. (Mobile)	Email	
Tel No. (Residence)		
DETAILS OF THE COMPLAINT		

Chubb Arabia Cooperative Insurance Company 7th Floor, Southern Tower Khobar Business Gate King Faisal Bin Abdul-Aziz Street (Coastal Road) P.O. Box 2685 Al Khobar 31952

T: 800 11 600 38

E: customerservice.chubbarabia@chubb.com