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C/ Albert Einstein 10, 41092 - Sevilla

Claimant data

Mr./Ms.: _____
NIF: _____
Address: _____
Tel.: _____ Fax: _____
E-mail: _____
Policy number/ claim number: _____
Type of Cover: _____
Claimant position in the policy*: _____

Matter/Reason for the complaint

Please, describe with detail and in a clear way your case and result you would like to obtain by presenting this complaint

Attached documents

The claimant confirms that the matter of this complaint is not nor has been treated in any administrative, judicial or arbitration procedure.

Signed in _____ The _____ of _____ 20 _____

Signature

*** Policyholder, insured, beneficiary, injured party, successor or legal representative.**

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