

Dear Policy Holder,

If you have any complaint to register Offline, please submit the following form duly filled in with complete policy number and send the same to our mail ID i.e csd1@ orientalinsurance.co.in , or else you can register the complaint in the Grievance Portal available at orientalinsurance.org.in. In case of any help you need in this regard, please contact over phone no. 011-48638526/533/527. Please note that in case you have already registered your grievance, no need of registering the same, instead send the complaint number to csd1@ orientalinsurance.co.in to revert back to you.

Regards,
Customer Service Department
OICL
Head Office
New Delhi

Complaint Registration Form	
DATA FORMAT FOR REGISTERING COMPLAINT	* Mandatory Fields
*Name of Complainant	
Communication Details	
*Door No./ Bldg/Name/ Floor	
Street / Area	
*City/Town/Panchayath/Village	
Taluk/Tehzil	
District	
*State	
*Pin Code	
E- Mail	
Telephone No	
*Mobile No	
Fax No	
*Insurance Type (Please mentioned Insurance Type * Non Life (Credit / Crop / Engineering / Fire / Health / Marine Cargo / Marine Hull / Motor / Others)	
*Insurance Company Name	
*Date of Birth of Policy Holder	
*Policy No:	
Cover Note:	
# Claim no. & Claim office details	
Other Reference No:	
Policy serving Branch Code/Address	
*Details of the Complaint (Please mention the full details of the complaint)	
*Have you Approached Insurance Company Regarding This Grievance (If Yes Provide Ref No)	

Date:
Place:

Signature
(Policy Holder)