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Great Eastern
A member of the OCBC Group

Complaint Form / Formulir Keluhan

Name/Nama : _____

ID No. (KTP/SIM/Passport) : _____

Complaint Registration Number/
No. Registrasi Pengaduan : _____

Statement of/Pernyataan dari : ☐ Policyholder/Pemegang Polis ☐ Agent/FA/Others

Policy No/No. Polis : _____

Date and Place of
Complaint Submission/
Tanggal dan Tempat
Penyampaian Keluhan : _____
_____

Time/Waktu : _____

Details of Complaint/
Rincian Keluhan : _____
_____
_____
_____

Address/Alamat : _____

Name/Nama Complainant/Pelapor	Name/Nama Great Eastern Life Indonesia Officer/ Petugas Great Eastern Life Indonesia	Name/Nama Witness/Saksi