

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