

Insurance Complaint Form

PERSONAL INFORMATION

First name:	
Last name:	
Contact number:	
Emirates ID :	
Date:	

COMPLAINT DETAILS

Subject:	
Insurance Member ID / Policy Details:	
Insurance Category:	<input type="checkbox"/> Travel Insurance <input type="checkbox"/> Motor Insurance <input type="checkbox"/> Pet Insurance <input type="checkbox"/> Health Insurance <input type="checkbox"/> Home Insurance
Background: <i>Please provide the background and details of your complaint in the box. These details may include dates that things have happened on, who you have spoken to about this issue already, and what action has been taken so far.</i>	
How would you like to be contacted about your complaint? Provide contact details.	<input type="checkbox"/> Contact Number: <input type="checkbox"/> Email:

Please submit any relevant documents regarding your complaint to complaints@fidelityunited.ae.

UNITED FIDELITY INSURANCE COMPANY PSC

In Conformity with the Federal Law No. 6/2007 Reg. No (8) dated 22/12/1984. Authorized paid-up Capital Dh. 160,000,000

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