

LBP INSURANCE BROKERAGE, INC.

(A SUBSIDIARY OF THE LAND BANK OF THE PHILIPPINES)
12/F SyCip Law Centre Bldg., 105 Paseo De Roxas, Legaspi Village, Makati City 1229





COMPLAINT FORM

Please completely fill out this form and attach the documents listed below, as well as other documents and correspondence that will help us investigate your complaint. You may mail or personally deliver the filled-out form and its attachments to the LIBI Main Office or email it to libi@lbp-insurance.com. Please note that a copy of this form and its attachments may be forwarded to the employee you are complaining against.

REQUIRED ATTACHMENTS:

- (1) Copy of the policy, if any;
- (2) Copy of the denial letter, if any; and
- (3) Copy of other supporting documents, if any.

PLEASE PRINT TYPE OR WRITE LEGIBLY IN BLACK OR BLUE INK

1 COMPLAINANT'S INFOR		T DEOL THE	
□Mr. □Ms. □Mx.	MAILON		
	AST NAME	FIRST NA	AME M.I
ADDRESS			
	MODILE	NO	
PHONE NO		NO.	
EMAIL			
2 POLICY / CONTRACT IN	FORMATION (IF APPLICA	ABLE)	
NAME OF POLICYHOLDER / PLAN	NHOLDER / MEMBER		
ISSUING COMPANY			
POLICY / PLAN / CERTIFICATE N	N / CERTIFICATE NO DATE ISSUED LICY / PLAN / PRODUCT		SSUED
NAME OF POLICY / PLAN / PROL NAME OF HANDLING EMPLOYEE			
NAME OF HANDLING EMPLOTEE			
3 TYPE OF PRODUCT			
□Fire Insurance	□Marine Insurar	nce	☐Motor Car Insurance
☐Health Insurance	□Personal Accid	ent Insurance	□Engineering Insurance
□Life Insurance (CLI)	□Microinsurance	9	□HMO
□Life Insurance (MRI)	□Others _		
	IT (Choose all that apply)		
□Denial of claim	☐Issues with claims pay		ues with premium / fee
□Issues with renewal / cancellat	ion 🗆 Others		
5 DETAILS OF COMPLAIN	Γ (Attach additional sheet	/s if needed)	
5 DETAILS OF COMPLAIN	Accacii addicional Sheet	./s ii lieeded)	
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6 SIGNATURE	
I certify that the above information is true and correct. I hereby authouse, disclose, transfer, store, obtain, record, share, update, verify, and to the extent necessary and adequate to establish, confirm, update account or the facilities or services I availed, and for any other legitiles LIBI may deem necessary to facilitate my transactions.	nd/or process the foregoing information and review my records, administer my
Signature over printed name of complainant	Date