

Complaint Form

Write at.....

Date.....

Complainant (Specify Name-Surname).....

(If not insured, please specify relationship) Beneficiary Insurance premium payor Others.....

Insured's name.....

Policy Number.....Insurance Application Number.....Purchased insurance through.....channel.

Policy type Investment-linked life insurance Individual life insurance Group insurance.....

Insurance plan.....Insurance Premium amount.....baht

Payment installment Annual Semi-annual 3 months Quarterly Single

Enclosures: 1. Copy of ID card or government employee ID card

2. Supporting evidence for the complaint:

2.1.....Quantity.....sheets

2.2.....Quantity.....sheets

Preferred Contact Location.....

Phone (work).....Mobile.....E-mail.....

Details of the Complaint (Please describe your concern in a clear and courteous manner)

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Requested Action from the Company (Please specify what you would like the company to do to resolve the issue)

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Please return the completed form to the Complaint Service Center.

Please scan and email the documents to: THA.Complaint.Handling@prudential.co.th

or send the original documents to the company's address (as stated above).

For more information, please call 0 2353 4700.

Consent Form attached to the complaint letter

Consent for the collection, use and disclosure of sensitive personal identifiable information in the complaint process

I consent to the collection, use, or disclosure of my and / or minor's health data, disability status, sexual behavior, biometric data, genetic data, and race as defined under Section 26 of the Personal Data Protection Act B.E. 2562 (2019), This consent applies to data. I have provided or that the company may collect from other sources during the complaint handling process, solely for the purpose of resolving any complaints and / or disputes in accordance with the details of this form and any additional supporting documents.

I confirm that the facts stated in this complaint are true and accurate in all respects.

Signed.....

(.....)

Complainant

Signed.....

(.....)

Insured

Signed.....

(.....)

The consenting person as

- Parent
 The Legal Representative

(In case the applicant is a minor and the parent does not hold parental responsibility. The consent giver represents and warrants that he / she has the authority to lawfully act on behalf of the minor.)

Privacy Notice

Prudential Thailand takes the privacy and protection of your personal data seriously.
For more detail of Privacy Notice, <https://www.prudential.co.th/corp/prudential-th/en/privacy-notice/>