



Financial Industry Disputes Resolution Centre Ltd

Company Reg No. 200502125D GST Reg No. 200502125D

**DISPUTE RESOLUTION FORM**  
**(For Claims against Non-General Insurers Only)**

**To : FINANCIAL INDUSTRY DISPUTES RESOLUTION CENTRE LTD (FIDReC)**

- I. I have referred my complaint to the insurance company/ bank/ financial institution ("FI") concerned and have not obtained a resolution to my satisfaction. [compulsory input] Yes ☐ No ☐
- II. I understand that FIDReC's Adjudication awards are limited to S\$100,000 for all claims, but that I can refer a claim for a larger sum to FIDReC, provided I agree to reduce my claim to S\$100,000. [compulsory input] Yes ☐ No ☐
- III. My claim amount is ..... [compulsory input]

**Part 1 : Details of complainant**

<b>Complainant (Dr/Mr/Mrs/Miss/Mdm/Ms)</b> [compulsory input]  <div style="text-align: right;">Name as shown in NRIC</div>		<b>NRIC No. / Passport No.</b> [compulsory input]  <b>Nationality</b> [compulsory input]	
<b>Occupation, Name of Employer &amp; Designation</b> [compulsory input]			
<b>Language proficiency</b> [input at least 1 language]  (1) (2) (3) Others, please specify :			
<b>Highest Education</b> [compulsory input]		<b>Date of Birth</b> [compulsory input]	
<b>E-mail*:</b>  <b>Correspondence Address*</b> [compulsory input]  <b>Contact Number*</b> [input at least 1 contact number]  (R) (O) (HP)  <i>*Please note that all communications made to and from the stated contact details will be deemed communications with the Complainant. FIDReC shall make no further attempts to verify the identity of the sender(s) / recipient(s) of the said communications.</i>		<b>Requested mode of communication**</b> (delete where applicable) Post / E-mail / Telephone / others  ..... please specify  <i>**This is only a request and FIDReC remains entitled to communicate with the Complainant through any of the stated contact details.</i>	

Registered Address : 36 Robinson Road #15-01 City House Singapore 068877  
Tel : 6327 8878 Fax: 6327 1089  
Website : <http://www.fidrec.com.sg>

**Part 2 : My complaint is against**

- ( ) Bank  
 ( ) Own Insurance Company  
 ( ) Other Financial Institution (FI)

Please specify the Company/ Bank/ FI that you are complaining against

[compulsory input]

**Part 3 : My complaint relates to the following product(s)** [select at least 1 product]**( ) INSURANCE PRODUCT****Type 1 - Life Insurance Policy#**

- ( L1 ) Traditional Life (With Profit)  
 ( L2 ) Traditional Life (Without Profit)  
 ( L3 ) Investment Linked Products  
 ( L4 ) Accident & Health  
 ( L5 ) Annuity  
 ( L6 ) Others, please specify

**Type 2 - General Insurance Policy#**

- ( G1 ) Fire & Property Insurance  
 ( G2 ) Motor Insurance  
 ( G3 ) Accident & Health  
 ( G4 ) Marine Insurance  
 ( G5 ) Liability Insurance  
 ( G6 ) Workmen Compensation  
 ( G7 ) Others, please specify

**Name of Policyholder & Name of Person Insured (aka Life Insured)** [Please refer to details of your policy as set out in your policy contract/ policy schedule] [compulsory input]

**Policy Number / Certificate Number** [compulsory input]

**# Insurance Product Type (for e.g. L1, L2, G1, G2, etc)**

**Plan Name**

**Coverage Type :**

**Salesperson**

**( ) BANKING & INVESTMENT PRODUCT**

**Type - 1 Consumer/ Personal Finance##**

- ( B1 ) Credit/ Charge Cards
- ( B2 ) Housing/ Renovation Loans
- ( B3 ) Business Loans
- ( B4 ) Personal Loans/ Lines of Credit
- ( B5 ) Savings Account/ Current Account/ Fixed Deposits
- ( B6 ) Money Changing/ Remittance
- ( B7 ) Others, please specify

**Type 3 - Investments##**

- ( IM1 ) Equities
- ( IM2 ) Fixed Income
- ( IM3 ) Singapore Government Securities
- ( IM4 ) Collective Investment Schemes/ Pooled Funds
- ( IM5 ) FX/ Leveraged FX
- ( IM6 ) Derivatives/ Hybrid Products
- ( IM7 ) Others, please specify

**Type 2 - Electronic Transactions & Payments##**

- ( E1 ) ATM
- ( E2 ) Cheques/ Bank Drafts
- ( E3 ) EFTPOS/NETS
- ( E4 ) Telegraphic Transfers
- ( E5 ) Giro
- ( E6 ) Internet/ Telephone Banking
- ( E7 ) Multi-purpose Stored Value Card
- ( E8 ) Others, please specify

**Name(s) & NRIC No / Passport No of All Account Owner(s) (if different from the Complainant)**  
(Dr/Mr/Mrs/Miss/Mdm/Ms) [compulsory input]

**Account/ Product Name & Number**  
[compulsory input]

**## Banking & Investment Product Type (for e.g. B1, E1, IM1, IM2, etc)**

**Product Name & Description including amount invested &/ or current investment holdings**

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**Past experience in stocks and shares and any other investments**

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### Part 5 : Brief description of my complaint

(Please continue on a separate sheet of paper if the space provided below is insufficient)

### Nature of Complaint [compulsory input]

- ☐ Please refer to separate document(s) attached
- ☐ My complaint is set out below.

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

- ✓ I agree and authorise FIDReC to provide copies of this Dispute Resolution Form and all supporting documents to the Insurer/ FI for their investigation. I also authorise the Insurer/ FI to release such information as may be required by FIDReC to process this complaint.
- ✓ I agree and consent that in the event that my claim proceeds to adjudication, this Dispute Resolution Form, together with the supporting documents which I submitted to FIDReC will be given to the Insurer/ FI as part of the First exchange of documents.
- ✓ I confirm that I have read, understood and agree to ALL the Terms of Use<sup>^</sup> and the Obligation of Confidentiality<sup>^</sup> relating to the use of this Dispute Resolution Form as set out on FIDReC's website at <https://www.fidrec.com.sg/knowledgebase/article/KA-01003/en-us>.

<sup>^</sup> A copy is also available upon request.

**(Where there are two (2) or more owners/ complainants for the product/ investment complained against, ALL owners/ complainants MUST sign on every page of this document.)**

.....  
Signature(s) and Date\*\*

Name(s) :

NRIC/ Passport of All person(s) signing:

**\*\* Where the Eligible Complainant has chosen to submit this Original Dispute Resolution Form by post, the Eligible Complainant will be required to attend at the Complaints Centre (at such time as scheduled and notified by FIDReC) for the purpose of verifying his/her identity. The Eligible Complainant will be required to produce his/her Identification Card and attend a short interview.**

Otherwise, the Eligible Complainant may choose to submit this form in person at the Complaints Centre, and sign the form before an officer of FIDReC.

**(The section below is only applicable if the Eligible Complainant is not resident in Singapore and wishes to submit this Original Dispute Resolution Form by post)**

Witnessed by OR in the presence of and attested by\*\*\*:

Seal, Signature and Date

Name :

Title :

**\*\*\* Where the Eligible Complainant is not resident in Singapore and he/she does not sign at FIDReC's office before an officer from FIDReC, this form must be signed before and witnessed by a Notary Public or such person authorised to administer oaths in the country of signing, and then sent by post to FIDReC.**