



**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   |  |  |
|---|--|--|
| <b>Type 1 - Life Insurance Policy#</b><br>( L1 ) Traditional Life (With Profit)<br>( L2 ) Traditional Life (Without Profit)<br>( L3 ) Investment Linked Products<br>( L4 ) Accident & Health<br>( L5 ) Annuity<br>( L6 ) Others, please specify | <b>Type 2 - General Insurance Policy#</b><br>( G1 ) Fire & Property Insurance<br>( G2 ) Motor Insurance<br>( G3 ) Accident & Health<br>( G4 ) Marine Insurance<br>( G5 ) Liability Insurance<br>( G6 ) Workmen Compensation<br>( G7 ) Others, please specify |  |
| <b>Name of Policyholder &amp; Name of Person Insured (aka Life Insured)</b> [Please refer to details of your policy as set out in your policy contract/ policy schedule] [compulsory input]   | <b>Policy Number / Certificate Number</b> [compulsory input]   | <b># Insurance Product Type (for e.g. L1, L2, G1, G2, etc)</b> |
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|   |  |  |
|   |  |  |
| <b>Plan Name</b>  | <b>Coverage Type :</b>   |  |
| <b>Salesperson</b>  |  |  |

**( ) 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)**

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|--|--|--|
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**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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- ✓ 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 <http://fidrec.com.sg/website/termsfuseANDooc.html>

<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.**