

ANNEXURE F: CUSTOMER REFERENCE AND SERVICE SATISFACTION SURVEY

This document serves as reference referral and a service satisfaction survey for insurance brokerage services rendered by company

Section A:**REFERENCE COMPANY WHO RECEIVED THE SERVICE:**

Company Name:

Company Address:

Value of Insurance Portfolio:.....

Service/Contract Period: ...Start date:End Date.....

Company Representative's Name:

Representative's Designation:

Representative's Contact Number:

Representative's Email Address:

Brief description of the insurance cover provided and the Service Type:

Section B:**SURVEY ON CLAIMS SETTLEMENT PERFORMANCE:**

Please tick only ONE option.

Item No:	Criteria	Good	Average	Poor	Comments
1	Turnaround Times: <ul style="list-style-type: none"> Underwriting Process Policy Documents Claims settlement process Reporting 				
2	Quality of Feedback:				
3	Accessibility and availability:				
4	Settlement of claims performance:				
5	Customer satisfaction:				
6	Effectiveness of the online system (functionality, complexity, reporting, etc.):				

Signature _____

Date _____