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Defence Service for the Insured
(Complaints and Claims)
Avenida de Burgos, 109
28050 Madrid
e-mail: defensa-asegurado@helvetia.es

COMPLAINTS FORM

To resolve any incident with your insurance, please contact the Company at the addresses or telephone numbers that are listed in the contractual documentation of your policy, or through the office or intermediary with whom you took out the policy.

If you feel that your issue has not been resolved to your satisfaction, please complete all the fields on this form, otherwise your complaint or claim cannot be dealt with correctly. Once completed, you should send it to our DEFENCE SERVICE FOR THE INSURED, where we will reply as soon as possible, and in any case, within the one-month period established by current regulations. If, for justified reasons, this deadline cannot be met, we will send you a communication stating the reasons for the delay.

DETAILS OF THE CLAIMANT

Name and surname(s) or company name: _____

☐ DNI ☐ Passport ☐ CIF (Mark with an X): _____

Address: _____

Municipality: _____ Province: _____ Postal code: _____

Telephone: _____ E-mail address: _____

Status of the claimant (See Note 2) (Mark with an X)

☐ Policyholder ☐ Insured person ☐ Beneficiary ☐ Person participating in the Pension Plan ☐ Harmed third party

Beneficiary of: _____ Legal heirs of: _____

REPRESENTATIVE (See Note 3) (To be completed only when the claim is submitted through a representative

Name and surname(s) or company name: _____

☐ DNI ☐ Passport ☐ CIF (Mark with an X): _____

DOMICILE FOR NOTIFICATION PURPOSES

Name and surname(s) or company name: _____

Address: _____

Municipality: _____ Province: _____ Postal code: _____

E-mail address: _____

DETAILS OF THE INSURANCE POLICY/PENSION PLAN

Policy or Pension Plan number _____ Case number: _____

Branch (Mark with an X): ☐ Vehicles ☐ Household ☐ Life ☐ Health ☐ Pensions ☐ Other _____

ACCOMPANYING DOCUMENTS (See Note 4)

Description and number of pages: _____

REASON FOR THE COMPLAINT OR CLAIM (Clearly explain the issue giving rise to the complaint or claim. You may choose to draft it or attach it on a separate page)

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INTENDED OUTCOME OF THE COMPLAINT AND/OR CLAIM

_____

_____

_____

□ **(Mark with an X)**: The claimant states that the issues raised in the complaint have not been the subject of litigation or challenge before the courts, nor are they pending resolution by an administrative, arbitration or judicial body.

In accordance with the current legislation on Data Protection, we inform you that the personal data you provide to us will be processed by CAJA DE SEGUROS REUNIDOS, Compañía de Seguros y Reaseguros, S.A.-CASER-, as the party responsible for the processing, in order to process this complaint. The legitimacy for the processing of your personal data lies in the need to process them in order to deal with the complaint you are filing. You may exercise your rights for access, rectification, deletion, portability, limitation and opposition to the processing, by postal mail or by e-mail, accrediting your identity. On the other hand, we inform you of the contact details of the Data Protection Officer. Postal address: Avenida de Burgos, 109, 28050 – MADRID, E-mail address: dpogrupocaser@helvetia.es.

In , on 20_____

Signature of the claimant **Signature of the representative**

_____

NOTES:

(1) Law 44/2002, of 22 November, on the Reform of the Financial System, Law 7/2017, of 2 November, on alternative dispute resolution in consumer matters, Order ECO 734/2004, of 11 March, and Order ECC/2502/2012, of 16 November. In order to submit your claim to the Claims Department of the Directorate General for Insurance and Pension Funds, you must prove that you have previously submitted it to the Insurance Company's Customer Service Department.

(2) **Policyholder:** Person who took out the insurance.
Insured person: Person who is covered by the policy.
Beneficiary: Person who receives the insured benefit or compensation.
Person involved: Person adhered to the Pension Plan

(3) The represented claimant must sign this form or, failing that, provide documentation proving representation.

(4) When the claimant is the policyholder, attach the General and Particular Conditions of the policy.

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