ALDAGI

Complaint Form

Customer information

Surname, name / Name		Address *	
Personal number / Identification code		Telephone number	
Insurance policy number		E-mail	

* Address where you want to obtain the claim consideration results

Please provide complaint information

To: Mr. Giorgi Baratashvili, CEO
Insurance Company ALDAGI

Complaint taken by: (Name, surname, signature)		Date:			
How do you want to receive the results of your complaint review?	☐	by email	☐	by post, delivered to my home address*	☐ in Aldagi's Office

By signing this Form, I voluntarily grant the Insurer (JSC Insurance Company ALDAGI (identification number: 404476189, legal address: #66a, Davit Aghmashenebeli Highway, Tbilisi) the right to process my personal data specified in this Form, in particular, name, surname, address, telephone number in order to offer insurance services in addition to the purpose specified in this Form.

By signing this Form, I hereby certify that I am aware of my rights under the Law of Georgia on Personal Data Protection, in particular, receiving information from my data processor about processing my data, correcting, updating, adding, blocking, deleting and destroying data.

Signature of the Insured/Related Party/ **Authorized Representative**		Basis for representation	
		Date	

This Complaint form will be reviewed and you will be informed about the decision concerning this complaint within a period of 30 calendar days.

Thank you for using our services - JSC Insurance Company ALDAGI