



# FINANCIAL SERVICES COMMISSION

## INSURANCE COMPLAINT FORM

Investigation and Enforcement Division  
39-43 Barbados Avenue, Kingston 5  
Tel: 906-3010(-12)

[Complaints@fscjamaica.org](mailto:Complaints@fscjamaica.org)

### INSTRUCTIONS

1. PLEASE PRINT OR TYPE CLEARLY IN DARK INK.
2. YOU MUST COMPLETE THE ENTIRE FORM. INCOMPLETE OR INELLIGIBLE FORMS WILL BE RETURNED TO YOU.
3. ENSURE THAT YOU ATTACH COPIES OF IMPORTANT DOCUMENTS REGARDING YOUR COMPLAINT.

You are required to complete this form to facilitate the Financial Services Commission's ("FSC") investigation of your complaint against our licensees and/or registrants. Note that all your personal details/information will be handled with the utmost confidentiality unless required by law to be disclosed.

PLEASE INDICATE THE COMPLAINT TYPE:

INSURANCE: LIFE ☐

GENERAL ☐

Specify: \_\_\_\_\_

### SECTION 1 - PERSONAL DETAILS

Complainant				Co-Complainant*			
Surname		First Name		Surname		First Name	
Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>
Identification Number				Identification Number			
Driver's License	Passport	Electoral Voter ID	Other _____	Driver's License	Passport	Electoral Voter ID	Other _____
Mailing Address				Mailing Address			
Email Address:				Email Address:			
Telephone Number Home : _____ Cell: _____ Work: _____				Telephone Number Home : _____ Cell: _____ Work: _____			
<b>*If there are more than two persons making this complaint, please list the details of the other person(s) on a separate sheet and attach to this Form.</b>							

If you have authorized someone to represent you (e.g. a lawyer, relative or friend) please provide the following details and have the representative affix their signature on page [7].

Name of Representative	
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## FINANCIAL SERVICES COMMISSION COMPLAINT FORM

Occupation	
Type of Identification and number (Driver's License, Passport, Electoral Voter ID)	
Mailing Address	
Email Address	
Telephone (home, cell, work)	

### SECTION 2 – THE COMPLAINT

#### Details of the Financial Services Provider to which the complaint relates

Name of the Financial Services Provider	
Branch/Agency	
Branch/Agency Address	
Branch/Agency Telephone Number	

#### Details of the advisor, employee or agent who originally sold the product or service to which the complaint relates. *If different from the name indicated above.*

Name of the Advisor/Employee/Agent	
Branch/Agency	

#### Description of the product or service relating to the complaint

(Please state the name and type of account, product, transaction or other service type)

<p>.....</p> <p>.....</p> <p>.....</p>
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#### IN CASE OF MOTOR VEHICLE CLAIMS

Make, Model and Year of Vehicle	
Registration number of Complainant's vehicle	
Complainant's Insurance Company	
Type of Insurance Coverage	Comprehensive <input type="checkbox"/> Third-Party <input type="checkbox"/>
Policy Number	
Name of Insurance Broker or Agent (if Applicable)	



## FINANCIAL SERVICES COMMISSION COMPLAINT FORM

Date of Accident/Loss	
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**Where the complainant's vehicle was involved in an accident with another vehicle, or the complainant sustained injuries arising from an accident with another vehicle, please provide the following information about the other vehicle.**

Make, Model and Year of Vehicle	Registration Number	Driver's Name	Insurance Company	Name of Insurance Broker or Agent (if Applicable)

	Yes*	No
Have there been any proceedings before or in a court of law, tribunal, arbitrator or administrative body or are any such proceedings being planned/contemplated? <i>If yes, please enclose copies of relevant paperwork.</i>		
Have you contacted any regulator or other complaints body about your complaint?		
*If you have answered YES to either question, please give details.		
.....		
.....		

**Have you received the insurance company's final decision on your complaint in written format? *If YES, please provide us with a copy of the company's letter.***

YES ☐ NO ☐

**Please indicate how you want the matter to be resolved.**

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.....

### Summary of the Complaint

Use this section to list the main points of the complaint. List in date order, all the letters, phone calls or meetings which are relevant to your complaint. Make sure that the facts are set out as clearly as possible.

In case of a motor or personal injury claim, if liability has been admitted by the insurance company, you need only provide brief details of the accident/loss. However, if liability has not been admitted, please provide a detailed account of the accident/loss to assist in establishing liability, including police and/or investigator's report, independent witness statement(s), photographs of the accident and/or the damage to the vehicle.



## SECTION 4

**I would like the Financial Services Commission (“FSC”) to consider my complaint.  
I understand that:**

- 4



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4. Complaints are handled in a different manner from the courts of law and the FSC would not usually require parties to attend hearings in person but may resolve disputes by correspondence, telephone or other means of communication.
5. If at any time I am not satisfied with the process or the outcome, I am free to take the matter to the court or elsewhere in which case, the FSC will close its files.

### By signing this Complaint Form, I:

1. Declare that, to the best of my knowledge, everything I have told you is correct.
2. Give my consent to the financial entity/individual against which/who I am complaining, to release whatever information which may be considered necessary to handle my complaint to the FSC.
3. Give consent to the exchange of information relevant to the complaint between the Office of the FSC and the entity/person and other bodies.
4. Acknowledge that the files of the FSC and the financial institution/individual against which I am complaining, and discussions between me, the financial entity/individual and the FSC, are confidential, and will not be used in any subsequent legal or other proceedings. In addition, the FSC and staff of the Office of the FSC and advisors will not be called to testify.

Signature of the Complainant/Account Holder or Policyholder	Date	Signature of Authorized Representative(s) (if applicable)	Date

*Even if you have appointed someone else to make the complaint on your behalf, your authorized representative should also sign and so indicate the capacity. If you are signing on behalf of a business, please also give your position in that business. If the account is joint, all account holders must sign.*

**You may return this completed Form and supporting documents**

### Have you:

- Included everything necessary about your complaint?
- Enclosed a copy of the financial institution's final decision letter?
- Enclosed copies of all relevant documents?
- Affixed all relevant signatures?