# aNNEXURE D : CUSTOMER REFEREnce and SERVICE SATisfaction Survey

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

**company ……………………………………………………………………………………………….**

**Section A:**

**REFERENCE COMPANY WHO RECEIVED THE SERVICE:**

Company Name: ……………………………………………………………………………………………………………………...

Company Address: …………………………………………………………………………………………………………………...

Risk value of portfolio:……………………………………………………………………………………………………………….....

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

Company Representative Name: ………………………………………………………………………………………………………..

Representative Designation: ………………………………………………………………………………………………………….

Representative Contact Number: …………………………………………………………………………………………………….

Representative 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** | **Excellent** | **Good** | **Average** | **Poor** | **Comments** |
| 1 | Turn-around Times: |  |  |  |  |  |
| 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.): |  |  |  |  |  |