# ANNEXURE D: CLIENT TESTIMONIAL

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

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

**Section A:**

**REFRENCE COMPANY WHO RECEIVED THE SERVICE:**

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

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

Industry/ Sector: …………………………………………………………………………………………………………………...

Company size: …………………………………………………………………………………………………………………...

Position filled:……………………………………………………………………………………………………………….....

Turnaround time of assignment (from briefing meeting to acceptance of the offer): Start date:……………End Date……………….

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

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

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

Representative Email Address: ………………………………………………………………………………………………………………

Brief description of services rendered: ………………………………………………………………………………………………………

**Section B:**

**SURVEY ON PERFORMANCE:**

**Please tick only ONE option.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Item**  **No:** | **Criteria** | **Excellent** | **Good** | **Average** | **Poor** | **Comments** |
| 1 | Quality of service rendered |  |  |  |  |  |
| 2 | Performance (commitment to project) of key consultant/ account manager |  |  |  |  |  |
| 3 | Turnaround time of execution of the project |  |  |  |  |  |
| 4 | Overall Customer satisfaction |  |  |  |  |  |