

## Customer Grievance Form

### General Information

Name:

Contact no:

Email:

Address:

DOB:

Gender:

Proposal number / Policy number:

### Nature of Query

Proposal

Refund

Premium

Policy

Claim

Coverage

If others, specify:

Describe your grievance (include relevant dates and names of person(s) involved).



GSTIN : 29AAICN8990R1Z3 | CIN : U65120KA2023PLC174002



Contact us at [support@narayanahealth.insurance](mailto:support@narayanahealth.insurance) | Call us at +91 9821034071



Registered address: No. 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore - 560099, Karnataka, India