

ANNEX-VII(A)

Date : [Date]

To,
The Insurance Ombudsman
[tdCenter_address]

Dear Sir,

Re:Complaint against [tdInsurance] Insurance Comp
[tdBranch] Branch/Division

Policy No. [tdPolicyNo]

Name : [Name_of_Complainant]

Your Reference Complaint No. : [tdComplaint_No]

With Reference to your letter dated [Letter_Date_of_Annex_7] on the above subject, we hereby give Our unconditional and irrevocable consent to the Insurance Ombudsman to act as a Mediator between the Insurance Company and the Complainant and give his recommendation for the resolution of the complaint.

[Comments]

Yours faithfully,

(Signature)

Designation:[tdDesignation]