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]