

Official Disclaimer

Any discrepancies or differences created in the translation are not binding and have no legal effect. If any question arises related to the information contained in the translated website, please refer to the Greek version.

Please consult with a translator for accuracy if you are relying on the translation or are using this site for official business.

COMPLAINTS SUBMISSION FORM

APPLICANT'S DETAILS

Last Name:	First Name:	
Father/Husband's name:		
Address:		
Tel.	Fax:	E-mail:
Policy Number(s):		

BRIEF DESCRIPTION OF COMPLAINTS

Please briefly describe your issue and attach any document that you find relevant to your issue. We will get back to you in a short time. When you fill out this form, you can send it attached via email **ib1-complaints@insurancebeat.gr**, or deliver it in physical form to the headquarters of the special representative of the foreign insurance company under the name «**INSURANCE BEAT 1 INSURANCE AGENTS AND COORDINATORS OF INSURANCE AGENTS SOCIETE ANONYME**», in Greece and the distinctive title «**INSURANCE BEAT 1 S.A.**», with General Registry No. **160265103000**, 171 A. Syggrou Avenue, P.C. 17121, Nea Smyrni Attica.

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I should like to receive an acknowledgement of receipt of the complaint submission form:	
PRINED	<input type="checkbox"/> (Via Letter to the declared address above)
ELECTRONICALLY	<input type="checkbox"/> (Via e-mail to the declared address above)

Place:	Date:
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The Applicant

IMPORTANT NOTICE

We would like to inform you that The société anonyme under the name **"INSURANCE BEAT 1 INSURANCE AGENTS AND COORDINATORS OF INSURANCE AGENTS SOCIETE ANONYME»** and the distinctive title **"INSURANCE BEAT 1 S.A."**, with General Registry No. **160265103000**, implements a Complaints Management Policy under the application of the provisions of the Executive Committee Act of the Bank of Greece (89/05-04-2016), with which it ensures the substantive and objective investigation of the complaints receive and examines the issues referred to us equally, based on good faith in its relationship with its customers and the consumer public.

All cases are handled in a fair and impartially, with proper management of your information and personal data in accordance with applicable law.

If you have a question or need any clarification or information about the process of the examination of your request, please do not hesitate to contact us:

CONTACT PERSON : Mrs **Maria Chrysomali**, 171 A. Syggrou Avenue, P.C. 17121, Nea Smyrni Attica Greece.

T.: **+30 210 9376052** (Monday to Friday 09:00 – 16:30)

Email: **ib1-complaints@insurancebeat.gr**

If we are unable to resolve the issue you report to us immediately, you will be sent a reply within the next fifty (50) days.

If we cannot resolve the issue within the above deadline, you will be sent a reply by the Company with our views, as well as our proposal for the issue you are presenting to us.

In case the answer of our Company does not satisfy **you have the right to apply for the out-of-court settlement of your case, indicatively, to the following Authorities:**

- At the Bank of Greece, Department of Private Insurance Supervision (D.E.I.A.), 3 Amerikis Street, T.K. 10564, Athens, tel. 210 3205222, <http://www.bankofgreece.gr>.
- The General Secretariat for Consumer Affairs of the Ministry of Development, Competitiveness, Infrastructure, Transport and Networks, Kanigios Square, T.K. 10181 Athens, tel. 1520, <http://www.efpolis.gr>.
- To the Hellenic Consumer Ombudsman, 144 Alexandras Avenue, T.K. 11471, Athens tel. 210 6460862, 210 6460814, <http://www.synigoroskatanaloti.gr>, in accordance with the provisions in force.

The activation of the complaints mechanism is offered at no cost to you and **does not interrupt the limitation period of your legal claims.**