

# POLICYHOLDER COMPLAINT FORM

**ABOUT US**

“Policyholder & Market Assistance is committed to ensuring complaints from Lloyd’s policyholders are handled fairly.”

If you have a complaint about a Lloyd's insurance, we may be able to help you to resolve it. For full details of how we will deal with your complaint once we receive your completed form, please see our [web page](#). You can contact us for further help or advice on 0207 327 5693.

Please follow the instructions carefully and provide us with ALL the necessary information so that we can process your complaint.

**Please complete in BLOCK CAPITALS**

**ABOUT YOU**

Please note we can only assist if you are the policyholder (or are complaining on their behalf)

**POLICYHOLDER DETAILS**

**REPRESENTATIVE DETAILS**

Complete if you are complaining on behalf of the policyholder

Mr/Mrs/Ms <sup>Please circle</sup>

First Name .....

Name .....

Surname .....

Address .....

Address .....

.....

.....

.....

.....

Postcode .....

Postcode .....

Your Ref. ....

Contact Telephone No. ....

Contact Telephone No. ....

Email .....

Email .....

Name of Company or Business .....  
(if your insurance covers a commercial organisation)

Group Annual Turnover £ .....  
(We are generally only able to assist with complaints from small businesses, i.e. with a group annual turnover of less than £1m. We may require supporting evidence, e.g. excerpt from company accounts).

**ABOUT YOUR INSURANCE POLICY**

Who did you buy the insurance from?  
(i.e. Name of Broker or Agent)

Type of insurance  
(e.g. Motor/Household etc)

Name .....

.....

Address .....

When did this insurance policy start?

.....

/ /

.....

Which Lloyd’s syndicate provides the insurance?

Telephone No. ....

.....

Broker ref. ....

Please state the Policy or Certificate number .....  
**Please attach a copy of your policy Certificate/Schedule or other insurance documentation.**



**DATA PROTECTION**

- I would like the Policyholder & Market Assistance Department to consider my complaint.
- I acknowledge that the Policyholder & Market Assistance Department holds my personal data, including personal data ("Personal Data"), which I have provided.
  - I consent to the Policyholder & Market Assistance Department processing my Personal Data for the purposes of considering my complaint.
  - I consent to my Personal Data being disclosed by the Policyholder & Market Assistance Department to third parties for the purposes of considering my complaint.

.....  
Policyholder Signature Date:     /     /

.....  
Representative Signature\* Date:     /     /

\*Please note, if you are complaining on behalf of the policyholder, they **must** still sign and date this form to give their consent.

**WHAT TO DO NEXT?**

Please return your completed form, together with any attachments to the address below.

**POLICYHOLDER & MARKET ASSISTANCE**

Market Services  
One Lime Street  
London  
EC3M 7HA

**Telephone** (020) 7327 5693  
**Fax** (020) 7327 5225  
**Email** [complaints@lloyds.com](mailto:complaints@lloyds.com)  
**Website** [www.lloyds.com](http://www.lloyds.com)

We will contact you within 5 working days to confirm receipt and explain how we will handle your complaint.