

Customer Satisfaction - Claims

Name:

Position:

Company:

Email Address:



Claim Number:

How did you rate our performance? *(Please tick appropriate boxes)*

Please rate 1 – 5 Example: 1 = Poor & 5 = Very Good

Your overall opinion of how your claim was handled

Your satisfaction with your total settlement figure

Your overall opinion of the service we provided

Our promptness and efficiency in dealing with your queries

Our desire and ability to assist you

Our knowledge and expertise

Your Satisfaction with Insurance Company << insert name >>

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you scored any at 1 – 3 would you mind providing some brief detail below please:

Any Other Comments:
