Insurance Claim Feedback Survey

How to fill this in
Thank you for helping us improve. Please rate your recent claim experience and fill the checkboxes completely using a blue or black pen. Your answers are confidential.

Claim reference (optional)

01 Your claim experience

Please rate your agreement with the following statements.

Please cross one in each line

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
It was easy to start my claim	◯	◯	◯	◯	◯
I was kept informed at each step	◯	◯	◯	◯	◯
The process felt fair	◯	◯	◯	◯	◯
My claim was settled in a reasonable time	◯	◯	◯	◯	◯
The staff were helpful and understanding	◯	◯	◯	◯	◯

How easy was it to get your claim resolved?

Very difficult ◯ ◯ ◯ ◯ ◯ Very easy

Was your claim resolved to your satisfaction? *(Please cross one)*

◯ Yes
◯ No
◯ Partly

How could we improve the claims process?

To respond ⊗ or ●

DRFT 0001