

CUSTOMER FEEDBACK FORM (Health)

Customer Name _____	Contact _____
Employee Name. _____	Employee No. _____
Policy No. _____	Hospital Name _____
Loss Intimation Date _____	Date of Loss _____
Loss No. _____	Nature of Loss _____

We would be grateful if you could spare a few minutes to complete this Customer Satisfaction Questionnaire to help us ensure that our standard of customer care exceeds expectations wherever possible

Please tick the appropriate box to indicate your degree of satisfaction.

Where: **1** = Excellent, **2** = Good, **3** = Satisfactory, **4** = Poor

TOPIC	1	2	3	4	Comments / Suggestions
RESPONSIVENESS: How do you rate our responsiveness in dealing with you at the time of intimation of loss?					
PROFESSIONALISM: How do you rate our professionalism in dealing with you to entertain your Loss?					
SURVEY REPORT: How do you rate the technical competence of our surveyor and their response time?					
SERVICE QUALITY: How do you rate the services of workshop and did they meet your needs and expectations regarding quality and performance?					
SETTLEMENT: How do you rate the time performance and our commitment to settle the loss and meet your expectations?					
OVERALL: How do you rate SINDH INSURANCE LIMITED?					
Do you have any comments or suggestions that would help us improve our service quality of customer service?					

Customer Signature: _____

Date: _____