**Úrskurðarnefnd í vátryggingamálum**

Guðrúnartúni 1, 105 Reykjavík, tryggingar@nefndir.is

Information filled in by the Office of the Complaints Committee

Móttökudagur: Númer máls:

**Complaint to the Committee:**

Information on the complainant

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| --- |
| Full name and ID: |
| Address: |
| Telephone and email address: |
| Name and email if other than the complainant assists:  |

**Receipt of complaints and submission fee**

**A complaint must be submitted in written form to the Committee.**

**Complaints are not accepted unless the submission fee is paid:**

**Arion banki hf. Banknr.: 0370-26-030321 og IDnr.: 450122-0250**

**IBAN nr.** IS440370260303214501220250

**SWIFT CODE** ESJAISRE

**Submission fee:**

1. Individual: 10.000 ISK.
2. Individual owning a private enterprise with complaint related to the business: 25.000 ISK.
3. Legal entity: 50.000 ISK.

The submission fee is refunded if the claim of the petitioner is accepted partially or in full.

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| Banki – höfuðbók – reikningsnúmer: |
| Kennitala:  |

**Information about the insurance company and what kind of insurance the complaint refers to.**

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| Name of the insurance company/companies: |
| What kind of insurance: |
| Date of accident: |

**What is the complaint about:**

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**The grounds for the complaint:**

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| What is the complaint (summary)? |

**List of supporting documents:**

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**Comments (if any):**

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| The undersigned consents to the insurance company providing the Committee with all documentation pertinent to the case and authorizes the Committee to obtain information from parties who have been involved in the case due to their professional knowledge. |
| **Date and signature:** |