



QUALITY OF SERVICE QUESTIONNAIRE

CLAIMS

POST TO US or FAX BACK TO 01482 388504

- We have recently finalised a claim which you made, and we would be grateful if you could spare just a few minutes to complete this form and return it to us in the prepaid envelope provided, or by fax on the above number. This will enable us to assess your requirements and opinion of our claims procedures and therefore help us to continue improving our service. Thank you.

Date of Loss: _____ Type of claim: _____ TIP ref: _____

	Statement	Strongly agree		Agree		Strongly disagree	N/A
1	I found it easy to register a claim with you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I found the claim forms easy to complete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Your claims staff responded promptly to my communications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	You kept me informed of the progress of my claim.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Your staff had sufficient technical knowledge to handle my claim.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	My claim was settled within a reasonable time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Overall, I felt The Insurance Partnership handled my claim well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	My insurance company provided a fair settlement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I would recommend you to others.			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
10	You could improve your service by....						
Please provide any additional comments you wish to make. <hr/> <hr/>							

I would be happy for these comments to be used on your promotional material.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Customer's name:		Signature:	
Claim Handler's name:		Date:	

- Please accept our thanks for taking the time to complete this form. We assure you that we value your input and will look to continue improving the service we provide as a direct result of this feedback.

The Insurance Partnership Insurance Brokers is a trading name of The Insurance Partnership Services Ltd.
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