



INSURANCE

OMBUDSMAN

Apply for mediation

Send to: A.C.A., B.P. 448, L-2014 Luxembourg / mediateur@aca.lu / Fax: 44 02 89

**INSURANCE OMBUDSMAN
APPLY FOR MEDIATION**

I. CONTACT DETAILS

Last Name
First Name
Birth date
Profession
Adress
.....
E-mail
Phone

II. INSURANCE COMPANY INVOLVED

Name
Adress
.....
E-mail.....

Names and titels of the persons of the company having been contacted by the applicant :
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III. NATURE AND DESCRIPTION OF THE LITIGATION

Concerned Insurance Branch *:
(ex. mandatory automobile liability insurance ; fire insurance ; legal protection insurance, ...)

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Subject of the litigation :

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* Please join the insurance contract concerned, the general and special conditions and all documents that the applicant intends to use to support his application

IV. ANTECEDENTS OF THE CASE

Please indicate all the steps already taken with the company involved in the litigation, subject of the request for mediation :

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V. ARGUMENTATION
(in support of the demand for mediation)

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Hereby, I undersigned..... releases formally and specifically my insurer from his professional secrecy for the purposes of the present proceedings in mediation.

Date :

Signature :

As part of the handling of your request for mediation your personal data are treated according to the applicable regulations.

For the necessities of the mediation procedure your personal data are communicated to the opposing party and they may, if necessary, also be communicated to third parties possibly involved in your mediation case, respectively to experts that our mediation body would request in the course of the mediation procedure.

Regarding your rights in relation with your personal data and the complaint procedure, please refer to the Personal Data Protection information note published on the ACA website (www.aca.lu).

Hereby, I undersigned authorise formally and specifically the Insurance Obudsman to treat my personal data in the context of the present mediation procedure.

Date:

Signature :