					1635-2175/AA/CE
if a partnership, the number of partners*				, annual income or net asset you first complained)*	£
details of the bus	types of businesses	s, charities and t	trusts can use ou		formation about wh
their name	KGM Underwri			·	
their address (include postcode)	New Chastwi	ung / gonolo			
their phone number					
details of the advi		_	-	the product or service	
their name					
their address (include postcode)					
their phone number					
the kind of produc	ct or service y	ou're comp	laining abo	out	
the name and type of product or service	Car/Motorcycle Insurance				
any reference number hire-agreement or loan no			Policy No: MA57LDY	Claim No: Reg No: CX52 J	RZ
please tell us wha	nt your compla	int is about	t		
having tools in his ve	hicle. The consuce database that	ımer has con he is insured	tinuously bee	originally voided his insurance en stopped by police due to Ko has incurred many costs in re	GM not put