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