



## Complaint Registration

\*Name of Complainant:

\*Email Address:

\*Mobile No:

\*Policy No:

\*Claim No:

\*Complaint Type : (Claims/Service/Sales):

\*Details of the Complaint  
(Please mention the full details of the complaint):

**\*Mandatory Field**

Please fill & email this form at [care.healthinsurance@adityabirlacapital.com](mailto:care.healthinsurance@adityabirlacapital.com) or courier the form to address: Grievance Redressal Cell, Aditya Birla Health Insurance Co. Ltd, 11th Floor, G-Corp Tech Park, Ghodhbunder Road, Kasarvadavali, Thane - 400615