

**ANNEX-VII (A)**

Date: (Date)

To

The Insurance Ombudsman  
(td Centre Address)

Dear Sir,

Re: Complaint against (td Insurance) Insurance Company  
(td Branch ) Branch/Division

Policy No. (td Policy No.)

Name: ( Name of Complainant)

Your Reference Complaint No. : (td Complaint No.)

With reference to your letter dated (Letter date of Annex-7) on the above subject, we hereby give our unconditional and irrevocable consent to the Insurance Ombudsman to act as a Mediator between the Insurance Company and the complainant and give his recommendation for the resolution of the complaint.

(Comments)

Yours faithfully

Signature

Designation (td Designation)