				1635-2175/AA/CD12
if a partnership, the number of partners*			er, annual income or net asset you first complained)*	£
	We may ask you for evidence of types of businesses, charities and the contract of the contract	and trusts can use		ormation about what
their name	KGM Underwriting Ager	cies Limited		
their address (include postcode)				
their phone number				
	ser or business who og about (if different from the	-	the product or service	
their name				
their address (include postcode)				
their phone number				
the kind of produ	t or service you're co	mplaining ab	out	
the name and type of product or service	Car/Motorcycle Insurance	ce		
	er (eg your account and sort co imber; policy or claim number)	Policy No: MA57LDY	Claim No: Reg No: CX52 JR	RZ
please tell us wha	t your complaint is ab	out		
having tools in his ve	hicle. The consumer has be database that he is ins	continuously be	y originally voided his insurance en stopped by police due to KG r has incurred many costs in res	SM not put
				I