

CLAIMS SURVEY REPORT

We value any feedback you might be able to give us with regards to your claim experience and would appreciate if you could take a little time to give us your honest opinions.

Your name or company _____

Date of loss _____

PWV claims person _____

Claim number _____

	VERY POOR	POOR	AVERAGE	GOOD	EXCELLENT
*Service from your PWV Claim Consultant	_____	_____	_____	_____	_____
* Service from the assessor	_____	_____	_____	_____	_____
* Service from your insurer	_____	_____	_____	_____	_____
* Overall processing of your claim	_____	_____	_____	_____	_____
* Speed of claim processing	_____	_____	_____	_____	_____
* Settlement or payout	_____	_____	_____	_____	_____
* Repair	_____	_____	_____	_____	_____

Comments or suggestions

Kindly e-mail to service@pwvbrokers.co.za