

Unique Insurance Services Customer Satisfaction Survey

We are always striving to give you the best customer service we can. Therefore, we would appreciate it if you could complete the following short questionnaire to help us maintain and improve the service we offer you.

Name:

Postcode:

Reference no:

What type of policy(ies) did you contact Unique Insurance Services for?

Please rate the below on a scale of 1 to 5 (1= poor; 5 = excellent)

poor
1 2 3 4 excellent
5

How happy were you with the speed of answering the call?

☐ ☐ ☐ ☐ ☐

How would you rate the helpfulness of the call handler?

☐ ☐ ☐ ☐ ☐

How satisfied were you with that person's level of knowledge with regards to the policy and pre-existing medical conditions?

☐ ☐ ☐ ☐ ☐

How competitive did you consider the quote received to be?

☐ ☐ ☐ ☐ ☐

How happy were you with the length of overall call time?

☐ ☐ ☐ ☐ ☐

Would you recommend Unique Insurance Services to your family or friends?

☐ Yes ☐ No

Do you currently have any other products?

☐ Yes ☐ No

If yes, which ones?



Would you consider purchasing other products from Unique Insurance Services?

☐ Yes ☐ No

If yes, which products would you consider?

Home insurance ☐ Pension Annuities ☐ Estate Planning ☐
 Life assurance ☐ Equity Release ☐ Funeral Planning ☐
 Motor insurance ☐ Travel insurance ☐ Health Cash Plans ☐

Insurance renewal dates for:

Motor Annual travel insurance
 Home

Would you be happy for Unique Insurance Services to contact you to provide information regarding the above products?

☐ Yes ☐ No

Would you be willing to talk to us in more detail about what you think of the service you received from us?

☐ Yes ☐ No

If yes to the above, please state your preferred means of being contacted.

Phone ☐ Phone number:

Email ☐ Email address:

Post ☐ Postal address:

How did you hear of Unique Insurance Services?

☐ Publication (please specify) ☐ Unique Insurance page on website (please specify)
☐ Doctor/GP ☐ Charity (please specify) ☐ Leaflet ☐ Email ☐ Other
 (please specify)

Please state any other ways in which you feel we can improve our service?

Are there any other insurance or financial products you would like to see offered by Unique Insurance Services?

Do you have any further comments to make?

Signature

Date

Please return your completed form to Unique Insurance Services by email: unique@heathlambert.com or send Freepost (no stamp required) RRBK-JHKE-XLZG Heath Lambert Affinity Partnerships, Grosvenor House, 112-114 Prince of Wales Road, Norwich, NR1 1NS or Fax: 01603 760852

☐ Please tick box if you **do not** want to share your data (this would only be with the charity mentioned on this survey).

Data Protection Act 1998: Both parties shall comply at all times with the Data Protection Act 1998 (DPA) and any regulations made under the DPA and in particular with the data protection principles set out in the DPA and with all relevant guidelines and guidance notes issued from time to time by the Information Commissioner, as applicable to each of those parties. Where personal data is supplied or disclosed by one party to the other, the other party will: a) ensure that such personal data is only used for the purposes for which appropriate consent has been given by the data subject; and b) notify the disclosing party of any request it receives from data subjects for subject access or changes to such personal data under the DPA or any correspondence with the Information Commissioner in relation to such personal data.

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