

**1. CUSTOMER'S DETAILS**First Name/s  Surname Cell Phone Number/s  Email Address **2. CUSTOMER FEEDBACK**

i) Kindly select which of the departments within Econet Insurance you have interacted with in the last 12 months

- |                                                  |                                                      |
|--------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Call Centre (311)       | <input type="checkbox"/> Econet Service Centre/ Shop |
| <input type="checkbox"/> Sales Agent             | <input type="checkbox"/> Reception                   |
| <input type="checkbox"/> Underwriting Department | <input type="checkbox"/> Claims Department           |

ii) In terms of customer service how do you rate our staff member who attended to you?

Professionalism Attitude Attentiveness Efficiency Presentation Overall experience 

iii) Basing on your overall experience in the handling your claim would you likely recommend us to your family and friends?

 Yes  No

iv) Please explain your response above

v) On a scale of 1 to 5 how do you rate or products in relation to your needs

vi) Please state things we need to address to improve our service and meet your expectation?