



CUSTOMER SERVICES QUESTIONNAIRE

Dear Policyholder,

Thank you for choosing Hand-in-Hand as your preferred insurer. We appreciate your business and are committed to improving our customer service experience. To continue doing so, we would be grateful for your responses to the following questions.

Upon completion, kindly submit this questionnaire in the box provided. Your feedback is important to us, and we would like to assure you that they would be treated with the strictest confidence.

We appreciate your time and thank you for participating in this exercise.

Please provide your response by placing a tick in the most appropriate box.

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What type of transaction did you conduct?	Fire	Life	Motor
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Were you attended to promptly?	Yes	No	
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Was the staff courteous and helpful?	Yes	No	
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Were you satisfied with the information and advice you received?	Yes	No	
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Do our insurance products continue to satisfy your needs?	Yes	No	
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If not, how can we improve?

How long did you spend at the counter?

Under 5 minutes

Approximately 5-10 minutes

Within 10-20 minutes

Over 20 minutes

How would you rate the quality of our service: -	Excellent	Good	Satisfactory	Poor
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Would you like to provide any additional remarks?

Name and Address: (optional)

Date: