



SSRP  
SUPERINTENDENCIA DE SEGUROS  
Y REASEGUROS DE PANAMÁ

SUPERINTENDENCIA DE SEGUROS Y REASEGUROS DE PANAMÁ

**FORMULARIO DE DENUNCIA**

Panamá, \_\_\_\_ de \_\_\_\_\_ de 20\_\_

Señor  
Superintendente de Seguros y Reaseguros  
E. S. D.

Nombre del Denunciante \_\_\_\_\_

Cédula de identidad personal número \_\_\_\_\_

Nombre del Regulado (Aseguradora / Corredor): \_\_\_\_\_

**MOTIVO DE LA DENUNCIA**

(ESCRIBIR EN LETRA IMPRENTA)

Multiple horizontal lines provided for writing the reason for the complaint.

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Firma : \_\_\_\_\_ Cédula: \_\_\_\_\_

Teléfono: \_\_\_\_\_ Teléfono móvil: \_\_\_\_\_

Correo electrónico: \_\_\_\_\_

Dirección Completa: \_\_\_\_\_

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