

APPLICATION FOR ASSISTANCE (Personal Lines Application)

UNDERTAKING:

I apply to the Ombudsman to investigate and consider my complaint/dispute with my insurance company. All relevant documentation is attached.

1. I _____, Identity number _____ declare that:

(Please note that a legible copy of your passport or identity document must be attached.)

- My complaint is not in the hands of an attorney for any purpose other than the drafting of this complaint and is not subject to litigation or arbitration.
- The Insurer and/or Broker has, as far as I can ascertain, finally declined my complaint.
- My complaint covers my own "personal lines" insurance which I hold dealing with private and domestic cover and does not involve statutory third party or industrial or commercial insurance, or anyone else's Insurer. (Please note that there is a separate application form for commercial complaints)

2. I understand and agree that by submission of this form:

- The amount in dispute does not exceed R3.5 million in total and in the case of home owners or building policies, the amount in dispute does not exceed R6,5 million in total;
- the matter will be regarded as confidential as between myself, the Insurer and/or the Broker and the Ombudsman;
- I acknowledge that any finding of the Ombudsman shall not be binding on me and that my legal rights against the Insurer are not affected thereby;
- the Ombudsman will decide what should be disclosed to me and/or the Insurer;
- documents brought into being as a result of my approach to the Ombudsman shall not be liable to disclosure or be the subject of a discovery order or subpoena in the event of proceedings between myself and the Insurer and/or the Broker;
- the Ombudsman will not be subpoenaed to give evidence on the subject of the complaint in any proceedings and I waive any rights which I may have to do so;
- the services rendered by the Ombudsman are not the same as those rendered by a professional legal adviser and are confined purely to recommendation, mediation or conciliation in an attempt to settle complaints against a member of the Ombudsman's office. Neither the Ombudsman nor any of his staff shall be liable for any loss or damages sustained by the complainant arising out of their activities, whether such claim is based on negligence, breach of contract or any other cause of action;
- I hereby agree to be bound by the Ombudsman's Terms of Reference.
- I am aware that I enjoy the right to appeal the Ombudsman's Formal Ruling, subject to the Ombudsman's Terms of Reference.
- I am aware that the Ombudsman will collect, store, process and share my personal information for purposes of this complaint.

3. No one is entitled to obtain payment for supplying this document to me.

Signature of complainant or person authorised to act on his/her behalf

Date

Please note:

Kindly complete all pages of the form in a legible manner. Please note that the fields marked with an * are compulsory.

Our preferred mode of correspondence is via e-mail, as this will facilitate speedy and expeditious communication between our office and yourself.

Where the contact person is not the complainant, then please provide us with the relevant person's correct contact details. If the contact person is acting on your behalf, then a Power of Attorney must also be provided, as referred to above.

If your matter has been previously referred to another Ombudsman's office or other dispute resolution forum, kindly furnish us with details of the other Ombudsman and/or forum and their reference number. Alternatively, if you already have registered a complaint with our offices, kindly furnish us with such reference number _____

If you have not received correspondence from our office within 10 working days acknowledging receipt of your complaint, kindly contact our office to confirm that your complaint has been received by us and to obtain the file reference number allocated to your complaint.

COPIES OF DOCUMENTS WHICH MUST BE SENT TO US

- Policy Schedule / Certificate of Insurance
- Letter from Insurer rejecting the claim
- All documentation, including correspondence with the Insurer relevant to the complaint
- Legible Copy of Identity Document or Passport
- Power of Attorney in favour of the person acting on behalf of the complainant, where applicable

In which province in South Africa do you reside?

- Eastern Cape Free State Gauteng Kwazulu Natal Limpopo
 Mpumalanga North West Northern Cape Western Cape

Where did you learn about the Office of the Ombudsman for Short-Term Insurance?

- Radio Broker Insurer Attorney
 Newspaper Other Ombudsman By word of mouth Other (please specify) _____

PARTICULARS OF COMPLAINT

Full names of policy holder (complainant): _____

Mr/Mrs/Miss/Ms(*) _____ Identity Number(*) _____

Surname(*) _____ First Names(*) _____

Postal Address(*) _____

_____ Postal Code _____

Physical Address(*) _____

Telephone(*) Home: _____ Cellular No: _____

Work Number : _____ Facsimile : _____

Email Address: _____ Fax _____

Name of Broker / Agent: _____

Postal Address _____

Telephone _____ Fax _____ Email Address _____

Name of Insurance Company(*) _____

Policy number(*) _____

Claim number(*) _____

Type of policy _____

Date claim rejected _____ Date of accident/loss _____

Amount claimed _____

The following section is only to be completed if the complaint deals with a motor policy.

- 1. **Is your vehicle financed?** Yes No
- 2. **Do you enjoy Credit Shortfall/Deposit Protection/Top-up Cover/ Ad Cover or Violation Cover?** Yes No
- 3. **If yes, please provide us with the following information:**

Name of Financier and Insurance Company(*) _____

Policy number(*) _____

Claim number(*) _____

Type of policy _____

