

APPLICATION FOR ASSISTANCE (Commercial Lines Application)

UNDERTAKING:

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

1. I _____, Identity number: _____, duly authorised, declare that:
(Please note that a legible copy of your passport or identify document must be attached.)

- This 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 we can ascertain, finally declined our claim.
- The complaint is in respect of commercial business insurance as set out in this application and does not involve anyone else's Insurer.

2. It is understood and agreed that by submission of this form:

- the annual turnover of our business does not exceed R35 million and we attach proof of our annual turnover;
- the amount in dispute does not exceed R3.5 million in total or, if this complaint is in respect of a building claim, does not exceed R6.5 million;
- the matter will be regarded as confidential as between ourselves, the Insurer and/or the Broker and the Ombudsman;
- we acknowledge that any finding of the Ombudsman shall not be binding on us and that our legal rights against the Insurer are not affected thereby;
- the Ombudsman will decide what should be disclosed to us and/or the Insurer;
- documents brought into being as a result of our approach to the Ombudsman shall not be liable to disclosure or be the subject of a discovery order or subpoena in the event of proceeding between ourselves and the Insurer and/or the Broker;
- the Ombudsman will not be liable to be subpoenaed to give evidence on the subject of the complaint in any proceedings and we waive any rights which we may 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/her 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;
- We hereby agree to be bound by the Ombudsman's Terms of Reference.
- We are aware that we enjoy the right to appeal the Ombudsman's Formal Ruling, subject to the Ombudsman's Terms of Reference.
- We are aware that the Ombudsman will collect, store, process and share our personal information for purposes of this complaint.

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

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

Date

COMMERCIAL INSURANCE COMPLAINTS HANDLED BY OMBUDSMAN FOR SHORT-TERM INSURANCE:

1. Complainants

Small businesses, including a sole proprietor or trader, a juristic person, partnership or trust and that had a turnover in it's last financial year of less than R35 million.

2. Types of Cover that we do not deal with:

Accounts Receivable
Aviation
Construction Guarantees
Crop Insurance (including stock through put cover)
Deterioration of Stock
Engineering
Fidelity Claims
Loss of Profits
Machinery Breakdown
Marine
Third Party, Computer and Funds Transfer Theft
Third Party Claims including but not limited to:

- Motor Third Party Liability
- Contractor's Liability
- Directors' and Officers' Liability
- Employers' Liability
- Employment Practises Liability
- Public Liability

NOTE: *We will however consider dealing with a disputed claim where the complainant seeks indemnification from the insurer against a claim received from a third party and where the insurer has refused to indemnify the complainant i.e. the policyholder*

3. Monetary Jurisdiction:

Disputes involving amounts not exceeding R3.5 million in total and not exceeding R6.5 million in total in respect of buildings claims.

Please note:

Kindly complete 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.

If you have not received correspondence from our office within 10 working days acknowledging receipt of your complaint, kindly contact our offices to confirm that your complaint has been received by our office 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
- Proof of annual turnover, which is to the Ombudsman's satisfaction

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?

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

PARTICULARS OF COMPLAINT

Name of Policy Holder(*) _____

Authorised Person lodging complaint on behalf of Policy Holder(*) _____

Authorised Person's ID. No. (*) _____ Designation(*) _____

Mr/Mrs/Miss/Ms _____ Surname _____ Initials(*) _____

Company/CC Registration Number/ ID. No.(*) _____

Postal Address(*) _____

_____ Postal Code _____

Physical Address(*) _____

Business Telephone _____ Alternate Contact No _____

Email Address _____ Fax _____

Annual Turnover(*) _____

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 the vehicle financed? Yes No

2. Is there 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 _____

