

FINANCIAL SERVICES BOARD

Riverwalk Office Park, Block B, 41 Matroosberg Road, Ashlea Gardens, X6, Pretoria, 0081.

PO Box 35655, Menlo Park, 0102.

Contact person: Lebogang Tihapane. Tel: 012 4288081. Fax: 012 3464631.

E;mail: lebogangt@fsb.co.za, Website: www.fsb.co.za.



LONG- AND SHORT-TERM INSURANCE: COMPLAINT FORM

A, B AND C.

GENERAL INFORMATION

A. PURPOSE

This complaint form must be used for complaints relating to the Long-term Insurance Act 52 of 1998 and the Short-term Insurance Act 53 of 1998 (~~the Acts~~).

B. INSTRUCTIONS

1. *Before* you submit a complaint to the Registrar, please *contact the insurer/ entity* about whose conduct you want to complain to afford it the opportunity to respond to the matter.
2. If the matter is a *contractual dispute*, it must be referred to the applicable Ombudsperson.
- 2.1 **For long-term insurance policies:** Assistance, Disability, Fund, Health, Life and Sinking Fund, please refer the matter to The Ombudsman for Long-term Insurance at:

POSTAL ADDRESS	Private Bag X45, Claremont, Cape Town, 77350
TELEPHONE NO.	021 6575000
FACSIMILE NO.	021 6740951
E-MAIL ADDRESS	info@ombud.co.za

- 2.2 **For short-term insurance policies:** Accident and Health, Engineering, Guarantee, Liability, Miscellaneous, Motor, Property and Transportation, please refer the matter to the Ombudsman for Short-term Insurance at:

POSTAL ADDRESS	PO Box 32334, Braamfontein, 2017
TELEPHONE NO.	011 7268900
FACSIMILE NO.	011 7265501
SHARECALL NO.	0860726890
E-MAIL ADDRESS	info@osti.co.za

C. ADDITIONAL INFORMATION

1. Please note that the Registrar only deals with complaints about .
 - 1.1 registered insurance companies; or
 - 1.2 entities that are conducting illegal insurance business.
2. A registered insurance company is an entity that is registered with this Office as an insurance company.
3. Conducting illegal insurance business means:
 - 3.1 an entity that is not registered with this Office as an insurance company; and/or
 - 3.2 an entity that is not conducting insurance business on behalf of a registered insurance company.
4. To confirm whether or not an entity is registered under the Acts please contact the Insurance Compliance Department on: (012) 4288081.

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D. PART 1: DETAILS OF COMPLAINANT	
TITLE	
FULL NAMES	
SURNAME	
E-MAIL ADDRESS	
POSTAL ADDRESS	
Postal code	
CONTACT TELEPHONE NO.	()
MOBILE NO.	
FACSIMILE NO.	
E. PART 2: DETAILS OF POLICYHOLDER	
TITLE	
FULL NAMES	
SURNAME	
IDENTITY NUMBER	
POLICY NUMBER	
E-MAIL ADDRESS	
POSTAL ADDRESS	
Postal code	
CONTACT TELEPHONE NO.	()
MOBILE NO.	
FACSIMILE NO.	

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H.

PART 5: SUPPORTING DOCUMENTATION

LIST OF SUPPORTING DOCUMENTATION

Please number each page and attach all relevant documentation, for example a copy of the death certificate, police report, identity document, policy document, correspondence with the entity this complaint is about.

DATE ON WHICH THIS FORM IS SUBMITTED TO THE REGISTRAR

SIGNATURE OF COMPLAINANT
