



South African Insurance Association

Ground Floor, Willowbrook House, Lake Drive, Constantia Office Park, c/o 14th Avenue and Hendrik Potgieter Street, Weltevreden Park 1709 • PO Box 5098, Weltevreden Park, 1715

Tel +27 11 726 5381 • Fax 086 647 2275 • info@saia.co.za • <http://www.saia.co.za>

Complaints form

This form has to be completed in order for a formal complaint to be registered against a member of the SAIA in terms of its Code of Conduct.

It is preferred that you first approach the insurer's complaints mechanism and / or Ombudsman for Short-Term Insurance. Kindly attach copies of their responses to the form.

Y/N

Please indicate whether you have approached the insurer's internal complaints mechanism.

Please indicate, if complaint is in relation to a claim, whether you have approached the Ombudsman for Short-Term Insurance.

Date of complaint lodged with SAIA: _____

Complainant's details:

Title: _____

Name: _____

Physical Address: _____ Code: _____

Postal Address: _____ Code: _____

Contact Telephone number: _____ Cell Number: _____

Details of the insurance company against which the complaint is being lodged



Name of the Insurance Company: _____

Branch of the Insurance Company: _____

Name of the person dealt with at the Insurance company: _____

Policy details

Policy Number: _____

Policy Type: _____

Claim Number (if applicable): _____

Please state which section/sections of the SAIA Code of Conduct this complaint relates to and give the details of the complaint under each section:

1. Section: _____

Details: _____

2. Section: _____

Details: _____
