

One Sturdee, 1st Floor, Block A

Personal Application for Assistance

Our Details

Please complete and return this form to:

E-mail info@osti.co.za (011) 726-8900 Telephone Fax

(011) 726-5501

1 Sturdee Avenue Rosebank

P.O Box 32334 Braamfontein

2017

Fields marked with an (*) are compulsory.

Your Details

Where did you learn about us?	
Mr/Mrs/Ms (*) Identity Number (*)	
Surname (*)	First Names (*)
Cellular Number (*)	Home Number
Work Number	Fax Number
Email Address (*)	Alternative Email
Postal Address	
Physical Address (*)	
Name of Broker / Agent acting on your behalf (If applicable)	
Telephone Number	Fax Number
Email Address	

Your Complaint

Full names of policyholder (*)		_
Name of Insurance Company (*)		_
Policy number (*)	Claim number	_
Date of loss	Date dispute arose	
Amount claimed		
Tell us about your complaint in the space below. Inclu	ide important facts such as dates, places and names and attach copies	of a
relevant documents.		
	What happened?	
Have you complained to your insurer?	Yes No If yes, please attach correspondence.	
	What I want:	

Copies of documents which must be sent to us:

- Legible copy of Identity Document or Passport (*)
- Policy schedule / certificate of insurance
- Letter from the insurer rejecting the claim
- Correspondence with insurer
- Power of Attorney in favour of the person acting on behalf of the complainant, if applicable (*)

Terms and Conditions

- a) In respect of complaints, the amount in dispute may not exceed R3.5 million and in the case of home owners or building policies, the amount in dispute may not exceed R6, 5 million.
- b) The matter will be regarded as confidential as between the complainant, the insurer and/or the broker and the office of the Ombudsman.
- c) Any finding of the Ombudsman shall not be binding on the complainant and the complainant's legal rights against the Insurer are not affected thereby.
- d) The Ombudsman will decide what should be disclosed to the complainant and/or the Insurer.
- e) The Ombudsman will collect, store, process and share the complainant's personal information only for the purposes of this complaint and in line with the POPIA requirements and regulations.
- f) Documents brought into being as a result of this complaint shall not be liable to disclosure or be the subject of a discovery order or subpoena in the event of proceedings between the complainant and the insurer and/or the broker.
- g) The Ombudsman will not be subpoenaed to give evidence on the subject of the complaint in any proceedings and the complainant waives any rights which he/she/it may have to do so.
- h) 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 resolve complaints. Neither the Ombudsman nor any of the Ombudsman's 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) I am aware that I enjoy the right to appeal the Ombudsman's Formal Ruling, subject to the Ombudsman's Terms of Reference.
- j) I agree to be bound by these Terms of Reference.

My signature	Date	

Note: No one is entitled to obtain payment for supplying this application for assistance to OSTI.

