# Complaint Form

Please complete the form in sufficient detail to enable SHA Risk Specialists a division of Santam Ltd to investigate your complaint and provide you with a comprehensive response thereto.

Please submit your complaint via either of the following methods:-

By e-mail: [Complaints@sha.co.za](mailto:Complaints@sha.co.za)

By post: P O Box 55347, Northlands, 2116 (for attention of the Head of Compliance)

By hand: SHA Risk Specialists a divison of Santam Ltd (for attention of the Head of Compliance)

The Pavilion

The Wanderers Office Park 52 Corlett Drive

Illovo, 2196

|  |  |  |
| --- | --- | --- |
| Complainant’s name: |  | |
| Contact person: | Tel: | Fax: |
| E-mail: | Postal address: | |
| Policy number: |  | Claim Ref Number: |
| Type of cover to which the  complaint relates: |  | |
| Name of the person at SHA you  dealt with: |  | |
| Brokers name & contact details: |  | |

Please indicate your preferred method of communication: Email. Fax. Post

## Details of Complaint

### Complaints relating to Underwriting

Please tick the box that best describes the nature of your complaint

|  |  |
| --- | --- |
| 1.1 Unsatisfactory handling of application for Insurance |  |
| 1.2 Refusal/cancellation of Insurance – reasons unsatisfactory |  |
| 1.3 Quote |  |
| 1.4 Terms of the policy |  |
| 1.5 Delay in rendering the service |  |
| 1.6 Privileged / personal information distributed without consent |  |
| 1.7 Other |  |

Date on which financial service complained of was rendered:

Please provide a more detailed explanation of your complaint:

(If the space provided below is insufficient, please attach a further annexure detailing your complaint.)

### 2. Complaints relating to Claims Management

Please tick the box that best describes the nature of your complaint

|  |  |
| --- | --- |
| 2.1 Liaising with client/insured unsatisfactory or insufficient |  |
| 2.2 Delay in finalisation of claim |  |
| 2.3 Disrespectful treatment of insured by claims-handler |  |
| 2.4 Disrespectful treatment of insured by service provider |  |
| 2.5 Objection to insurer’s decision to reject claim |  |
| 2.6 Objection to insurer’s decision on the value of the claim |  |
| 2.7 Claim not dealt with in a fair, honest and transparent manner |  |
| 2.8 Repairs authorised by Insured faulty or unsatisfactory |  |
| 2.9 Privileged / personal info distributed without consent |  |
| 2.10 Other |  |

Date on which financial service complained of was rendered:

Please provide a more detailed explanation of your complaint:

(If the space provided below is insufficient, please attach a further annexure detailing your complaint.)

## Resolution of the Complaint

Please tell us how you would like your complaint to be resolved.

Please ensure that **all supporting documentation** is attached hereto in order for us to properly investigate your complaint.

Completed and signed by (name of person completing this form on behalf of Insured).

Signature Date