INGWE LIFE

Built on Service. Driven by Trust.

01 / CONTACT AND POLICY

Customer complaint form

Use this form to report concerns about your funeral policy, claims, premiums, service or policy administration. Help with completing this form is free.

EMAIL compliance@ingwelife.com | **TEL** 011 462 0353

A | Your details

Full names and surname

ID / passport number (if available)

Mobile number

Email address

Postal / residential address

Preferred contact method

☐ Telephone ☐ Email ☐ SMS

B | Policy and funeral parlour / group

Funeral parlour / scheme / group name (if known)

Policy / member number (if known)

Name of main member (if different)

Person or branch you dealt with (if known)

You may still complain without a policy number or supporting documents.

02 / COMPLAINT INFORMATION

Complaint details

Please provide as much information as you can. Approximate dates are acceptable.

C | What happened?

Choose all categories that apply to your complaint:

- ☐ Claims
- ☐ Premiums
- ☐ Policy lapse
- ☐ Service
- ☐ Policy details
- ☐ Sales / advice
- ☐ Communication
- ☐ Other

Date the issue occurred or was first noticed (if known)

Describe your complaint. Include names, dates and the sequence of events.

D | Previous contact and supporting information

Date you first raised the complaint (if applicable)

With whom did you speak or correspond?

What response, if any, did you receive?

Attach relevant SMSs, emails, receipts or documents, if available. Keep originals.

03 / RESOLUTION AND SUBMISSION

Resolution and next steps

E | Your preferred outcome

How would you like Ingwe Life to resolve your complaint?

F | Declaration and privacy

I confirm the information provided is accurate to the best of my knowledge.

I request Ingwe Life to investigate this complaint and contact me about the outcome.

I understand that, where lawful and necessary, relevant information may be shared with the funeral parlour, appropriate underwriter or service provider for this purpose.

Personal information will be handled in accordance with applicable privacy laws.

Complainant / authorised representative name

Signature

Date

If you are acting on someone else's behalf, we may request proof of authority.

G | Submission and independent assistance

SUBMIT TO compliance@ingwelife.com | TEL 011 462 0353

If you are dissatisfied with the outcome, request internal escalation or contact the relevant independent ombud, depending on the nature of your complaint:

Life / funeral insurance: National Financial Ombud (NFO)
0860 800 900 | info@nfosa.co.za | www.nfosa.co.za

Financial advice / intermediary services: FAIS Ombud
012 762 5000 | info@faisombud.co.za | www.faisombud.co.za