



SECTION A

You are filling in this form because you want Ingwe Life to look at your complaint. You can phone us on 011 462 0353 or email compliance@ingwelife.com if you need help to complete the form.

Tell us about yourself :

Surname		Title	
First names			
Identity Number			
Address to which we may send your letter			
Telephone daytime		Cell	
Fax		Email	

Details of anyone complaining with you :

Surname		Title	
First names			
Identity Number			
Address to which we may send your letter			
Telephone daytime		Cell	
Fax		Email	

SECTION B

Details of the person or company against whom you are complaining :

**Name of person
or company**

Their address

Phone number

Fax

Your policy number

Give us the details of who you dealt with when you took out the policy

**Name of person
or company**

Their address

Phone number

Fax

Your policy number

Tell us about the product or services you are complaining about

Is it an Insurance and funeral policy

Yes

No

When was this product or policy sold to you

Day

Month

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Do you have any documents with you providing that
you bought the product or policy**

Yes

No

When did you realise there was a problem

Day

Month

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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When did you first complain to company or person

Day

Month

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Have you instituted legal proceedings in this matter

Yes

No

SECTION C

Please tell us what your complaint is about :

First tell us in just a few words what your complaint is about and then give us the background

Remember we do not know anything about your complaint so please give us all the details

**Please list in date order phone calls, meetings or letters you received or exchanged with
The person or company against whom you are complaining. If you have letters please
Enclose them.**

SECTION D

How would you like your complaint to be resolved ? Outcome expected.

Your permission for us to go ahead :

I would like Ingwe Life (PTY) to investigate my complaint

I understand that Ingwe Life or his/her staff may need to exchange information about my Complaint with other organisations (for example to find out important information about My complaint)

Handle complaints in a different way from the court

May publish examples of where things can go wrong, based on real cases but will always Respect my privacy and keep my personal information confidential.

Signature _____ Complainant	Date _____
Signature _____ Witness	Date _____

Please send this form to :

Emails : compliance@ingwelife.com

Fax : 011 – 462 0364

Include everything you want to tell us about your complaint ?

Enclosed a copy of company response letters ?

Enclosed copies of all relevant documents ?

IMPORTANT CONTACT DETAILS

FAIS Ombud

Postal Address: FAIS Ombud
P.O.Box 74571
Lynwood Ridge
0040
Telephone: 27 12 762 5000 / +27 12 470 9080
Fax: +27 86 764 1422 / +27 12 348 3447
E-mail: info@faisombud.co.za
Website: www.faisombud.co.za

Long Term Insurance Ombudsman

Postal Address: The Ombudsman for Long Term Insurance
Private bag X 45
Claremont
7735
Telephone: 021 657 5000 / 0860 103 236
Fax: (021) 674-0951
E-mail: info@ombud.co.za
Website: www.ombud.co.za

Administrator – Ingwe Life

Street Address: Tower A, 1st Floor
Northlands Corner Shopping Centre
C/O Witkoppen & Newmarket Road
Northriding, Gauteng, 2162.
Telephone: (011) 462-0353
Fax: (011) 462-0364
E-mail: info@ingwelife.com
Website: www.ingwelife.com

Insurer's Details – African Unity Life Ltd

Address: 1st Floor, Riesling House,
The Vineyard Office Estate
Jip De Jager Drive, Bellville
Cape Town, 7530
Telephone: 012 3461738, 012 748 4000
Fax: 0866937472
E-mail: enquiries@africanunity.co.za
Website: www.africanunity.co.za