

CLAIM COMPLAINTS FORM

 0860 102 936
  admedcomplaints@guardrisk.co.za
 011 263 1419

Complaints Process

Should you wish to log a complaint, please follow the below procedure:

1. A completed and signed complaint form is to be e-mailed to admedcomplaints@guardrisk.co.za. Please ensure that your policy number is referenced in your submission.
2. During our review of your complaint we may request additional documentation from you.
3. A final decision will be communicated to you within 15 working days of receipt of all required documentation.
4. Should you not be satisfied with the outcome of the complaint you are entitled to contact the Guardrisk Short Term Insurance arbitrator – Buyisiwe Hlatshwayo on buyisiwe.hlatshwayo@guardrisk.co.za.
5. Our complaints management framework can also be viewed on our website <https://admedonline.co.za/complaints-management-framework>

PRINCIPAL INSURED'S DETAILS

Surname		First name	
Policy No.		Mobile No.	
E-mail address			
Name of Admed Staff member that assisted you			

REASON FOR YOUR COMPLAINT (please tick the relevant box applicable to your application)

Customer Service / Accessibility
 Product Design and Marketing
 Communication / Information

Advice
 Other

Please provide details surrounding your complaint submission, as well as your reason for your complaint. Supporting information / documentation can include the dates relating to your complaint, all correspondence and names of people involved including times and times of telephone calls / e-mail correspondence as well as any information regarding the circumstances of your complaint.

Signature of Policyholder/Claimant _____

Date _____

Internal Office Reference: _____