

EZ-Sure Pty Ltd

Complaints Management – Complaint Form

EZ-Sure Pty Ltd
Company Registration No. 2022/571523/07
VAT No. 9325493246
85 Palmford, Chartford Drive, Phoenix, Durban, 4068
Tel: 031 035 1651
Email: enquiries@ez-sure.co.za
Managing Director: Poovendren Reddy



[Your Name]

[Your Address]

[City, State, ZIP Code]

[Phone Number]

[Email Address]

Date: [Insert Date]

To:

[Complaints Department]

EZ-Sure Pty Ltd

85 Palmford Place, Sunford, Phoenix

Durban, 4068

Subject: Formal Complaint Regarding [Policy Type/Claim Number]

Dear [Insurance Company Representative/To Whom It May Concern],

I am writing to formally lodge a complaint regarding my insurance policy with your company.

Below are the details relevant to the issue:

1. Policy Information

- **Policyholder Name:** [Your Full Name]
- **Policy Number:** [Your Policy Number]
- **Type of Insurance:** [Health/Auto/Home/Other]
- **Claim Number (if applicable):** [Claim Number]
- **Date of Incident/Claim:** [Date]

2. Nature of Complaint

[Brief summary of the issue – e.g., "Denial of claim without adequate explanation,"

"Unreasonable delay in processing claim," "Incorrect billing."]

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3. Details of the Issue

[Provide a clear, factual, and chronological account of what occurred. Include any relevant dates, communications, and names of company representatives you've spoken to.]

4. Supporting Documents

Please find attached the following documents to support my complaint:

- Copy of insurance policy
 - Claim submission documents
 - Correspondence with your representatives
 - Medical bills/repair estimates/photos/etc. (as applicable)
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5. Desired Resolution

I respectfully request the following resolution:

[State your expectations – e.g., "Immediate settlement of my claim," "Written explanation for the denial," "Reimbursement of expenses," etc.]

6. Final Note

I trust this matter will be investigated and resolved promptly. If I do not receive a satisfactory response within [reasonable timeframe – e.g., 14 days], I will escalate the matter to [insurance ombudsman/regulatory authority/legal representative].

Please confirm receipt of this complaint and provide an expected timeline for response.

Sincerely,

[Your Name]

[Signature, if submitting a printed copy]

