

Date
Full names of complainant (individual / legal person)
ID no / Registration no of complainant
Contact tel / cell no
Fax no
Email address
Postal address
Name of broker
Name of brokerage
Name of Brolink employee whom assisted you
Person or entity acting for or on behalf of the complainant (if applicable)
Type of insurance
Policy no
Insurer
Type of complaint
Summary of complaint
Outcome required

Please attach any supporting documentation relevant to the complaint. For purposes of client satisfaction we require copies of correspondence with your broker and/or Brolink. We require sufficient details in order to finalise the complaint as speedily as possible.

Kindly submit your completed form and supporting documents to complaints@brolink.co.za