

COMPLAINTS-HANLDING AND RESOLUTION POLICY

1. INTRODUCTION

The Financial Advisory & Intermediary Services Act 2002 deals with complaints in some length. Specifically section 27(1) Receipt of Complaints, prescription, jurisdiction and investigation

All licensed financial service providers (FSP's) will be required to have systems in place for the purpose of timeous and efficient resolution of complaints within the specified timeframes.

2. DEFINITION OF A COMPLAINT

A statement of dissatisfaction addressed to the Insurer by a person relating to the insurance contract or service he/she has been provided with. Complaints-handling is differentiated from claims-handling as well as from simple requests for execution of the contract, information or clarification.

3. DEFINITION OF A COMPLAINANT

A person who is presumed to be eligible to have a complaint considered by an insurance undertaking and who has already lodged a complaint e.g. a policyholder, insured person, beneficiary and in some jurisdictions, injured third party.

4. COMPLAINTS POLICY

In recognition of our obligations under the FAIS Act, SAIA Code, the Consumer Protection Act and the Treating Customers Fairly Outcomes, we are committed to the following in respect of dealing with complaints:

- To ensure the adequate protection of policyholders.
- To ensure the sound and prudent management of claims, rejections and complaints.
- To ensure that we have an effective internal control system in place to monitor the fair treatment of the complainant in claims, rejections and complaints handling.
- To ensure the complainant is treated fairly in the assessment of claims, rejections and complaints.
- To ensure that complaints are investigated fairly and that possible conflict of interest are identified and mitigated.
- To ensure that all complaints are recorded in a Complaints Register.
- To ensure that all rejections are recorded in a Rejection Register.
- To ensure that we provide sufficient information on complaints, rejections and complaint-handling, to the insurer, which data will at the very least cover:
 - The number of complaints received / rejections authorised;
 - The reasons for the complaint / rejection;
 - Whether the complaint was resolved or escalated;
 - The outcome of the complaint.

- To ensure that the complaints and rejection data is analysed in order to identify and address any recurring or systemic problems and potential and operational risks, by:
 - Analysing the causes of individual complaints so as to identify root causes common to the different types of complaints;
 - Considering whether such root causes may also affect other processes or products, including those not directly complained of; and
 - Correcting, where reasonable to do so, such root causes.
- To resolve the complainant's complaint in a timely and fair manner.
- To resolve the complaint in a manner that is objectively reasonable towards the complainant, the business and its personnel.
- To avoid conflicts of interest between the complainant and the company, its employees and its representatives.
- To ensure that the complainant knows the complaints policy and procedure that is followed.
- To provide an outcome in writing.
- To be transparent at all times and to keep the complainant informed of resolution procedures.
- To ensure the complainant has access to the complaints procedure (our website or on request in the form requested).
- To promptly investigate and respond to complaints.
- If the complaint is not resolved the complainant will be advised of further steps available (i.e. the OSTI, FAIS Ombud).

5. COMPLAINTS SUPPORT

In order to achieve the abovementioned objectives, we will at all times ensure that the following is in place:

- Enough manpower and resources are available to facilitate an effective and fair resolution process.
- Complaints must be lodged in writing by the complainant and such records of the complaint must be retained for 5 years. The outcome of the complaints will be retained for 5 years as well. There will be adequate storage facilities in place to adhere to this requirement.
- Staff dealing with complaints must have adequate training and expertise.
- If any complaint is resolved in favour of a complainant, the redress will take place without any delay.
- There must be an internal follow-up procedure to avoid recurrences of complaints.

6. COMPLAINTS PROCEDURE

In line with achieving the Treating Customers Fairly Outcomes, the following underpins our complaints procedure:

- On request or when acknowledging receipt of a complaint, written information regarding the complaints-handling process is provided.

- The following information will be provided to the complainant in a clear and up-to-date manner:
 - type of information to be provided by the complainant;
 - identity and contact details of the person or department to whom the complaint should be directed;
 - the process that will be followed when handling a complaint;
 - estimated timelines;
 - the availability of an ombudsman or alternative dispute resolution (ADR) mechanism;
 - further handling of the complaint.

- When responding to a complaint, the following must be done:
 - gather and investigate all relevant evidence and information regarding the complaint
 - communicate in plain language, which is clear and easily understood
 - provide a response without any unnecessary delay or at least within the time limits
 - when an answer cannot be provided within the expected time limits, the complainant must be informed about the causes of the delay and indicate when the investigation is likely to be completed
 - when providing a final decision that does not fully satisfy the complainant's demand, a thorough explanation of our position on the complaint must be included
 - provide details about further redress available to the complainant if he/she is not satisfied with the outcome e.g. the availability of an ombudsman or ADR mechanism
 - such decision should be provided in writing

We deal with complaints as follows:

- Log the date and contents of the complaint in the Complaints Register.
- If a complaint is not in writing, ask the complainant to lodge the complaint in writing.
- Acknowledge receipt of the complaint in writing within 24 hours of receipt, and give the complainant the name(s) and contact details of the person / department responsible for the resolution of the complaint. Assign complaint accordingly.
- Investigate, evaluate and assess the complaint to ascertain whether the complaint can be resolved immediately.
- If the complaint can be resolved immediately, take the necessary action and advise the complainant accordingly.
- If the complaint cannot be resolved immediately, send the complainant a written summary within 5 days of receipt of the complaint, setting out the steps to be taken to resolve the matter and the expected date of and procedure for resolution.
- If applicable, forward the complaint to the insurer or underwriting manager (UMA) for resolution, feedback and comment.
- Follow-up with insurer or UMA on a daily basis and communicate feedback from the Insurer or UMA to the complainant within 24 hours of receipt of feedback.
- If unable to resolve the complaint within 3 weeks, notify the complainant in writing. This will outline the current status of the complaint and the expected date of final resolution.
- If unable to resolve the complaint within a further 3 weeks of the written acknowledgement (6 weeks since complaint logged), notify the complainant giving full written reasons as to why the outcome was not favourable, and advise the complainant of their right to seek legal redress by referring the complaint to the Office of the Ombudsman (FAIS or Short Term Insurance).



- Advise the complainant that he/she has 6 months from receipt of such notification to refer the matter to the Ombudsman. The Ombud's name, address and other contact details must be provided.
- Update the register with all developments/activities.

7. COMPLAINTS PROCESS FLOW

COMPLAINTS HANDLING PROCESS FLOW

Complainant lodges a complaint: Telephone, fax, email.
If resolved, regard as enquiry.
If not resolved satisfactory,
to advise Complainant to submit complaint in writing

All complaint folders to be checked daily by responsible person/s

Acknowledge receipt of complaint in writing to complainant

Within 24 hours of receipt of complaint

Complaint assigned to correct division and investigated
See Complaints Allocation Diagram

Complaint received, validated and recorded on applicable
complaint register by responsible person

Date and details of complaint recorded

Complaint investigated, evaluated and assessed

Advise complainant of action taken with regard to complaint,
time frame and procedure for resolution

Within 5 days of receipt of complaint

If applicable, forward complaint to UMA/Insurer for
comment/feedback/resolution and follow-up daily.

Daily follow-ups if no response

Communicate feedback from UMA/Insurer to complainant.
Repeat liaising process until final resolution

Within 24 hours of receipt of feedback

Inform complainant in writing of final resolution and
outcome

Within 6 weeks of receipt of complaint

If the complaint is not resolved to the satisfaction of the
complainant, provide the complainant with details of the

- Short-Term Ombudsman, or
- Long-Term Ombudsman, or
- FAIS Ombudsman

ST Ombud: 011 726 8900 /
info@osti.co.za / www.osti.co.za

8. COMPLAINTS REGISTER



Responsible person to record date of complaint finalization and outcome on applicable complaints register

FAIS Ombud: 012 470 9080 /
info@faisombud.co.za /
www.faisombud.co.za

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8. COMPLAINTS REGISTER

The register should contain at least the following fields:

Received:

The date on which the letter was received. The receipt period starts its calculations here.

Date Captured:

The date of the day on which the complaint is captured.

Received From:

The name and designation of the person that submitted the complaint must be entered here. It may be a complainant or a complainant's representative.

Complaint Reference Number:

This field contains the complainants' reference number linked to an internal system

Complainant Surname and Initials:

Enter the surname of the complainant making the complaint.

Complaint Description/Type:

Short summary of the complaint

Captured by:

The name of the person who captured the complaint.

Responsible person internally:

Who will deal with the complaint and ensure that it is resolved.

Activity Update:

Log all developments and movements.

Outcome of Complaint:

Summary of what decisions was taken.

Date of Final Communication to complainant:

Date of letter to the complainant.

Claims Specialist Final Sign Off:

Designated compliance officer to sign off a complaint as finalised

Learnings:

This is a field where any possible lessons learned from the handling of this complaint can be entered.

Complaints Registers, must be sent to Centriq on a monthly basis, highlighting the progress on the complaint:

- Was the complaint resolved or not?
- If not resolved, has it been escalated to the Claims Specialist at Centriq for intervention?
- Reflecting the required Complaint Categories

9. OMBUDSMAN COMPLAINTS REGISTER

We deal with ombudsman complaints as follows:

- Log the date and contents of the ombudsman complaint in the Ombudsman Complaints Register.
- Acknowledge receipt of the complaint in writing within 24 hours of receipt.
- Forward the complaint together with all supporting documentation to the Insurer or underwriting manager (UMA) for reply, feedback and comment to each and every allegation and statement.
- Follow-up with Insurer or UMA on a daily basis and inform Insurer or UMA of the 50% rebate on the ombudsman fees should the complaint be resolved within 30 days in favour of the complainant.
- Formalise a reply and respond to the Ombud within 30 days from date of receipt.
- Cooperate in the procedure implemented by the Ombud to investigate and resolve the complaint (mediation, conciliation, arbitration with or without legal representation).
- Consider Ombud's recommendation, if any, in an attempt to resolve the complaint.
- All interested parties to consider ground, reasons, merits, and financial implications (business decision) in determining whether or not to accept the Ombud's recommendation.
- If the recommendation is not accepted by the Insurer or complainant, the Ombud will make a determination (dismiss the complaint or uphold the complaint).
- The Insurer / UMA / Non-Mandated Intermediary will comply with the Ombud determination which is regarded as a civil judgment.
- Update the Ombudsman Complaints Register with the final outcome.

10. DUTIES OF MANAGEMENT

- Management must at all times control and supervise the resolution process.
- Management to audit the complaints register on a monthly basis.
- Update the complaints register on an ongoing basis. Ensure that processes are updated and that events leading to specific types of complaints are avoided in future.

- If redress is made and an employee or representative was at fault, decide on the possible restitution of the loss to the company by such person.
- Decide on possible disciplinary action against employees or representatives that committed acts of misconduct or negligence.

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| Version number | 1 | Updated _____ | Updated by _____ |
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