

At Insurance Zone Insurance Brokers (Pty) Ltd we are committed to the establishment and maintenance of a complaints management framework (CMF) in order to comply with the Financial Advisory and Intermediary Services Act (hereinafter referred to as FAIS Act) and to ensure the effective and fair resolution of complaints.

This framework applies to all employees, including but not limited to:

- directors (executive and non-executive),
- managers,
- permanent employees,
- temporary employees,
- mandated representatives, and
- affiliated third parties (including but not limited to contractors, consultants, and service providers)

The scope of the complaints management framework includes all business activities conducted by Insurance Zone's employees.

**Definitions:**

**“business day”** means any day except Saturday, Sunday, or public holiday.

**“complaint”** means an expression of dissatisfaction by a person to a provider or, to the knowledge of the provider, to the provider's service supplier relating to a financial product or financial service provided or offered by that provider which indicates or alleges, regardless of whether such an expression of dissatisfaction is submitted together with or in relation to a client query that-

- a. The provider or its service supplier has contravened or failed to comply with an agreement, a law, a rule, or a code of conduct which is binding on the provider or to which it subscribes.
- b. The provider or its service supplier's maladministration or wilful or negligent action or failure to act, has caused the person harm, prejudice, distress or substantial inconvenience: or
- c. The provider or its service supplier's has treated the person unfairly.

**“complainant”** means a person who submits a complaint and includes a:

1. policyholder or the policyholder's successor in title;
2. beneficiary or the beneficiary's successor in title;
3. person that pays a premium in respect of a policy;
4. member of a group scheme; or
5. person whose dissatisfaction relates to the approach, solicitation marketing or advertising material or advertisement in respect of a financial product, financial service or related service, who has a direct interest in the agreement, financial

product or financial service to which the complaint relates, or a person acting on behalf of a person as referred to above.

**"compensation payment"** means a payment, whether in monetary form or in the form of a benefit or service, by Insurance Zone or its insurers, to a complainant to compensate the complainant for a proven or estimated financial loss incurred as a result of Insurance Zone or its insurers' contravention, non-compliance, action, failure to act or unfair treatment forming the basis of the complaint, where Insurance Zone or its insurers accept liability for having caused the loss concerned, but excludes any:

1. goodwill payment;
  2. payment contractually due to the complaint in terms of the financial product or financial service concerned; or
  3. refund of an amount paid by or on behalf of the complainant where such payment was not contractually due,
- and includes any interest on late payment of any amount referred to in 2 and 3 above.

**"goodwill payment"** means a payment, whether in monetary form or in the form of a benefit or service, by or on behalf of Insurance Zone or its insurers, to a complainant as an expression of goodwill aimed at resolving a complaint, where the provider does not accept liability for any financial loss to the complainant as a result of the matter complained about.

**"policyholder query"** means a request to Insurance Zone or its insurers by or on behalf of client, for information regarding the Insurance Zone or its insurers financial products, financial services or related processes, or to carry out a transaction or action in relation to any such product or service.

**"rejected"** in relation to a complaint means that a complaint has not been upheld and it is regarded by Insurance Zone or its insurers as finalised after advising the complainant that there is no intention to take further action to resolve the complaint and includes complaints regarded by Insurance Zone or its insurers as unjustified or invalid, or where the complainant does not accept or respond to Insurance Zone or its insurers' proposals to resolve the complaint.

**"reportable complaint"** means any complaint other than a complaint that has been:

1. upheld immediately by the person who initially received the complaint;
2. upheld within Insurance Zone's ordinary processes for handling client queries in relation to the type of financial product or financial service complained about, provided that such process does not take more than five business days from the date the complaint is received; or
3. submitted to or brought to the attention of the provider in such a manner that Insurance Zone does not have a reasonable opportunity to record such

details of the complaint as may be prescribed in relation to reportable complaints.

“**upheld**” means that a complaint has been finalised wholly or partially in favour of the complainant and that:

1. the complainant has explicitly accepted that the matter is fully resolved; or
2. it is reasonable for Insurance Zone to assume that the complainant has so accepted; and
3. all undertakings made by Insurance Zone to resolve the complaint have been met or the complainant has explicitly indicated its satisfaction with any arrangements to ensure such undertakings will be met by the provider within a time acceptable to the complainant.

### **TCF Outcomes**

The Complaints framework is aligned to Insurance Zone's TCF policy.

The fairness requirements required by the TCF Outcomes are:

**Outcome 1:** Customers are confident that they are dealing with firms where the fair treatment of customers is central to the firm culture.

**Outcome 2:** Products and services marketed and sold in the retail market are designed to meet the needs of identified customer groups and are targeted accordingly.

**Outcome 3:** Customers are given clear information and are kept appropriately informed before, during and after the time of contracting.

**Outcome 4:** Where customers receive advice, the advice is suitable and takes account of their circumstances.

**Outcome 5:** Customers are provided with products that perform as firms have led them to expect, and the associated service is both of an acceptable standard and what they have been led to expect.

**Outcome 6:** Customers do not face unreasonable post-sale barriers to change product, switch provider, submit a claim or make a complaint.

### **Requirements for the Management Framework**

The Complaints Management Framework provides for the following:

1. Relevant objectives, key principles and proper allocation of responsibilities for dealing with complaints within the business.
2. Appropriate performance standards, remuneration and reward strategies for complaints management to ensure objectivity and impartiality.
3. Documented procedures for the appropriate management and categorisation of complaints, to include expected timeframes and circumstances under which the timeframes may be extended.



4. Provide for internal escalation of complex and or unusual complaints
5. Provide for complaints to escalate should complaints not be resolved to their satisfaction.
6. Be allocated to an impartial senior person appointed for managing the escalation or review process.
7. The complainant will not be charged for accessing and making use of our complaints process

### **Complaints Procedure process**

Any and all complaints received must be sent to [rowenat@insurancezone.co.za](mailto:rowenat@insurancezone.co.za) together with all relevant information and documentation.

All complaints must preferably be submitted in writing, and must contain all relevant information, and copies of all relevant documentation must be attached thereto. All contact details must be provided.

All verbal complaints must be reduced to writing immediately by the person that received the complaint. Should a complainant wish to discuss the matter, this must be referred to the complaints dispute facilitator.

Our internal complaints resolution process is intended to provide fair and effective resolution of all complaints. The procedure for handling complaints is as follows: -

1. Our complaints dispute facilitator will confirm receipt of the complaint within the complaints register and then refer the matter directly to the line manager responsible for the representative or department against whom a complaint is made;
2. Our complaints dispute facilitator will confirm the name and contact details of the line manager who will be handling the complaint;
3. A formal acknowledgement will be sent to the complainant by the complaints dispute facilitator;
4. The line manager will make a full enquiry into the complaint by:
  - Calling for all necessary documentation from staff members involved in the matter;
  - Investigating your client files;
  - Interviewing staff members involved.
5. Where necessary the line manager will refer the matter to the product supplier for a response;
6. The line manager may request additional information from the complainant within 7 business days of receipt of the letter of complaint. The complainant must reasonably ensure that such requested information is provided so that the complaint can be processed further;

7. The line manager will draft a letter of response, in conjunction with the complaints dispute facilitator, within 7 business days from the time the complaint was received, or (if it was asked for) additional information;
8. If the complaint is of a routine nature, the line manager will respond to the complainant in writing within 14 business days of the receipt of any additional information requested from the complainant. If no additional information is requested, then a response will be submitted within 14 business days of receipt of the initial complaint;
9. The response may deal with one or more of following issues:
  - Any proposed settlement if appropriate;
  - Suggested remedy for the complaint;
  - Dismissal of complaint and reasons why;
  - Apology (if applicable) and any disciplinary action that has been taken against the staff members involved and the outcome of such disciplinary action;
  - Identified problems within the organization and how they will be resolved.
10. If during the course of the enquiry, the line manager becomes aware that the complaint is of a non-routine or serious nature, the following steps will apply:
  - The line manager will refer the matter to our compliance officer;
  - Our compliance officer will make a recommendation as to how they should proceed with this complaint. His/her response may suggest that this matter be referred for our attorney's opinion, which will be sought at our expense;
  - Based on the gravity of his/her findings, our compliance officer may recommend to Management applicable follow up requirements and consequences for the non-compliant representatives and/or administrative staff;
11. Our Complaints Dispute Facilitator will, in consultation with our CEO, compliance officer and the line manager concerned, formulate a joint response to the complainant
12. This process will be facilitated as soon as reasonably possible.
13. If the complainant does not feel satisfied with our response under point 9 above the complainant may refer this matter to the FAIS Ombud for adjudication within 6 months of our response
14. The Ombudsman for FAIS acts as an adjudicator in disputes between clients and financial services providers;
15. The Ombud acts independently and objectively and has jurisdiction in respect of complaints relating to advice or intermediary services, which have arisen after 15 November 2002;

16. The Ombud can adjudicate on claims up to R800 000.00.
17. There are no upfront costs when lodging a claim through the Ombud's office, but the Ombud may quantify cost awards against either the complainant or the Financial Services Provider with regard to the nature of the complaint, time duration of the complaint and expense and inconvenience suffered by the complainant.
18. The full contact details for the Ombud's office are as follows: -

<b>e-mail address :</b>	info@faisombud.co.za
<b>Telephone:</b>	011 726 5000
<b>Sharecall:</b>	<b>086 066 3247</b>
<b>Website:</b>	www.faisombud.co.za

### **Categorisation of complaints**

Complaints can be categorised as follows within our complaints register:

- Claims decision dispute
- Client did not accept the policy
- Client's instructions not followed
- Complaints handling
- Debit order related
- Misleading / inadequate information provided
- Policy accessibility, changes, or switches
- Policy conditions / restrictions / design / performance
- Policy documents not received
- Poor Advice
- Poor service levels
- Premium / fee related
- Service provider related

### **Record keeping, monitoring and analysis of complaints**

1. Accurate, efficient, and secure recording of complaints information is essential.

The following is recorded and stored on the Company Server in a restricted access folder only available to the committee members.

- All relevant details of the complainant and the subject matter of the complaint
- Copies of all relevant evidence, correspondence and decisions.
- Progress and status of the complaint, including whether such progress is within or outside any set timelines.



2. The following data is maintained:
- Number of complaints received
  - Number of complaints upheld.
  - Number of rejected complaints and reason for the rejection.
  - Number of complaints escalated by complainants to the internal complaints escalation process.
  - Number of complaints referred to an ombudsman and their outcome.
  - Number and amounts of compensation payments made.
  - Number and amounts of goodwill payments made.
  - Total number of complaints outstanding.

The above information is tracked and recorded via our complaints register. The register is managed and maintained by Rowena Taylor and sent to senior management every quarter.

All records are retained for at least five years and can be made available on request, within seven days.

At least annually the complaints committee monitors all FAIS Ombud rulings which have been published and we take into account the guidance provided by the relevant Ombud, as is relevant to Insurance Zone's business. This assists us in identifying any potential risks or short coming within our own organisation. Corrective measures will be determined and implemented as and when necessary, by senior management.

### **Communication Lines between Complainant and Ourselves**

1. We must ensure that our complaints processes and procedures are transparent and accessible at all time.
2. All communications with the complainant must be in plain language.
3. We have a single point of contact for complainants and this person is Rowena Taylor.
4. The first step will be to acknowledge the receipt of the complaint to the complainant in writing confirming receipt and noting the person who will be dealing with the complaint as well as the expected time frames. We will provide our Complaints Policy together with the acknowledgment. We will acknowledge receipt of the complaint within 24 hours of receiving it, i.e. one business day.
5. We will maintain regular contact with the complainant, providing updates as and when applicable. Any delays with regards to the finalisation of the



complaint will be communicated noting the reason for the delay as well as the revised timelines.

6. All decisions will be communicated in writing to the complainant.

### **Our internal escalation and review procedures**

1. A complaint can be escalated as a result of the following:
  - Complainant is dissatisfied with the outcome of the complaint, our decisions, or procedures followed OR the complexity or nature of the complaint warrants an escalation review
2. Complaints or the escalation can be directed to one of the following:
  - Alan Johnston Managing Director or
  - Associated Compliance or
  - The relevant Insurer

The complainant's right to escalate the complaint as well as the procedure to be followed will be communicated in writing in conjunction with the outcome communication.

### **Decisions relating to complaints**

1. Should the complaint be upheld, and we have offered either a compensation or goodwill payment, such payment will be made without any undue delays.
2. The complaints dispute facilitator is responsible for managing these timeframes, as communicated to the complainant.
3. The same applies to our commitment to take any form of action.
4. Should the complaint be rejected, our outcome letter must contain adequate reasons for our decisions, and full details of the escalation process as noted above will be provided.
5. The above noted outcome letter will also provide full details in relation to the relevant Ombud.

### **Reporting standards**

The complaints committee will meet on a monthly basis to review the complaints register and the effectiveness of the CMF.

The findings of the committee will be reported to the EXCO on a monthly basis, including any common trends and areas where improvement is needed.

Our complaints register will be made available to our external compliance officer on a quarterly basis, or more frequently as may be required.

The CMF, complaints policy, register, and supporting documentation is readily available to the FSCA, should such a request be received.

### **Engagement with the Ombud**

1. We strive to maintain transparent communication and cooperation with any Ombud that we may engage with.
2. Any communication from any Ombud will be given the utmost priority and will be addressed without delay by R Taylor in conjunction with the complaints committee.
3. Our objective is to resolve any Ombud complaint before it reaches final determination ruling.