

# **COMPLAINTS PROCEDURE**

for

## **GUARDRISK GROUP (PROPRIETARY) LIMITED**

*Including the following  
operating entities;*

**GUARDRISK LIFE LIMITED  
GUARDRISK INSURANCE COMPANY LIMITED  
GUARDRISK ALLIED PRODUCTS AND SERVICES  
(PTY) LIMITED**

*and associated entities:*

**MOMENTUM ABILITY LIMITED  
MOMENTUM STRUCTURED INSURANCE LIMITED  
MOMENTUM ALTERNATIVE INSURANCE LIMITED**

**Owner: Complaints Manager**

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## 1. PURPOSE

1.1 The Complaints Management Policy formalises the practices required for effective management and handling of customer complaints within the Guardrisk Group of companies ("Guardrisk"). The objective is to ensure effective standards of complaints management in order to:

- ensure fair outcomes for customers;
- protect and enhance Guardrisk's reputation;
- allow for effective reporting, detailed analysis and identification of trends related to complaints;
- achieve effective and timely resolution of complaints in respect of acceptable turn-around times;
- provide guidelines for acknowledging complaints and for recording customer complaints in a centralised manner;
- improve organisational effectiveness through learning from client feedback and root cause analysis;
- ensure effective management of complaints, in line with this policy;
- restore and enhance relationships with complainants and non-complainants for the purpose of on-going business retention and growth;

## 2. INTRODUCTION

2.1 This procedure provides general principles to guide the way complaints are managed within Guardrisk. Where a company or business within Guardrisk has a policy or process or procedural guide or training manual relating to complaints management, all such documents must comply with, and not contradict, this policy.

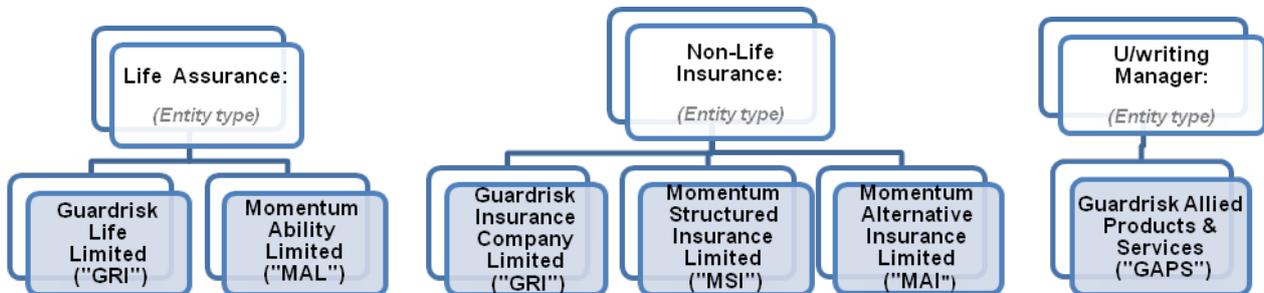
2.2 This policy sets out Guardrisk's philosophy concerning the way complaints are handled, resolved and maximised. (Maximised refers to conducting analysis of complaints for root cause analysis to ensure processes are improved to reduce complaints where necessary).

### 3. SCOPE

Guardrisk is made up of the following entities and associated entities and thus the FAIS Debarment Policy is applicable to them:

Legal or registered entities	Entity type	Relationship to Guardrisk Group (Pty) Ltd
Guardrisk Life Limited	Life Assurer	Subsidiary
Guardrisk Insurance Company Limited	Non-life Insurer	Subsidiary
Guardrisk Allied Products & Services (Pty) Ltd	U/writing Manager	Subsidiary
Momentum Ability Limited	Life Assurer	Associate
Momentum Structured Insurance Limited	Non-life Insurer	Associate
Momentum Alternative Insurance Limited	Non-life Insurer	Associate

3.1 Where any business units within Guardrisk have agreements with third parties and other financial services providers (FSPs) that have any part to play in the complaints handling or resolution or record keeping process, it is recommended that those agreements may state minimum standards necessary for complaints management.



#### 4. DEFINITIONS

- 4.1 **Advice means**, subject to subsection (3)(a) the FAIS Act, any recommendation, guidance or proposal of a financial nature furnished, by any means or medium, to any client or group of clients-
- a) in respect of the purchase of any financial product; or
  - b) in respect of the investment in any financial product; or
  - c) on the conclusion of any other transaction, including a loan or cession, aimed at the incurring of any liability or the acquisition of any right or benefit in respect of any financial product; or
  - d) on the variation of any term or condition applying to a financial product, on the replacement of any such product, or on the termination of any purchase of or investment in any such product, and irrespective of whether or not such advice-
    - i. is furnished in the course of or incidental to financial planning in connection with the affairs of the client; or
    - ii. results in any such purchase, investment, transaction, variation, replacement or termination, as the case may be, being effected;
    - iii. results in the purchase by the complainant of any product based on the advice
- 4.2 **Arbitration** process by which the parties to a dispute submit their differences to the judgment of an impartial person or group appointed by mutual consent or statutory provision.
- 4.3 **Client** means a specific person or group of persons, including the general public, who is or may become the subject to whom a financial service is rendered intentionally, or is the successor in title of such person or the beneficiary of such service.

- 4.4 **Compensation payment** means payment by a company (including an insurer or cell owner) to a complainant to compensate the complainant for a proven or estimated financial loss incurred as a result of the matter complained about, where the company accepts responsibility for having caused the loss concerned.
- 4.5 **Complaint** means any oral or written expression of dissatisfaction – whether justified or not – relating to an agreement with a financial institution or a product or service provided or offered by the institution. Generally, in a complaint the complainant would allege that he or she or the person they represent has suffered, or may suffer, financial loss or prejudice or distress or inconvenience.
- 4.6 **Complainant** is a person who has submitted a specific complaint to a regulated institution and who is a customer or potential customer of the institution concerned; or who has a direct interest in the agreement, product or service to which the complaint relates; or who has submitted the complaint on behalf of a person noted above.
- 4.7 **Reportable complaint** means any complaint other than a complaint that has been –  
*upheld immediately by the person who initially received the complaint;*  
  
*upheld within the financial institution's ordinary processes for handling customer queries in relation to the type of agreement, product or service complained about, provided that such process does not take more than fifteen business days to complete from the date the complaint is received;*  
  
*or submitted to or brought to the attention of the financial institution in such a manner that the financial institution does not have a reasonable opportunity to record such details of the complaint as may be prescribed in relation to reportable complaints*
- 4.8 **Complaints management** means the management of the entire lifecycle of a complaint. This starts with the ease of process for the client to lodge complaints and the associated communication. It includes the way complaints are handled, recorded, resolved and quality controlled; the way people involved in complaints management processes are managed and trained; the way decisions are made; the way clients' trust is restored; the way the reports are compiled and analysed; and ultimately the way business learns from the feedback gleaned from complaints and takes corrective and proactive action accordingly.

- 4.9 **Complaints management head** means the individual appointed by the managing director to serve as head of the complaints management function within Guardrisk. The role of the complaints management head and the terms of their appointment as amended is determined by the managing director.
- 4.10 **Complaints management system** means the set electronic applications and related case management software used by Guardrisk for recording, classifying, routing, escalating and resolving individual complaints received by the business. In relation to the complaints management function as a whole, the system is used by the business to monitor, analyse and report on the Guardrisk and or cell owners' performance in relation to complaints management.
- 4.11 **Complaints handling** means the process of attending to and resolving complaints including ongoing interaction with complainants. It is expected that this process meets certain minimum standards.

4.11.1 Complaints handling committee the primary purpose of the Committee is to:

- fairly and objectively consider the circumstances of any complaint brought before it, based on the respective submissions of all parties to the complaint, and to frame a response to that complaint, having regard to the legal merits of the complaint, general practice within Guardrisk or the industry, the commercial interests of Guardrisk and fairness in all the circumstances;
- where action is deemed appropriate to resolve an issue raised in a complaint, ensure that the required action is taken in a timely manner;
- monitor the efficiency and effectiveness of complaint handling within Guardrisk; and
- provide a forum for the discussion of customer service related issues

- 4.12 **Executive Committee (Excom)** the executive committee or board of an organization is a committee within that organization which has the authority to make decisions and ensures that these decisions are carried out
- 4.13 **Enquiry** an enquiry could be a late claims payment, a query on an amount paid, non-receipt of a premium etc. Simple queries do not necessarily constitute a complaint. Short-term appears to have lots of enquiries on cell phone claims, but not all these will constitute a complaint
- 4.14 **Evidence** means the information Guardrisk has obtained in order to review, adjudicate and resolve a complaint and shall include all information submitted by an entity as well as from the complainant and shall be stored and recorded on the complaints management system or other repositories for storing and recording information.
- 4.15 **Ex-gratia payment** means a voluntary payment by a company to a complainant to compensate the complainant where the company does not accept liability or any legal obligation to make such payment. Such payment is made based on merit or on sympathetic grounds.
- 4.16 **FAIS complaint** means a specific complaint, submitted by a complainant to the FAIS Ombudsman or Guardrisk for purposes of resolution by Guardrisk, relating to a financial service rendered by Guardrisk or its representative to the complainant on or after the date of commencement of the FAIS Act, and in which complaint it is alleged that Guardrisk or its representative:
- (a) has contravened or failed to comply with a provision of the FAIS Act and that as a result thereof the complainant has suffered or is likely to suffer financial prejudice or damage;
  - (b) has wilfully or negligently rendered a financial service to the complainant which has caused prejudice or damage to the complainant or which is likely to result in such prejudice or damage; or
  - (c) has treated the complainant unfairly.

- 4.17 **FAIS Ombud complainant** means a client who submits a complaint directly to the FAIS Ombudsman's office in relation to the application of a policy and includes advice rendered.
- 4.18 **FSOS** means the council that provides for the recognition of financial services ombud schemes; to lay down minimum requirements for ombud schemes; to promote consumer education with regard to ombud schemes; to co-ordinate the activities of ombuds of recognised schemes with the activities of the Pension Funds Adjudicator and the Ombud For Financial Services Providers; to develop and promote best practices for complaint resolution; to empower the Ombud For Financial Services Providers to act as a statutory ombud in certain cases; and to provide for matters connected therewith.
- 4.19 **Intermediary service** means, subject to subsection (3)(b) the FAIS Act, any act other than the furnishing of advice, performed by a person for or on behalf of a client or product supplier-
- the result of which is that a client may enter into, offers to enter into or enters into any transaction in respect of a financial product with a product supplier; or with a view to-*
- buying, selling or otherwise dealing in (whether on a discretionary or non-discretionary basis), managing, administering, keeping in safe custody, maintaining or servicing a financial product purchased by a client from a product supplier or in which the client has invested;*
- collecting or accounting for premiums or other moneys payable by the client to a product supplier in respect of a financial product; or*
- receiving, submitting or processing the claims of a client against a product supplier.*
- 4.20 **OLTI** refers to the Ombudsman for Long Term Insurance
- 4.21 **OSTI** refers to the Ombudsman for Short Term Insurance
- 4.22 **OLTI complaint means**, for the purpose of this policy, a complaint submitted to the Ombudsman for Long Term Insurance ("OLTI") in relation to any other matter other than the application of a policy relating to advice rendered.

4.23 **OSTI complaint** means, for the purpose of this policy, a complaint submitted to the Ombudsman for Short Term Insurance (“OSTI”) in relation to any other matter other than the application of a policy relating to advice rendered.

4.24 **Reports (or reporting)** means any periodic or ad-hoc reports (and related documents) obtained from the complaints management system and other sources in the business which shall be used for analysis, monitoring, submissions to regulatory authorities, and the making of recommendations to the business.

## 5. COMPLAINTS HANDLING PROCESS

### 5.1 Department

- Complaint lodged with a specific department or services and handled by an agent or manager of the respective area

### 5.2 Cases (for a department :business unit)

- Service complaint logged onto the complaints management system for further investigation
- Includes complaints from email addresses [gripes&grins@guardrisk.co.za](mailto:gripes&grins@guardrisk.co.za) ; [compliance@guardrisk.co.za](mailto:compliance@guardrisk.co.za) ; [complaints@guardrisk.co.za](mailto:complaints@guardrisk.co.za) ; [info@guardrisk.co.za](mailto:info@guardrisk.co.za) ; [claimsrejection@guardrisk.co.za](mailto:claimsrejection@guardrisk.co.za) ; [info2@guardrisk.co.za](mailto:info2@guardrisk.co.za) ;
- Complaints from Hellopeter.com and other social media e.g.: Facebook etc.
- Incoming calls from reception/switchboard
- Claims – Short-term, Life
- Compliance
- Admed/CRS/GAPS claims/Volume & Affinity
- Assigned to applicable person to handle and investigate
- Written (formal) response required confirming outcome of matter

#### 5.2.1 Arbitration

- Client is not satisfied with response as per point 1 or 2 and results in a complaint escalation to the internal arbitrator
- Adjudication takes place with a formal written response confirming a determination

### 5.2.2 Ombudsman/Regulator

- Client is not satisfied with the internal arbitrator's decision and escalates the matter

### 5.2.3 Recording Complaints

- Regardless of where the complaint is received from, all reportable complaints must be recorded on the complaints management system and assigned appropriately
- All written and oral interaction in connection with the complaint must be recorded on the complaints management system
- One central control point means that all complaints are located in one centralized place and can be extracted easily
- The end conclusion, or determination (the 'finding' or 'outcome') must be confirmed on the complaints management system
- **NB:** All complaint responses (written) must reflect the complaint number as issued by the complaints management system

### 5.2.4 General Hierarchy Of Complaints – Types Of Complaints (1 – 4)



### 5.2.5 Complaints Procedures Per Type

Complaints are ranked as described under the 'general complaints hierarchy' with type 1 being an initial enquiry or a relatively easy complaint to a type 4 being an ombudsman (or regulator) complaint. The 'type' will dictate the complexity of a complaint or seriousness and therefore a type 4 complaint will be the most complicated or problematic.

### 5.2.6 Type 1 – Procedure

#### Complaint

- Client writes (via email or letter) or calls into Guardrisk complaining
  - Complaint is logged onto the complaints management system and assigned to the relevant business unit for resolution
  - The complaint reference number is allocated to a case handler
  - The complaint is acknowledged by the case handler within 24 hours and thereafter resolved or investigated further by the case handler
  - A response is sent where necessary
    - A phone call or reply email (less formal) may be all that is required to resolve this type of matter
  - The complaints management system is updated with a final outcome
  - Complaint is resolved/closed on the complaints management system

**Note:** if the matter is merely an enquiry, then this will also be dealt with telephonically or on e-mail but not captured onto the complaints management system.

### 5.2.7 Type 2 – Procedure

#### Complaints Arbitration

- Client writes to the Complaints Arbitrator regarding a previous claim or service experience encountered and is still not happy with the outcome
- All such complaints will still be initiated by the complaints administrator/ case handler of the relevant department
- All complaints received are logged onto the complaints management system and assigned a reference number after which the complaint is assigned to the respective business unit representative for feedback and comment
- Simultaneously, a receipt of complaint confirmation is emailed to the complainant (within 24 hours)

- The respective business unit has 15 working days in which to respond
- Responses that may require additional days in order to respond will need to be communicated back to the complainant
- Once feedback is received by the respective business unit representative, a response is then drafted by the Complaints Arbitrator and issued to the complainant, reasons for the decision and escalation or reference to alternative dispute resolution mechanism must be provided
- The complaints management system is updated accordingly with the outcome and thereafter resolved/closed

### 5.2.8 Type 3 – Procedure

#### Internal Arbitrator

- Any comeback from the complaints arbitration process is then referred to the internal arbitrator
- The internal arbitrator should never be the point of first reference. Should this, for whatever reason, be the case, then the matter will be referred per the appropriate chain above
- The complaint will be loaded onto the complaints management system and referred to the internal arbitrator via email
- Receipt of the complaint is acknowledged via email which is done within 24 hours
- The internal arbitrator may respond directly to a client and in the event that this is done, the complaints management system will be updated and resolved as a Type 3 matter
- In the event that the complaints handling committee need to meet to discuss the matter, owing to its complexity, the complainant is informed, a meeting will be set up, and minutes will be taken
- The committee will come to a conclusion and the response is thereafter drafted by the internal arbitrator
- Any complicated or complex matter may be referred immediately to the internal arbitrator for resolution
- Come-back from the various ombud scheme's may also be escalated to the internal arbitrator for review and a response
- The internal arbitrator shall have the highest authority in making a determination and has the authority to override any previous decision

## 5.2.9 Type 4 – procedure

### 5.2.10 Ombudsman/Regulator complaints (OLTI)

- This should be the last option available to the complainant
- By this time, we should have a complete history of the client's complaint where calls and any previous correspondence are readily available
  - When a case is received from the ombudsman/regulator, it will be recorded on the complaints management system and assigned to the relevant business unit
  - For long-term matters, there are different types of ombud complaints
  - Within 15 working days a response must be sent out (we have 21 working days)
  - A reminder will be sent to Guardrisk if a response has not been received by the ombud's office by the due date
- For any regulator complaint, a due date will be confirmed and the matter will be tracked by the case handler to ensure the deadline is met
  - A response will be expected well before the actual specified due date, failing which the matter will be escalated to the relevant executive to ensure that the due date is met
  - Once feedback is received from a regulator, the complaints management system will be updated and the matter closed

### 5.2.11 Ombudsman/regulator complaints (OSTI)

- This should be the last option available to the complainant
- By this time, we should have a complete history of the client's complaint where calls and any previous correspondence are readily available
  - When a case is received from the ombudsman/regulator, it will be recorded onto the complaints management system and assigned to the relevant business unit
  - Within 14 working days a response must be sent out
  - The following are applicable for the OSTI and resolution of these complaints-
  - Recommendation : The case is then settled if the company agrees with the proposed recommendation

- Should the company disagree with the recommendation a provisional ruling will then be made, this will then be escalated to a final ruling

#### 5.2.12 Details at the end of letters

- Repudiation letters must specify the details of the respective ombud scheme
- Any response from the Complaints Arbitrator must confirm the details of the internal arbitrator
- Any response from the internal arbitrator must confirm the details of the respective ombud scheme (Long-term, Short-term and FAIS)
- Any third party response must detail the internal escalation process for third party complaint

#### 5.2.13 In Summary

- Refer client to respective business unit first; if previously done the complainant must abide by the hierarchy
- If a client wants to lodge a fresh/new complaint, this must be logged to and allocated to the correct complaint handler
- Full complaints process/hierarchy should be accessible on our website
- Should a complaint reside within more than one area, both areas will work the complaint simultaneously and compile one response
- Any complaint received must be identified per the Type (1 – 4)
- Any history on the complaints management system must be accessible
- Each business unit must be given first chance to resolve the matter
- Any comeback must be escalated as per the stipulated hierarchy
- Delays in responding will not be tolerated
- Timely execution of all investigations is expected
- Detailed and clear responses to every complainant is expected
- Objectivity is to be demonstrated and decisions are to be made on fact
- Fairness principles and Treating Customers Fairly to be applied at all times
- Due dates are to be adhered to all times
- Feedback to be provided to a complainant during the investigative process
- If additional time is required to conclude an investigation, the complainant must be informed
- For Type 2-4 complaints, a formal response is to be drafted

- All responses, information, call etc. must be captured/loaded onto the complaints management system
- Reporting of complaints is vital and will aid root cause analysis and submission of data to regulators
- Where gaps in processes are identified, this must be brought to the attention of the respective administrator by way of a feedback report
- Issues raised by a complainant must be considered and taken into account when a response is being drafted

### 5.3 Turnaround Times

#### 5.3.1 Complaints logging

- All complaints received by the divisions must be logged within 24 hours of receipt i.e.: Admed / CRS / GAPS claims / Volume & Affinity /Short-term Insurance / Carsure / Compliance / Hello Peter / Facebook

#### 5.3.2 Acknowledging complaints

- All complaints logged must be acknowledged in writing or telephonically within 24 hours of being logged

#### 5.3.3 Investigating complaints

- During the investigation phase of the complaint all correspondence or evidence received must be attached in the complaints management system. This will ensure that all documents or correspondence received or sent remains on the system for future reference

#### 5.3.4 Resolving/closing complaints

- The current TAT on resolution is 15 working days to resolve a complaint
- Should we be unable to resolve the clients complaint within the 15 day TAT we will communicate with a 15 day holding letter to the client informing him/her on the reason for delay
- Should we not resolve the clients complaint within four weeks, there is also a four week holding letter in which we must explain the reason for the delay experienced
- Once a complaint is resolved we must communicate resolution in writing or telephonically to the client and then resolve/close the complaint

#### 5.3.5 Hello Peter and Facebook

- Hello Peter and Facebook complaints will be dealt with by the complaints manager, who is responsible for logging of the complaints on the complaints management system as well as liaising with the division involved to respond within 24 hours. Responses will be posted by the complaints manager as provided by the division involved