

Undercover Insurance Brokers (Pty) Ltd FSP: 1896

COMPLAINTS POLICY

Amended according to Policyholder Protection Rules; Rule 18

This Complaints Policy is applicable to all complaints received by Undercover Insurance Brokers (Pty) Ltd

Every complaint is to be recorded on the complaints register which will be monitored by senior management on a regular basis.

A complaint is a reflection of the service and products provided by Undercover Insurance Brokers which subscribes to the principles of Treating Customers Fairly. All complaints will therefore be treated as a priority.

1. Summary of Requirements of the Policyholder Protection Rules – Rule 18

- Board of Insurer is responsible for the effectiveness of the complaints management framework.
- Complaints process must be documented and include;
 - Appropriate performance standards
 - Proper allocation of responsibilities
 - Appropriate categorisation of complaints
 - Clear procedure for escalation, decision-making and timeframes
 - Circumstances under which timeframes may be extended.
 - Complaints record keeping, monitoring and analysis.
 - Enables complaints to be considered in a fair manner.
 - Analysis of complaints to be reported regularly to Board of Directors or relevant committee.
 - Provide for effective Ombud communication process.
 - Meet regulatory reporting requirements.
 - Manage complaints related to Insurers' service providers.
 - Service Provider must have a TCF complaints process.
 - Must include referral process between Insurer and service provider.

Director: WJ Jorgensen

- Provide for monitoring and analysis of aggregated claims data and service outcomes.
- Regularly monitor complaints management framework
- Person appointed to handle complaints must be;
- Appropriately trained, experienced, qualified in subject matter of complaints and regulatory matters
- Adequately empowered to make impartial decisions.
- Free from conflict of interest
- No charge may be levied for using complaints channels or processes.

Note : New Terms

Compensation Payment – in monetary form or in form of a benefits or service to a complainant to compensate for proven or estimated financial loss incurred as a result of insurers contravention, non-compliance, action or failure to act or unfair treatment forming the basis of the complaint for which the insurer accepts causing the loss concerned. Does not include a refund or goodwill payment.

Goodwill payment – English for *ex gratia* – no liability but the insurer pays. Does not include a refund or compensation payment.

Reportable Complaint - if not upheld immediately or not upheld within the insurers ordinary processes for dealing with policyholder queries (i.e., within 5 days). Unless it was raised in such a manner that the insurer could not have responded within the 5 days e.g., lack of details

Upheld – finalised

2. What is a complaint?

A complaint is defined as follows;

“an expression of dissatisfaction by a person to an insurer or, to the knowledge of the insurer, to the insurer's service provider relating to a policy or service provided or offered by that insurer which indicates or alleges, regardless of whether such an expression of dissatisfaction is submitted together with or in relation to a policyholder query, that –

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

The complaint can be received from;

- (a) policyholder or the policyholder's successor in title;
- (b) beneficiary or the beneficiary's successor in title;
- (c) person whose life is insured under a policy;
- (d) person that pays a premium in respect of a policy;
- (e) Director of a group scheme; or
- (f) potential policyholder or potential Director of a group scheme whose dissatisfaction relates to the relevant application, approach, solicitation or advertising or marketing material,

who has a direct interest in the agreement, policy or service to which the complaint relates, or a person acting on behalf of a person referred to in paragraphs (a) to (f);

3. Receipt of Complaint

A complainant may phone, email or call in to the offices with a complaint.

3.1 Complaints Received;

- The name and contact details and policy or claims number of the complainant must be recorded.
- If the complaint can be resolved immediately, the following must be sent to the client;
 - Confirmation of the discussion and the information or documents that were provided to the client
 - Attach any relevant documents
 - Ask the complainant to revert if further information is required.
 - The complaint to be recorded in the complaints register.

3.2 Complaints that cannot be resolved immediately;

- The name and contact details and policy or claims number of the complainant must be recorded.
- The complainant must be advised of the information or documentation that is required in order to investigate the complaint.
- The complainant to be provided with the contact details and name of the person who will be investigating the matter.
- If the complaint must be sent to the Insurer or underwriter for resolution the complainant must be advised of the insurers Complaints Resolution contact details and the complainant's right to use that escalation process direct.
- In the event that a complaint is escalated to the Insurers complaints escalation process then the insurers Complaints Escalation information must also be provided to the complainant
- A timeframe must be provided to the complainant as to when they will be contacted to provide the resolution or update.
- If the complaint is complex or must be dealt with by the Insurer or underwriter then the full details must be escalated to either the relevant person within 24 hours or to the Insurer or underwriters complaints section.
- The follow up due date is to be diarised and the complainant must be contacted within the time frame provided to the complainant.

- If the complaint is not yet resolved the complainant must be advised of the reason and the expected time frame in which further feedback will be provided.
- Progress at the time of follow up must be recorded in the Complaints Register
- In the event that a complaint is not resolved within 5 days of receipt the complaint must be flagged in the Complaints Register as a reportable complaint and the Key Individual advised of this.
- The resolution of the complaint must be advised to the complainant in plain, understandable language that the complainant could use in the event that they wish to take recourse.
- Decisions are to be notified to the complainant without delay.
- If the complainant is not satisfied with the resolution, the complainant must be advised of their right to contact the insurer directly or to approach the Ombud's Office and the contact details provided.
- Complaints relating to the merits of a claim should be submitted to either the Short Term Insurance Ombud. All other complaints relating to service or product may be escalated to the FAIS Ombud.

4. Engagement with Ombud

In the event that a complaint is received from an Ombud's office it must be escalated to the key Individual.

- The complaint must be investigated by Undercover Insurance Brokers (Pty) Ltd to ensure that the correct steps were taken and whether there is a possibility of meeting the complainant's demands.
- The ombud must be provided with the information requested as well as the reasons why the complaint could not be resolved to the complainant satisfaction

All Ombud correspondence to be responded to as soon as practicable.

The Ombud's office reference number to be recorded in the complaints register.

5. Review of Complaints Register

5.1 Management will review the complaints register regularly to see if the cause of complaints can be obviated.

5.2 If the cause can only be resolved by the Insurer, then the insurer is to be notified of the details of the complaints and the suggested corrective measures.

5.3 All steps taken at the time that the complaints register is reviewed must be documented and the relevant persons advised of the implementation of the corrective measures.

6. Complaints categories

All complaints to have one of the following categories noted.

- Design or related service of a policy
- Fees or charges of a policy
- Information provided to policyholders
- Relating to advice
- Policy performance
- Service ,
- Premium
- Lapsing of policies
- Policy accessibility - switches and changes
- Complaints handling
- Risk claims
- Non-payment of claims
- Other

7. Reporting

The Complaints Register may be kept electronically or in hard copy, however the information as prescribed must be available for insurers or regulators on request.

8. Data and Record keeping

- The information in the complaints register is to be updated accurately
- Copies of all relevant details and subject of complaint must be kept with the client's records
- The register will be summarised as follows each quarter;
 - Number of complaints received
 - Number upheld
 - Number rejected and reason
 - Number escalated by complainant
 - Number referred to an Ombud and outcome
 - Number compensation payments made
 - Number goodwill payments
 - Total number outstanding

9. Non-Compliance


This policy and the process outlined above and in the Process register must be adhered to by all persons as prescribed in the Insurance Acts Policyholder Protection Rules. A copy of these Rules is available in the Compliance Manual for Perusal.

10. Process

This process is included in the Process Manual

Approved

Date: 28/06/2023



Z Riddle
Manager & Key Individual

