

THE COMMRIK GROUP

POLICY AND PROCEDURE MANUAL

P&P #	TITLE	VERSION
39	COMPLAINTS MANAGEMENT POLICY	2023_10 [05 OCT 2023]

1. Introduction and Objectives

As authorised financial services providers (FSPs) in terms of the Financial Advisory and Intermediary Services (FAIS) Act, the Commrisk Group has a responsibility to ensure the effective and transparent resolution of complaints and the fair treatment of all its customers.

The purpose of this policy is to explain the way in which customer complaints are handled in line with applicable FAIS regulations and the philosophy of Treating the Customer Fairly (TCF), to which Commrisk subscribes. To that end, Commrisk commits itself to:

- Providing each complainant with access to the Commrisk complaints management policy via the Commrisk website or upon request.
- Resolving customer complaints in a timely and fair manner and free of charge.
- Managing all customer complaints transparently, appropriately and effectively.
- Offering full and appropriate redress in instances where a complaint is upheld without undue delay.
- Informing customers of their right to escalate their complaint to the FAIS (or other appropriate) Ombud should a complaint not be resolved to their satisfaction within four (4) weeks from the date on which the complaint is received.
- Maintaining full records of all complaints received for the prescribed period of five (5) years in a Complaints Register.
- Performing root cause analyses of all complaints to avoid repeat occurrences of the same complaints and to improve service delivery.
- Submitting records of all reportable complaints to relevant stakeholders.

2. Scope

This policy applies to the following financial services providers (FSP), entities, their employees, representatives, key individuals and directors in the following Commrisk Group of companies:

- Commrisk Insurance Brokers (Pty) Ltd – FSP no. 13839
- Commrisk Insurance Brokers Welkom (Pty) Ltd – FSP no. 49145
- Commrisk Eastern Cape (Pty) Ltd – FSP no. 45104
- Multi Admin (Pty) Ltd – FSP no. 29425

Any reference to “Commrisk” or “Commrisk Group” in this document shall be taken to mean the above entities collectively.

3. Key Definitions

3.1 Complainant means any individual or entity who submits a specific complaint to Commrisk with a direct interest in the agreement, policy or service to which the complaint relates and who:

- a. is a policyholder or the policyholder's successor in title;
- b. is a beneficiary or the beneficiary's successor in title;
- c. pays a premium in respect of a policy;
- d. is a potential policyholder whose dissatisfaction relates to the relevant application, approach, solicitation, advertising or marketing material;
- e. is acting on behalf of an individual referred to in sub-paragraphs (a) to (d) above.

3.2 Complaint means an expression of dissatisfaction made to Commrisk by a customer relating to a financial product or financial service provided by Commrisk which indicates or alleges, regardless of whether such expression of dissatisfaction is submitted together with or in relation to a customer query, that:

- a. Commrisk 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 Commrisk or to which it subscribes;
- b. Commrisk or its service provider's maladministration or wilful or negligent action or failure to act, has caused the customer harm, prejudice, distress or substantial inconvenience; or
- c. Commrisk or its service provider has treated the person unfairly.

3.3 Customer means any individual or entity with a current or previous business relationship with Commrisk.

3.4 Rejected means that the complaint has not been upheld and that Commrisk:

- a. Considers the complaint as being unjustified, invalid and finalised.
- b. Has advised the complainant that it does not intend to take any further steps to resolve the complaint.

This includes instances where the complainant does not accept or respond to Commrisk's proposals to resolve the complaint.

3.5 Root cause analysis means a systematic approach of identifying underlying causes of a complaint and methods of avoiding similar occurrences in future.

3.6 Service provider means any other individual or entity with an arrangement with Commrisk in relation to the marketing, distribution, administration or provision of products and services, regardless of whether this individual or entity is an agent of Commrisk or not, and to whose products or services the customer complaint relates.

3.7 Upheld means that a complaint has been resolved in full or partially in favour of the complainant and that:

- a. The complainant has accepted that the matter has been resolved completely.
- b. It is reasonable for Commrisk to assume that the complaint has been accepted.
- c. All steps taken by Commrisk to resolve the complaint have been met and/or the complainant has indicated their satisfaction with arrangements made.

4. Roles and Responsibilities

Managing Director/Key Individual	<ul style="list-style-type: none">• Officer to whom all complaints are directed• Responsible for overall implementation and oversight of the complaints management process• Assigns complaints to suitable complaints handling staff to investigate and make determinations thereon
Complaints handling staff i. Branch Managers ii. Group Underwriting Manager iii. Group Claims Manager	<ul style="list-style-type: none">• Responsible for and adequately empowered to make impartial decisions or recommendations in respect of complaints• Adequately trained with appropriate mix of experience, knowledge and skills in complaints handling, fair treatment of complainants, subject matter of complaints concerned and relevant legal and regulatory matters• Registered as a key individual and/or representative of Commrisk and not subject to conflict of interest.

5. The Complaints Resolution Process

Commrisk will follow the steps below to resolve the customer complaint:

- a. Request that all complaints be submitted [or redirected] in writing to **complaints@commrisk.co.za** with the complainant's full name and contact details
- b. Record the complaint in the Complaints Register and categorise the complaint as relating to:
 - i. Policy design or service (including premiums and other fees or charges for that policy)
 - ii. Information provided to policyholders
 - iii. Advice
 - iv. Policy performance
 - v. Service to policyholders (including premium collection or lapsing of policies)
 - vi. Policy accessibility, changes or switches
 - vii. Complaints' handling
 - viii. Insurance risk claims and non-payment of claims
 - ix. Other complaints
- c. Acknowledge receipt of the complaint in writing within two (2) working days of receiving the written complaint and advise contact details of the person handling the complaint.
- d. Advise the complainant of the expected turnaround time within the next three (3) working days.
- e. Investigate the complaint, review the relevant customer files, records and other supporting documentation and provide regular updates to the complainant at each stage.
- f. Communicate final findings in plain language to the complainant within four (4) weeks of receipt of complaint and;
 - i. advise reasons for the final decision and possible recourse.
 - ii. offer full redress or remedial action where appropriate.
 - iii. notify the complainant of their rights and options available to them if they are still dissatisfied.

- g. Comply with any offer of remedial action or redress accepted by the complainant.
- h. Perform a root cause analysis, review control measures and procedures and amend them where necessary, to avoid repeat occurrences of the same complaints.
- i. Update the Complaints Register at each of the above stages until resolution stage.

The complaints resolution process above may differ depending on specific terms related to complaints handling and agreed to between Commrisk and the specific insurer/s in intermediary, outsource and binder agreements. (Refer to **Annexure A** for a list of insurers with specific terms related to complaints handling).

Complaints received will generally, but not exclusively, be assigned to complaints handling staff by the Managing Director/Key Individual on the following basis:

Underwriting related complaints	Claims related complaints	Advice-related & all other complaints
1. Branch Manager 2. Group Underwriting Manager	1. Branch Manager 2. Group Claims Manager	1. Branch Manager 2. Managing Director

6. Complaints Escalation

Should the customer be unsatisfied by the outcome of the complaints management process above, they may escalate the complaint to the Commrisk Group's external Compliance Officer for further review.

The Managing Director/Key Individual will be required to provide all the information regarding the complaint, the outcome and reasons for the decision to the Compliance Officer. Where applicable, such complaint will also be referred to the relevant insurer for their opinion.

The outcome of the review by the Compliance Officer will then be communicated to the complainant in writing without delay with full reasons for the decision reached.

The Commrisk complaints register will accordingly be updated with the status of the complaint following this independent review.

Details of the Commrisk Group's external Compliance Officer are as follows:

Compliance Officer	Craig Ormrod
Company Name	Associated Compliance (Pty) Ltd
Telephone number	011 678 2533
Email address	craig@associatedcompliance.co.za
Website	www.associatedcompliance.co.za

7. Further recourse

If the outcome of the complaint has not been resolved within four (4) weeks from the date of lodgement OR the complaint has not been resolved to the complainant's satisfaction, the complainant has the right to seek relief, within six (6) months of Commrisk's failure to resolve such query, from;

- a. The FAIS Ombud per **Annexure B** (for all complaints against financial services providers, primarily brokers, typically arising from advice and related services provided OR
- b. The Ombudsman Short-Term Insurance per **Annexure C** (for most short-term policy wording and/or repudiation disputes as applied by insurers)

The contact details for the Ombudsmen are as below:

FAIS Ombud	Short-Term Insurance Ombud
Office of the Ombud for Financial Services Menlyn Central Office Building, 125 Dallas Avenue, Waterkloof Glen, Pretoria 0010 Tel: 012 762 5000 or 086 066 3247 info@faisombud.co.za www.faisombud.co.za	Ombudsman for Short-Term Insurance (OSTI) 110 Oxford Road, Houghton Estate, Johannesburg 2198 Tel: 011 726 8900 or 086 072 6890 info@osti.co.za www.osti.co.za

All complaints referred to the Ombudsman for Short-term Insurance (OSTI) per Annexure C will immediately be reported to the respective insurer for resolution by the insurer and/or guidance on how to proceed.

The Commrisk Group Managing Director/Key Individual will ensure that all engagement between Commrisk, the insurer and the Ombudsmen is done in a timely and efficient manner in accordance with the timelines as directed by the Ombudsmen.

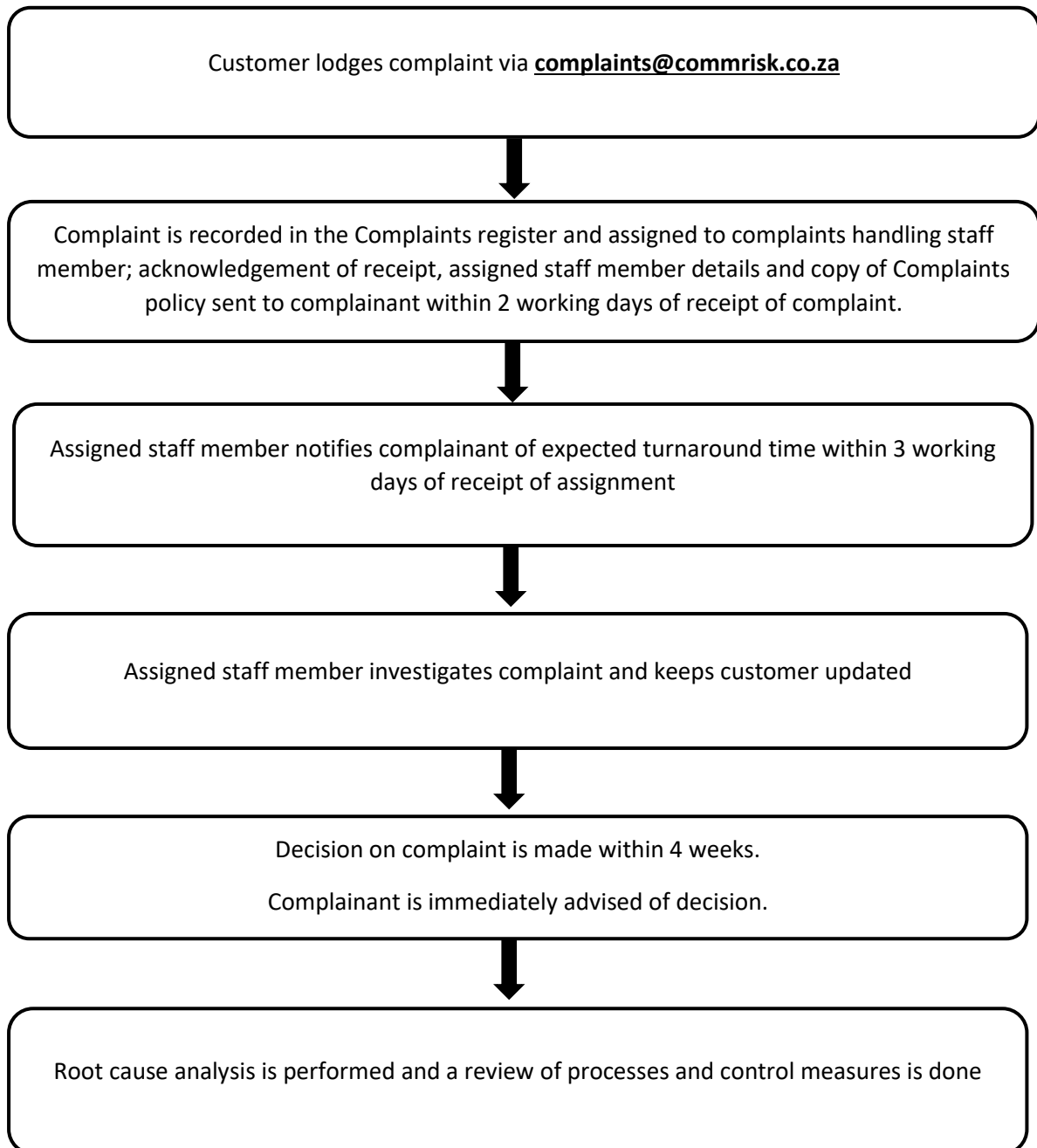
All requests made by the Ombudsmen will be treated with the necessary care and integrity to ensure transparency and to avoid unnecessary delays.

8. Related Policies

This policy should be read in conjunction with the Commrisk Group's:

- P&P 08 – Business Code of Conduct
- P&P 32 – Treating the Customer Fairly (TCF) Policy
- P&P 34 – Conflict of Interest Policy
- P&P 44 – Representative and Key Individual Competency Policy

9. Summary of Customer Complaints Procedure



10. Document Control Summary

Version number	2023_10
Updated by	Lewis Chiripanyanga
Approved by	Peter van Niekerk Director – Commrisk Insurance Brokers (Pty) Ltd Director – Commrisk Insurance Brokers Welkom (Pty) Ltd Director – Commrisk Eastern Cape (Pty) Ltd Director – Multi Admin (Pty) Ltd
Approved date	05 October 2023
Effective date	01 November 2023
Next review date	October 2024

Annexure A

Insurer Specific Complaints Handling Procedures

1. Bryte Insurance

- a. Commrisk will notify Bryte of all complaints received within 24 hours of receipt of the complaint and provide relevant supporting documentation/information.
- b. All complaints lodged via the Ombudsman for Short-term Insurance and/or the FAIS Ombud and all legal proceedings will be dealt with exclusively by Bryte.
- c. Refer to <https://www.brytesa.com/legal/complaints-management/?lower> for additional information on Bryte's complaints resolution process.

2. Hollard Insurance Company

- a. Commrisk will notify Hollard of all complaints received within 3 business days of receipt of the complaint and provide relevant supporting documentation/information.
- b. Commrisk will immediately notify Hollard and forward all correspondence from the Ombudsman for Short-term Insurance for resolution.

3. Lombard Group (incl. C3, Consort, Horizon, Leppard, Lombard, Motor Acceptances & Praesidio)

- a. Commrisk will notify Lombard of all complaints received within 48 hours of receipt of the complaint and provide relevant supporting documentation/information.
- b. Refer to <https://www.lombardins.com/complaints/> for additional information on the Lombard Group's complaints resolution process.

4. Old Mutual Insure (OMI)

- a. Commrisk will notify Old Mutual Insure of all complaints received within 24 hours of receipt of the complaint and provide relevant supporting documentation/information.
- b. Complaints lodged with the Ombudsman and all legal proceedings will be exclusively dealt with by OMI with assistance from Commrisk.
- c. Refer to <https://www.oldmutual.co.za/customer-complaints/> for additional information on Old Mutual Insure's complaints resolution process.

5. Renasa

- a. Commrisk will notify Renasa of all complaints received within 48 hours of receipt of the complaint and provide relevant supporting documentation/information.
- b. Refer to <https://www.renasa.co.za/complaints.html> for additional information on the Renasa's complaints resolution process.

6. Santam (incl. Echelon, Mirabilis Underwriting Managers and Stalker Hutchison & Admiral)

- a. Commrisk will Santam of all complaints received within 24 hours of receipt of the complaint and provide relevant supporting documentation/information.
- b. Commrisk will monitor and attend to all enquiries pertaining to the resolution of the complaint in liaison with Santam.
- c. Refer to <https://www.santam.co.za/compliments-and-complaints/> for additional information on the Santam Group's complaints resolution process.

Annexure B

The FAIS Ombud

1. The FAIS Ombud Procedure

- a. The running of prescription in terms of the Prescription Act will be suspended from the date on which the complaint is officially received by the Ombud until the complaint is withdrawn OR a determination is made by the Ombud or by the Board of Appeal.
- b. The party complained against may be required to pay an administration fee of up to R1,000 when the Ombud officially receives the complaint.
- c. The Ombud will only commence with the investigation when:
 - i. All interested parties have been informed of the complaint and of all necessary particulars to enable them to respond to the complaint, and
 - ii. All parties have been given a reasonable opportunity to respond.
- d. The Ombud will initially attempt to resolve the complaint through conciliated settlement acceptable to all parties.
- e. The Ombud may make recommendations to the parties to resolve the complaint.

2. Determinations by the FAIS Ombud

- a. Where a complaint has not been resolved by conciliated settlement, the Ombud can make a determination which has the legal status of a civil judgement of court.
- b. Such determination can be a monetary award not exceeding R800,000 (unless the party complained against agrees to it) OR any other order that can be made by a court of law.
- c. An award of costs may be made against either the party complained against or the complainant if the Ombud deems it necessary based on improper and/or unreasonable conduct resulting in unreasonable delays in finalisation of the investigation.

3. Appeals to the Appeal Tribunal

- a. If the Ombud's ruling allows leave to appeal, such an appeal can be made to the Appeal Tribunal. If the Ombud refuses leave to appeal, then the chairperson of the Appeal Tribunal can be approached for leave to appeal.
- b. Application for leave to appeal must be made to the Ombud within 1 month of the Ombud's determination and the complainant must inform the Ombud of such application.
- c. A determination by the Appeal Tribunal has the same status as a judgement of a civil court.

4. Important Links (More Information)

Guide to lodging complaints	https://www.faisombud.co.za/how-to-complain/
Lodging a complaint online	https://fais.powerappsportals.com/
Lodging a complaint manually	https://faisombud.co.za/wp-content/uploads/2021/06/Complaint-Registration-Form-Updated-30-June-2021.pdf
Appeals process	https://www.faisombud.co.za/how-to-complain/appeals/

Completed complaint registration forms should be submitted to the FAIS Ombud via email to info@faisombud.co.za

Annexure C

The Ombudsman for Short-Term Insurance (OSTI)

1. Procedure for Submission of Complaints

- a. Complainants need to lodge complaints related to short-term insurance only via the online platform or by downloading and completing relevant forms and submitting them using the following:
 - i. Email - info@osti.co.za
 - ii. Fax - 011 726 5501
 - iii. Post - P O Box 32334, Braamfontein, 2017
- b. Once received, the complaint is registered and sent to the broker/insurer for a response. In instances where the complaint had been previously raised with the broker/insurer, they are given 14 days to provide a response. If the complaint had not been previously raised, the broker/insurer are given 21 days to respond.
- c. The OSTI will then determine whether the complaint can be immediately resolved based on the first response and close the file or whether more information and further investigation is required.
- d. If more information is required, the OSTI will engage further with the broker/insurer and the complainant and negotiate and make recommendations to resolve the complaint.
- e. If the parties agree to the recommendations, the OSTI will finalise the matter and close the file.
- f. If the parties fail to agree/accept the recommendations, the complaint will be escalated to the escalation committee which will re-consider the matter and then issue a final ruling which is binding in law.
- g. Should either party still not be satisfied by the final ruling, they can serve the OSTI with a Notice of Intention to Appeal together with the Application for Leave to Appeal within 30 calendar days of the handing down of the ruling. Details regarding the appeals process can be found on the OSTI website using the link in the section below.

2. Important links (More Information)

OSTI terms of reference	https://www.osti.co.za/media/1174/schedule-4-terms-of-reference-amended.pdf
Lodging a complaint online	https://www.osti.co.za/lodge-a-complaint/online-application/
Lodging a complaint manually	https://www.osti.co.za/lodge-a-complaint/download-application-forms/
Complaints handling process	https://www.osti.co.za/media/1278/complaints-handling-process.pdf
Appeals process	https://www.osti.co.za/media/1010/the-appeal-mechanism.pdf
Frequently asked questions	https://www.osti.co.za/lodge-a-complaint/frequently-asked-questions/