



FORSYTH & NASH
INSURANCE BROKERS

COMPLAINTS

Processes and Procedures

	CONTENTS
	<ol style="list-style-type: none"><li data-bbox="371 450 507 479">1. Purpose<li data-bbox="371 495 852 524">2. Regulatory Terminology and Definitions<li data-bbox="371 539 759 568">3. Treating Customers Fairly (TCF)<li data-bbox="371 584 762 613">4. Standard Process for Complaint<li data-bbox="371 629 1062 658">5. FANIB Internal complaints Process specifically for the client

1.	<p>PURPOSE</p>
	<p>This document recommends practical procedures and processes for the effective management of complaints, including and providing a consistent and comprehensive understanding of:</p> <ul style="list-style-type: none"> 1.1 regulatory definitions and terminologies 1.2 service level agreements 1.3 roles and responsibilities 1.4 defined procedures
2.	<p>REGULATORY TERMINOLOGY AND DEFINITIONS</p>
	<p><i>Important Policyholder Protection Rules' (PPR) definitions:</i></p> <p>Complaint</p> <p>An expression of dissatisfaction by a complainant, relating to a product or service provided or offered by a financial institution, or to an agreement with the financial Institution in respect of its products and indicating that:</p> <ul style="list-style-type: none"> 1. the financial institution 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 financial institution or to which it subscribes. 2. the financial institution or its service provider's maladministration or wilful or negligent action or failure to act has caused the complainant harm, prejudice, distress or substantial inconvenience. 3. the financial institution or its service provider has treated the complainant unfairly and irrespective of whether such an expression of dissatisfaction is submitted together with or in relation to a customer query. <p>Complainant</p> <p>Means a person who submits a complaint and includes a:</p> <ul style="list-style-type: none"> 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. potential policyholder whose dissatisfaction relates to the relevant application, approach or solicitation or <p>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 1 to 3 above.</p>

Compensation payment

Means a payment, whether in monetary form or in the form of a benefit or service, by or on behalf of an insurer and/or broker, to a complainant, to compensate the complainant for a proven or estimated financial loss incurred as a result of the insurer's contravention, non-compliance, action, failure to act, or unfair treatment forming the basis of the complaint, where the insurer accepts liability for having caused the loss concerned, but excludes any:

1. goodwill payment
2. payment contractually due to the complainant in terms of a policy or
3. refund of an amount paid by or on behalf of the complainant to the insurer where such payment was not contractually due;

and includes any interest on late payment of any amount referred to in 2 or 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 an insurer and/or broker, to a complainant, as an expression of goodwill aimed at resolving a complaint, where the insurer 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 the insurer or the insurer's service provider, by or on behalf of a policyholder, for information regarding the insurer's policies, services or related processes, or to carry out a transaction or action in relation to any such policy or service.

Prospective customer

A person who has applied to or otherwise approached the financial institution in relation to becoming a customer, or a person who has been solicited by the financial institution to become a customer or has received marketing or advertising material in relation to the financial institution's products and services.

Rejected

Rejected in relation to a complaint means that a complaint has not been upheld and the insurer and/or broker regards the complaint as finalized after advising the complainant that it does not intend to take any further action to resolve the complaint. It also includes complaints regarded by the insurer and/or broker as unjustified or invalid, or where the complainant does not accept or respond to the insurer's 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 the insurer's and/or broker's processes for handling policyholder queries in relation to the type of policy or service complained about,

provided that such process does not take more than 5 (five) working days from the date the complaint is received, or

3. submitted to or brought to the attention of the insurer and/or broker in such a manner that the insurer and/or broker does not have a reasonable opportunity to record such details of the complaint as may be prescribed in relation to reportable complaints.

Service provider

Means any person (whether or not that person is the agent of the insurer) with whom an insurer has an arrangement relating to the marketing, distribution, administration or provision of policies and related services.

Upheld

Means that a complaint has been finalized wholly or partially in favour of the complainant and that:

1. the complainant has explicitly accepted the matter is fully resolved, or
2. it is reasonable for the insurer and/or broker to assume that the complainant has so accepted, and
3. all undertakings made by the insurer and/or broker 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 insurer and/or broker within a time acceptable to the complainant.

Other acronyms and complaint definitions:

Business working day

Any day except a Saturday or Sunday or public holiday. Business days are calculated from the date the customer notifies us of the complaint. It is therefore critical to capture the receipt date timeously to ensure accurate calculation of the working age of complaint.

TCF

Means Treating Customers Fairly

RCA

Means Root Cause Analysis = Effective Analysis

1. identify root causes common to categories of complaints
2. highlight regulatory and operational risks
3. provide recommendations for improvement
4. tracks effectiveness of corrective action implementation
5. track the risks and success of TCF and market conduct delivery

3.	TREATING CUSTOMERS FAIRLY (TCF)
	<p>TCF is a key component in the way complaints are managed. These principles are:</p> <ol style="list-style-type: none"> 1. Customers can be confident they are dealing with businesses where TCF is central to the corporate culture. 2. Products and services marketed and sold in the retail market are designed to meet the needs of identified customers and groups and are targeted accordingly. 3. Customers are provided with clear information and kept appropriately informed before, during and after point of sale. 4. Where advice is given, it is suitable and takes account of the customer's circumstances. 5. Products perform as businesses have led customers to expect, and service is of an acceptable standard and as expected by customers. 6. Customers do not face unreasonable post-sale barriers imposed by businesses to change product, switch providers, submit a claim or make a complaint.
4.	STANDARD PROCESS FOR COMPLAINT
	<p>A standard process for a complaint is provided below. This is informed by specific procedures and service level agreements:</p> <ol style="list-style-type: none"> 1. New complaint – The customer sends notice of a new complaint. 2. Log/Acknowledge – The complaint must be recorded and receipt of the complaint must be acknowledged with the client within 1 working day. 3. Investigate – All required information to address the complaint must be gathered and the file/transaction which gave rise to the complaint must be reviewed. 4. Feedback - Regular feedback must be provided to the customer on the status of the investigation. 5. Make Decision - An informed decision must be made, by applying TCF principles, and must take into consideration all material information. A formal response must then be addressed to the complainant within 14 working days. 6. Escalate – If the complaint has not been resolved to the satisfaction of the complainant, inform him/her of his/her right to escalate the matter to the Ombudsman within 6 weeks from date in which we inform you that we are unable to resolve the complaint to your satisfaction. 7. Root Cause Analysis – A formal analysis will then be conducted to identify the root cause of failures and implement changes to correct and improve issues identified to prevent recurrence of poor outcomes. 8. Continuous Improvement – FANIB must continuously evaluate the way we do business to create customer value and improve efficiency and quality across areas of operation within the business chain.

5.	FANIB INTERNAL COMPLAINTS PROCESS SPECIFICALLY FOR THE CLIENT
	<p>Our internal complaints resolution process is intended to provide fair and effective resolution of complaints. The time periods set out in this procedure will be adhered to as strictly as possible but may varied if necessary. The following step-by-step guideline sets out the procedure we will adopt and shows how a complaint will be dealt with once received by us:</p> <ul style="list-style-type: none"> - Your complaint and all communications in connection with your complaint must be in writing, and can be addressed to Charlene Pickup, Office Manager (email address charlene@fanib.co.za), telephone number 0216716804. Please indicate the following information - Your name, surname and contact details - A complete description of your complaint and the date on which the financial service that led to your complaint was rendered - The name of the person who furnished the financial advice or rendered the intermediary service that led to your complaint - How you would prefer to receive future communication regarding your complaint ie by email or fax or post <ol style="list-style-type: none"> 1. The complaint will be entered into our Complaints Register on the same day that it is made and written confirmation of receipt will be forwarded to you. We will keep record of the complaint and maintain such record for 5 years as required by legislation. Please take into consideration that the method of communication chosen by you will determine how quickly we can respond to your complaint. 2. The complaint will immediately be drawn to the attention of Richard Neville, the Managing Director of FANIB, who will properly respond to your complaint. 3. The complaint will be investigated and we will revert to you with our preliminary findings within seven working days from the date of receipt of the complaint. In all instances we will advise you of the reasons for our decisions. 4. The preliminary findings will be discussed with all internal parties concerned and a proposed solution will be communicated to you within a further seven working days. In all instances we will advise you of the reason for our decisions. 5. If you are not satisfied with our solution you may refer the complaint to the office of the Ombud for Financial Services Providers or take such steps as may be advised by your legal representatives. 6. The Ombud is appointed by the Financial Services Board to act as an adjudicator in disputes between clients and FSP's. The referral to the office of the Ombud must be done in accordance with the provisions of section 21 of the Financial Advisory and Intermediary Services Act and the rules promulgated in terms of that section.

7. In instances where we have not been able to arrive at a resolution within six weeks after you have submitted your complaint the matter may automatically be referred to the Ombud. The Ombud acts independently and objectively and has jurisdiction in respect of complaints relating to any financial advice or intermediary services.
8. You must, if you do wish to refer a matter to the Ombud, do so within six weeks from the date of the notice in which we inform you that we are unable to resolve the complaint to your satisfaction. The Ombud will not adjudicate in matters exceeding a value of R800 000.00

The Ombud may be contacted at their offices in Pretoria at the following address:

Sussex Office Park

Ground Floor, Block B

473 Lynnwood Road

Lynnwood

Pretoria

0081

Telephone: 012 470 9080

Email: info@faisombud.co.za

Website: www.faisombud.co.za