Complaints Management Framework

1 Overview

Establishment of a Complaints Management Framework

Gomo is committed to establishing, maintaining and operating an adequate and effective complaints management framework to ensure the fair treatment of complaints that –

(a) is proportionate to the nature, scale and complexity of its business and risks;
(b) is appropriate for the business model, policies, services, policyholders, and beneficiaries of the service provider;
(c) enables complainants to be considered after taking reasonable steps to gather and investigate all relevant and appropriate information and circumstances, with due regard to the fair treatment of complainants; (d) does not impose unreasonable barriers to complainants.

Requirements for a complaints management framework

The framework will provide for –

(a) relevant objectives, key principles and the proper allocation of responsibilities for dealing with complaints across the business;
(b) appropriate performance standards and remuneration and reward strategies for complaints management to ensure objectivity and impartiality;
(c) documented procedures for the appropriate management and categorisation of complaints, including expected time frames and circumstances under which any of the timeframes may be extended;
(d) documented procedures which clearly define the escalation, decision-making, monitoring and oversight and review processes within the complaints management framework;
(e) appropriate complaints record keeping, monitoring and analysis of complaints, and reporting to executive management, the board of directors and any relevant committee.
(f) appropriate communication with complainants and their authorized representatives on the complaints and the complaints processes and the procedures;
(g) appropriate engagement between the insurer and a relevant Ombud;
(h) meeting requirement for reporting to the Registrar and public reporting in accordance with this rule;
(i) a process for managing complaints relating to the insurer's service providers, insofar as such complaints relate to services provided in connection with the insurer's policies or related services.
(j) regular monitoring of the complaints management framework generally.

2 Definitions and Terminology

What is a complaint?

A complaint is an expression of dissatisfaction by a person to a service provider relating to a service provided or offered by that service provider which indicates or alleges, regardless of whether such an expression of dissatisfaction is submitted together with or in relation a query, that –

(a) The 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 service provider or to which it subscribes;
(b) The 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 service provider has treated the person unfairly;
(d) The service provider's relevant application form, approach, solicitation, advertising or marketing material is in some way dissatisfactory to a person

Who is a complainant?

A complainant is a person/someone acting on their behalf, who has a direct interest in the agreement, policy or service, and includes a –

(a) policyholder or their successor in title;
(b) beneficiary or their successor in title;
(c) person whose life is insured under the policy; or
(d) person that pays the premium;
(e) a potential policyholder whose dissatisfaction relates to the relevant application, approach solicitation, advertising or marketing material.

What is a compensation payment?

A compensation payment is when a complainant is compensated for a proven or estimated financial loss incurred as a result of the insurer's wrongdoing or where the insurer accepts liability for having caused the loss concerned excluding –

(a) a goodwill payment;
(b) a payment contractually due in terms of a policy; or
(c) a refund of an amount which was not contractually due

What is a goodwill payment?

A goodwill payment is a monetary payment or the provision of a benefit or service as an expression of goodwill aimed at resolving a complaint, where the insurer does not accept liability for any financial loss to the complainant.

What is an upheld complaint?

An upheld compliant is a complaint that has been finalised wholly or partially in favour of the complainant and -

(a) the complainant has explicitly accepted that the matter is fully resolved; or
(b) it is reasonable for the insurer to assume that the complainant has so accepted; and
(c) all undertakings made by the insurer to resolve the complaint have been met or the complainant has explicitly indicated its satisfaction with any arrangements.

What is a rejected complaint?

A rejected complaint is a complaint that was not upheld. The service provider regards the complaint as finalised after advising the complainant that it does not intend to take any further action to resolve the complaint. The includes complaints regarded as unjustified or invalid or where the complainant does not accept or respond to proposals to resolve the complaint.

What is a reportable complaint?

A reportable complaint is any complaint unless –

(a) the compliant is upheld immediately by the person who initially received the complaint;
(b) the complaint is upheld within the service provider's ordinary process for handling policyholder queries, provided that such process does not take more than five business days from the date the complaint is received; or
(c) the complaint is submitted to or brought to the attention of the service provider in such a manner that the service provider does not have a reasonable opportunity to record such details of the complaint.

3 Categorisation of Complaints

Complaints shall be categorised into –

(a) complaints received via regulators (NCR & FSCA), industry ombudsman (FAIS, Credit & Short-Term Insurance) and consumer bodies ("regulatory body complaints");
(b) complaints received in respect of a financial product or service ("FAIS customer complaint");
(c) complaints received about the dissatisfaction of the product, claims handling and administration of the product ("Short-term insurance customer complaint");
(d) complaints received via media channels ("media complaints");
(e) complaints received directly from clients, family members and brokers received either telephonically or in writing ("CSC complaints");
(f) complaints received from client representatives and attorneys ("attorney complaints")

National Credit Regulator ("NCR") Complaints

These complaints will be forwarded to the legal and compliance team who will either respond directly or seek assistance from a third-party advisor to assist therewith. The turn-around times for the resolution of such complaints shall be governed by the relevant regulatory body or ombudsman rules. The Credit Ombudsman gives service providers 20 working days within which to resolve complaints with clients. The National Credit Regulator gives service providers 14 working days to respond to complaints issued by its office.

FAIS Ombudsman Complaints

FAIS Ombudsman Complaints are to be addressed within 7 working days of receipt of the complaint in terms of the FAIS Ombudsman rules.

Short-Term Insurance Ombudsman Complaints

Short-Term Insurance Ombudsman Complaints shall be forwarded to Guardrisk with an investigation report within 7 working days from receipt of the complaint in order to assist Guardrisk with its response.

FAIS Customer Complaints

These complaints shall be dealt with according to the FAIS complaints resolution policy and procedure document attached hereto as annexure A, which is in accordance with the Financial Advisory and Intermediary Services Act ("FAIS Act"). In terms the FAIS Act, board notice 81 of 2003, a service provider has 6 weeks within which to resolve a complaint.

Short-Term Insurance Customer Complaints

These complaints shall be handled within the insurance department according to agreed company procedure.

These complaints shall be handled within the insurance department according to agreed company procedures, within the agreed response times:

- Category 1: Simple Complaint, resolved within 24 hours.
- Category 2: Complaints with inquiry, resolve within 72 hours.
- Category 3: Complaints that require investigation, resolved within 5 days.
- Category 4: Complaints which involve claim repairs might take anything from one month to two months depending on the severity of the impact and damages on the vehicle.

CSC Complaints

These complaints shall be handled within the CSC department according to agreed company procedures as more fully set out in annexure B attached hereto.

These complaints shall be handled within the CSC department according to agreed company procedures, within the agreed response times:

- Category 1: Simple Complaint, resolved within 24 hours.
- Category 2: Complaints with inquiry, resolve within 72 hours.
- Category 3: Complaints that require investigation, resolved within 5 days.
- Category 4: Complaints which involve claim repairs might take anything from one month to two months depending on the severity of the impact and damages on the vehicle.

Media Complaints

All complaints received via the media must be forwarded to the media relations team who shall correspond directly with the relevant entity/journalist.

Client Representative and Attorney Complaints

These complaints shall be forwarded to the legal and compliance team who will either respond directly or seek assistance from a third-party advisor to assist therewith. The turn-around times for the resolution of such complaints shall be governed in accordance with legal practice norms.

4 Complaints Escalation and Review Process

The complaints escalation and review process will –

(a) follow a balanced approach, bearing in mind the legitimate interests of all parties including the fair treatment of complainants;
(b) provide for internal escalation of complex or unusual complaints at the instance of the initial complaints handler;
(c) provide for complainants to escalate complaints not resolved to their satisfaction; and
(d) be allocated to an impartial, senior functionary within the business for managing the escalation or review process.

Notifying the customer of the escalation process and the TCF outcomes

Once the outcome of the complaint is communicated to the customer (whether orally or in writing) such customer will be informed that should he/she feel that any or all of the above, in terms of the below categories and TCF outcomes, could have been better handled what process they should follow to escalate the matter.

Complaints escalated, where the outcome provided to the customer was unsatisfactory should be investigated against the treating customers fairly ("TCF") outcomes –

Outcome 1: Customers are confident they are dealing with firms where the fair treatment of customers is central to the firm's 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 the 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.
Complaints escalated, where the outcome provided to the complainant was unsatisfactory should follow the below escalation channel depending on the category of complaint –

(a) FAIS related customer complaints: the escalation process shall be aligned to the FAIS complaints resolution policy and procedure as set out in Annexure A attached hereto;

(b) Short-Term Insurance related customer complaints: the complaint shall be escalated to Guardrisk and the customer shall be informed thereof, alternatively the customer shall be provided with Guardrisk's details. Guardrisk's details reflect on the statutory disclosure form as part of the policy document. Furthermore, Guardrisk's details reflect at the end of this document;

(c) NCR, FAIS & Short-Term Insurance Ombudsman Complaints: these bodies will follow their own escalation processes which Gomo will adhere to.

5 Recording Keeping, Monitoring and Analysis of Complaints

Gomo shall ensure accurate, efficient and secure recording of complaints related information. All complaints shall be recorded within a central register and in respect of each complaint –

(a) all relevant details of the complainant and the subject matter of the complaint;
(b) copies of all relevant evidence, correspondence, and decisions;
(c) the complaint categorisation; and
(d) progress status of the complaint, including whether such progress is within or outside any time limits.

Gomo shall maintain ongoing data regarding the number of reportable complaints –

(a) received, upheld, outstanding and rejected (and the reasons for the rejection);
(b) escalated to the complaints escalation process; and (c) referred to an ombudsman and their outcome.

6 Concluding Remarks

Gomo shall regularly review and update this complaints management framework with regards to operational requirements, best business practice and legislative obligations. Gomo shall conduct regular training of all complaints handlers in order to ensure complaints are handled according to this framework and regulatory requirements. The complaints management framework shall consist of this document and ancillary documents (currently annexure A and B attached hereto) relative to the obligations of specific departments and relevant legislative requirements.

7 Contact details for escalation purposes

1. Contact details of the of Guardrisk Insurance Company

Address:	102 Rivonia Road, Sandown, Sandton 2196
Postal Address:	P O Box 786015 Sandton 2146
Tel no:	(011) 669 1039 Fax no: (011) 669 2792
Email address:	compliance@guardrisk.co.za complaints@guardrisk.co.za

2. Contact details of the of office of the FAIS Ombudsman

Address:	P.O. Box 74571 Lynnwood PRETORIA 0040
Telephone:	(012) 470 9080
E-mail:	info@faisombud.co.za

3. Contact details of the office of the Short-Term Insurance Ombudsman

Address:	Sunnyside Office Park, 5th Floor, Building D 32 Princess of Wales Terrace, Parktown
Tel no:	(011) 726 8900
Fax no:	(011) 726 6501

4. Contact details of the office of the Credit Ombudsman

Address:	5 Hunter Street, Cnr Bram Fischer, Fernridge Office Park, First Floor, Silver Fern Building Ferndale, Randburg
Postal:	P.O. Box 805, Pinegowrie 2123
Tel:	+27 (0) 11 781 6431
Fax:	086 242 6566
Web:	http://www.creditombud.org.za