

AREA	SUBJECT	EFFECTIVE DATE
Iemas Insurance Brokers	Complaints Management & Handling	1 November 2018

IEMAS INSURANCE BROKERS (PTY) LTD

1. DOCUMENT INFORMATION

Document pertaining to:	Complaints
Purpose of the document:	All policies within Iemas Insurance Brokers need to be authorised before being published and implemented.
Date approved:	2018/09/26
Document owner:	Anne-Mart Dempers
Process Owner:	Ian De Jongh

2. DOCUMENT HISTORY

Version	Date	Amendments	Person who made the changes
Version 1	2018/09/26		Anne-Mart Dempers
Version 2	2019/01/22		Anne-Mart Dempers

3. PURPOSE

The objective of this document is to set out the policy governing the effective standards and procedures to be followed in complaints management within Iemas Insurance Brokers PTY (Ltd). The Complaints Management Policy, formalises the practices required for effective management and handling of customer complaints with Iemas Insurance Brokers PTY (Ltd).

4. INTRODUCTION

- 4.1. This policy will provide general principles to guide the way complaints are managed within Iemas Insurance Brokers (PTY) Ltd, and set out a way complaints are handled and resolved.

5. DEFINITIONS

- 5.1. **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-
- 5.1.1. in respect of the purchase of any financial product; or
 - 5.1.2. in respect of the investment in any financial product; or
 - 5.1.3. 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
 - 5.1.4. 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-
 - 5.1.4.1. is furnished in the course of, or incidental to financial planning in connection with the affairs of the client; or
 - 5.1.4.2. results in any such purchase, investment, transaction, variation, replacement or termination, as the case may be, being effected;
 - 5.1.4.3. results in the purchase by the complainant of any product based on the advice.
- 5.2. **Arbitration**, process by which the parties to a dispute submit their differences to the judgement of an impartial person or group, appointed by mutual consent, or statutory provision.
- 5.3. **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 the title of such person or the beneficiary of such service.
- 5.4. **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.
- 5.5. **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.
- 5.6. **Complainant**, is a person who has submitted a specific complaint to Iemas Insurance Brokers (PTY) Ltd, and who is a customer or potential customer of Iemas Insurance Brokers

- (PTY) Ltd; 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.
- 5.7. **Escalated complaint**, a complaint received through the formal escalated complaints process; completed the escalated complaints document and sent through to the designated email address. And any and all complaints received from any of the different Ombudsmen.
- 5.8. **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.
- 5.9. **FAIS complaint**, means a specific complaint, submitted by a complainant to the FAIS Ombudsman, relating to a financial service rendered by Iemas Insurance Brokers (PTY) Ltd or its representative to the complainant on- or after the date of the commencement of the FAIS Act, and in which complaint it is alleged that Iemas Insurance Brokers (PTY) Ltd or its representative:
- 5.9.1. 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.
 - 5.9.2. 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
 - 5.9.3. Has treated the complainant unfairly.
- 5.10. **FAIS Ombud**, complaint means a complaint directly submitted to the FAIS Ombudsman's offices in relation to the application of a policy and includes advice rendered.
- 5.11. **OLTI**, refers to the Ombudsman for Long Term Insurance
- 5.12. **OSTI**, refers to the Ombudsman for Short Term Insurance.
- 5.13. **KI**, refers to the Key Individual.
- 5.14. **STI**, refers to the Short Term Insurance division within Iemas Insurance Brokers (PTY) Ltd.
- 5.15. **FAS**, refers to the Financial Advisory Services division within Iemas Insurance Brokers (PTY) Ltd.

6. COMPLAINTS HANDLING PROCESS

(ALL COMPLAINTS SHOULD BE ACKNOWLEDGED WITHIN 24 HOURS OF RECEIPT and registered in the complaints register – these registers must be sent through to the divisional KI and Insurance Operations Manager on the 1st and 15th of every month)

6.1. Escalated Complaints:

- 6.1.1. The complainant would have completed the escalated complaints document (as kept on the Iemas Website) and the complaint will be received in the complaints@iemas.co.za mailbox.
 - 6.1.2. The Insurance Operations Manager will list the escalated complaint on the Escalated Complaints Register.
 - 6.1.3. The standard acknowledgement will be send to the complainant by the Insurance Operations Manager. (Annexure A), and refered to the divisional KI to assist.
 - 6.1.4. The KI responsible will delegate the escalated complaint to the divisional manager responsible for resolution.
 - 6.1.5. The Divisional manager handling the escalated complaint, must update the KI and the Insurance Operations Manager of progress as well as of final resolution and outcome of such escalated complaint
 - 6.1.6. The Insurance Operations Manager will update the Escalated Complaints register with the resolution detail.
 - 6.1.7. The KI will send a final letter to the complainant to confirm resolution on the provided format.
- 6.2. FAIS Complaint:**
- 6.2.1. The person who receives the complaint, must refer the complaint to the divisional KI & the Insurance Operations Manager.
 - 6.2.2. The Insurance Operations Manager will list the complaint on the Escalated Complaints Register.
 - 6.2.3. The KI will send through the complaint together with all relevant documentation to the external compliance officer from Moonstone, to indicate whether they (Moonstone) will formulate and answer on behalf of Iemas Insurance Brokers (PTY) Ltd or whether this complaint should be referred to the applicable Insurer
 - 6.2.4. The Divisional manager and/or KI must diarize the date by which the FAIS ombud needs to have a reply and duelly follow up from the party handling and answering the complaint.
 - 6.2.5. Any feedback or resolution must be forwarded to the Insurance Operations Manager so that the Escalated Comaplints Register can be updated accordingly.
- 6.3. Marketing / Helo Peter or Facebook Complaint:**
- 6.3.1. The person who receives the complaint must refer the complaint to the applicable STI Divisonal manager / Team Leader or FAS Insurance Manager.
 - 6.3.2. Complaints to be acknowledged, registered and feedback provided.
 - 6.3.3. The complaints register must be updated throughout the process and upon resolution.

6.4. Complaint:

- 6.4.1. The person who receives the complaint must refer the complaint to the applicable STI Divisional manager / Team Leader or FAS Insurance Manager.
- 6.4.2. Complaints to be acknowledged, registered and provide feedback.
- 6.4.3. The complaints register must be updated throughout the process and upon resolution

6.5. General:

- 6.5.1. All outstanding and or referred complaints to be followed up and reported on, on the complaints register.
- 6.5.2. All supporting documentation and responses to be filed and linked to the member.

RECOMMENDED



GENERAL MANAGER
FINANCIAL ADVISORY SERVICES
CHARLES MAKONDO



DATE

RECOMMENDED




GENERAL MANAGER
SHORT TERM INSURANCE
LIZE BADENHORST




DATE

APPROVED



INSURANCE OPERATIONS
MANAGER
IAN DE JONGH



DATE