



COMPLAINTS MANAGEMENT FRAMEWORK AND POLICY V2

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1. INTRODUCTION

This framework provides general principles to guide the way complaints are managed within New National Assurance Company (NNAC).

This framework and policy set out our philosophy concerning the way complaints are handled, resolved, and maximized (maximized refers to conducting analysis of complaints for root cause analysis to ensure processes are improved to reduce complaints where necessary)

2. PURPOSE AND SCOPE

The Complaints Management Framework formalises the practices required for effective management and handling of customer complaints within our Company. The purpose of this Framework is to ensure effective standards of complaints management to:

- Ensure fair outcomes for customers.
- Protect and enhance our reputation.
- Allow for effective reporting, detailed analysis and identification of trends related to complaints.
- Achieve effective and timely resolution of complaints in respect of acceptable turn-around times.
- Provide guidelines for acknowledging complaints (and complainant communication) and for recording customer complaints in a centralised manner.
- Improve organisational effectiveness through learning from client feedback and root cause analysis.
- Ensure effective management of complaints, in line with this framework.
- Ensure effective engagement between the insurer and the relevant Ombudsman scheme.
- Ensure requirements are met for reporting to the Registrar and / or the public (if required).
- Restore and enhance relationships with complainants for the purpose of on-going business retention and growth.
- Ensure objectivity in attending to and resolving a complaint

3. DEFINITIONS

- a) “**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.
- b) “**Business Day**” means any day except a Saturday, Sunday, or public holiday.
- c) “**Complainant**” means a person who submits a complaint and includes a –
 - policyholder or the policyholder’s successor in title.
 - person that pays a premium in respect of a policy.



- potential policyholder 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.
- d) **“Complaint”** means 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 –
- 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.
 - 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
 - the insurer or its service provider has treated the person unfairly.
- e) **“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.
- f) **“Rejected”** in relation to a complaint means that a complaint has not been upheld and the insurer regards the complaint as finalised after advising the complainant that it does not intend to take any further action to resolve the complaint and includes complaints regarded by the insurer as unjustified or invalid, or where the complainant does not accept or respond to the insurer’s proposals to resolve the complaint.
- g) **“Complaints Management”** means the management of the entire lifecycle of a complaint. This starts with the ease of process for the client to lodge complaints and the associated communication. It includes the way complaints are handled, recorded, resolved and quality controlled; the way people involved in complaints management processes are managed and trained; the way decisions are made; the way clients’ trust is restored; the way the reports are compiled and analysed; and ultimately the way business learns from the feedback gleaned from complaints and takes corrective and proactive action accordingly.
- h) **“Complaint’s handling”** The process of attending to and resolving complaints including ongoing interaction with Complainants.
- i) **“FAIS complaint”** means a specific complaint, submitted by a Complainant to the FAIS Ombudsman relating to a financial service rendered by NNAC or its representative to the Complainant on or after the date of commencement of the FAIS Act, and in which complaint it is alleged that NNAC or its representative 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.
 - has treated the Complainant unfairly.
- j) **“FAIS Ombud Complainant”** means a client who submits a complaint to the FAIS Ombudsman in relation to the application of a policy and includes advice rendered.
- k) **“OSTI”** refers to the Ombudsman for Short Term Insurance



- l) **“OSTI complaint”** for the purpose of this policy, a complaint submitted to the Ombudsman for Short Term Insurance (“OSTI”) in relation to any other matter other than the application of a policy relating to advice rendered

4 KEY PRINCIPLES AND STANDARDS FOR EFFECTIVE COMPLAINTS MANAGEMENT

The following principles and standards shall apply to the complaint’s management processes within our Company:

- a) **Accessibility:** Our Company makes complaints reporting visible to customers on all key documents provided to them as well as on its website.
- b) **Client-centricity:** Complaint handling staff are expected to demonstrate the right attitude toward every client.
- c) **Quality of investigation:** We will take reasonable steps to gather and investigate all relevant information and circumstances when handling complaints.
- d) **Timely resolution:** Our quality standards recognise that all complaints must be resolved in a timely manner and in line with timelines set out in this framework.
- e) **Consistent and objective decision-making:** We will ensure that employees and decision makers avoid bias when handling complaints so that principles of fairness and objectivity are upheld.
- f) **Confidentiality of client information and data:** In line with the regulations set out in terms of POPIA, we will maintain the confidentiality of customers’ personal information and comply with the relevant legislation to ensure that internal controls are in place for safeguarding of data.
- g) **Accuracy of record-keeping:** Complaints must be accurately, efficiently, and securely recorded.
- h) **Communication before, during and after complaint:** We will provide customers with clear upfront communication concerning how they can complain and how their complaint will be handled.
- i) **Quality Assurance:** We will ensure that there is an appropriate level of quality assurance in place to monitor that the standards referred to in this framework are adhered to.
- j) **Meaningful Management Information and Analysis:** Useful management information reports pertaining to complaints will be developed and implemented, subject to regulatory requirements and business needs.

5 ALLOCATION OF RESPONSIBILITIES

The the roles and responsibilities of the stakeholders responsible for governance of the framework are as follows:



a) BOARD OF DIRECTORS

The Board is ultimately responsible for the requirements of this framework but delegates some functions to executive committees, other forums, managers, and any other persons.

b) RISK AND AUDIT COMMITTEE

The Risk and Audit Committee must approve changes to this framework and monitor adherence to this framework. The Risk and Audit Committee is responsible for:

- Ensuring that all committees, forums, and individuals who have responsibility under the policy fulfil their responsibilities in a timely and diligent manner.
- Governance of the applicable assurance provider's assessment of compliance with a framework.
- Assigning and monitoring remediation of any non-compliance or other findings by the assurance provider.

c) COMPLAINT HANDLERS

Implement, communicate & ensure that all complaints are managed in accordance with this framework

d) RISK MANAGEMENT

Risk Management is responsible for reviewing adherence to the requirements outlined by this framework.

e) COMPLIANCE

Compliance is responsible for:

- Reviewing adherence to the requirements outlined by this framework.
- Ensuring that this framework remains in line with legislation.

6 COMPLAINT MANAGEMENT PROCESS

6.1 SUBMISSION OF A COMPLAINT

For a complaint to receive our attention, complainants should submit complaints in writing to our complaints officer whose details are as follows:

Name: Imtiaz Bacus

Contact Number: 011 646 7456

Email Address: imtiazb@nnac.co.za



Complainants should ensure that they include their name, policy and/or claim number and motivation to enable us to assist more efficiently.

All communications with complainants must be in plain language.

6.2 UPON RECEIPT OF A COMPLAINT

Upon receipt of a complaint, we will, within 2 (two) working days or as soon as practically possible, acknowledge receipt of a complaint.

Our complaints officer will attempt to identify all issues and if necessary, request further information from the complainant.

All complaints will be handled in a fair, transparent and friendly manner keeping in line with the regulations set out in terms of TCF (Treating Customers Fairly).

6.3. KEEPING THE COMPLAINANT INFORMED

Our complaints officer will attempt to resolve a complaint within 10 (ten) working days provided we have all the necessary information to assist the complainant. We will keep the complainant informed of the progress of the complaint on a regular basis.

Once the complaint has been considered, we will inform the complainant in writing of our decision and the outcome of the complaint.

All complaints are to be entered numerically in the Complaints Register and the root cause established. By determining the root cause of the complaint, the following can be established, and a summary of suggested improvements can be drawn up:

- Is the root cause likely to affect other clients, products, or processes?
- Is there an identified failure in our current controls and processes?
- Is there an element of poor staff performance e.g., lack of skills or technical knowledge?
- Is there an element of poor service provider performance?
- Is there a risk to our TCF delivery?

We will ensure that customers who are financially prejudiced as a result of our contravention, non-compliance, action, failure to act, or unfair treatment are fairly compensated.

A written response will be sent to a complainant or their authorised representative once the complaint is finalised

7. SOCIAL MEDIA COMPLAINTS

Social media complaints are monitored by the NNAC Market Conduct Team



The relevant complaint handling staff member will log the complaint on the complaint management register immediately and will liaise with the relevant outsourced business partner / department to formulate a response that will be posted to the relevant social media platform within 48 hours.

The complaint will then be investigated and handled in accordance with the policy as set out above.

8. ENGAGEMENT WITH OMBUD SCHEMES

We will clearly and transparently communicate the availability and contact details of the relevant Ombudsman schemes to customers on all applicable disclosure documentation.

Where appropriate, we also display information regarding the availability and contact details of the relevant Ombudsman services on our websites.

Although we cannot control when a client will escalate a complaint to the respective Ombudsman, we will always:

- Maintain open and honest communication and co-operation between ourselves and any Ombud with whom we deal; and
- Endeavour to resolve a complaint before a final determination or ruling is made by an Ombud, without impeding or unduly delaying a complainant's access to an Ombud.
- We will maintain specific records and carry out specific analysis of complaints referred to the Ombudsman and their outcomes.
- We also monitor determinations, publications and guidance issued by the relevant Ombudsman with a view to identifying failings of risks in our products, services or practices and to be aware of such rulings or determinations in relation to claims process and interpretation of Policy provisions across the board.

9. COMPLAINTS REFERRED TO THE OFFICE OF THE OMBUDSMAN FOR FINANCIAL SERVICES IN ACCORDANCE WITH THE FAIS ACT

NNAC is an authorised Financial Services Providers (hereinafter referred to as "FSPs") in terms of the Financial Advisory and Intermediary Services Act No. 37 of 2002 ("the FAIS Act").

As an FSP we are obliged to maintain an Internal Complaints resolution process which includes the maintenance of a comprehensive complaint's framework outlining our commitment to and procedures for internal resolution of complaints which are required to be handled in accordance with the FAIS Act.

9.1 COMMUNICATION AND ESCALATION PROCESS PERTAINING TO "FAIS" RELATED COMPLAINTS



a) Internal Communication

With reference to Section 5 of this framework, which outlines the roles and responsibilities of the stakeholders responsible for governance of this framework.

- Each governance structure specified above will receive routine feedback and communication related to the functioning of this framework on a periodic basis.
- Ad-hoc or non-routine communication may be performed from time to time.

b) External Communication:

- Reporting to the Financial Services Conduct Authority (“FSCA”) must be done on an annual basis in respect of all FAIS complaints received for the reporting period, or as requested by the FSCA.
- From time to time, there may be a need to request information from external FSPs with respect to FAIS complaints received, in order to obtain information that will ensure a proper resolution of any such complaints.

c) Elements of a Complaint: Pertaining to “FAIS” related complaints

In terms of the FAIS Act, a complaint must relate to a financial service rendered by our Company to the complainant, in which it is alleged that NNAC:

- has contravened or failed to comply with the FAIS Act and that as a result thereof the complainant has suffered or is likely to suffer financial prejudice or damage.
- 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.
- has treated the complainant unfairly.

The elements of a complaint are –

- It must be in respect of advice or intermediary services provided
- The complainant must have suffered, or is likely to suffer, a financial loss because of failure on the part of NNAC to comply with the FAIS Act; or
- The complainant must have suffered, or is likely to suffer, financial loss because of we have wilfully or negligently rendered advice or intermediary 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
- Our Company has treated the complainant unfairly.



Details for the FAIS Ombudsman is as follows:

Physical Address:	Sussex Office Park, Ground Floor, Block B, 473 Lynnwood Road corner Lynnwood Road and Sussex Avenue, Lynnwood, 0081
Postal Address:	P O Box 74571, Lynnwood Ridge, 0040
Contact Number:	012 762 5000 / 012 470 9080
Fax Number:	086 764 1422 / 012 348 3447
E-mail Address:	info@faisombud.co.za
Website:	www.faisombud.co.za

10. COMPLAINTS REFERRED TO THE OMBUDSMAN FOR SHORT TERM INSURANCE (OSTI)

In terms of this Policy, Ombudsman complaints (i.e., complaints referred to the Ombudsman for Short Term Insurance (“OSTI”)

Resolution Procedures for complaints referred to the Ombudsman for Short Term Insurance shall be handled in accordance with the process outlined below:

- The designated officials shall ensure that the complaint is handled in accordance with Policyholder Protection Rules (“PPR”)
- Specifically, turnaround times for resolving complaints and the quality standards applied to such Ombudsman complaints must adhere to the stipulations and requirements prescribed by the OSTI as applicable.
- When handling Ombudsman complaints, the responsible officials will request comprehensive information and related documentation from the relevant division or employee or the binder holder or intermediary or administrator to ensure that all relevant facts are properly considered in the resolution of the complaint
- The designated officials within NNAC may elect to refer matters back to external administrators, Heads of Department for further consideration to ensure that each matter is carefully considered before a response is submitted to the respective Ombudsman.
- The OSTI submits complaints directly to us. Responses are to be directed to the office of the OSTI unless directed by the office of the OSTI to respond directly to the complainant. In each instance, full details of the decision together with all supporting documentation must be submitted back to the OSTI within 2 weeks from the submission date.
- The OSTI prefers that where possible the respective insurer or entity resolves the matter without mediation.



- We will abide by the determinations (and related appeal processes) made by the OSTI as a subscribing member.
- If the OSTI rule against us, we have the right to appeal the decision

Details for OSTI is as follows:

Physical Address: Sunnyside Office Park, 5th Floor, Building D, 32 Princess of Wales Terrace, Parktown

Postal Address: P O Box 32334 Braamfontein, 2017

Contact Number: 011 726 8900

Share call: 0860 726 890

Fax Number: 011 726 5501

E-mail Address: info@osti.co.za

Website: www.osti.co.za

