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COMPLAINTS POLICY

INSCON INSURANCE BROKERS PTY LTD t/a INSCON HAWKINS AND ASSOCIATES
hereinafter referred to as “Inscon”
FSP NUMBER: 47533

Purpose of this Complaints Policy

In terms of the FAIS General Code of Conduct, Inscon must have a documented complaints management and resolution procedure that enables the consideration of complaints after suitable investigation and review of the information and circumstances and delivers on our commitment and legal obligation to treat clients fairly.

This policy should be read in conjunction with our TCF policy.

A complaint is: An expression of dissatisfaction relating to a financial product sold or marketed or financial service of Inscon which alleges that we have:

- (a) treated the client unfairly, or
- (b) prejudiced the client through poor administration, deliberate or negligent acts or
- (c) we have failed to comply with an agreement with the client or
- (d) any applicable law, rule or code of conduct which we are bound by or subscribe to.

We consider the following laws and codes to be applicable in this context:

- (a) The FAIS Act,
- (b) FAIS General Code of Conduct and Fit & Proper Regulations,
- (c) the Insurance Act,
- (d) The Policyholder Protection Rules, and
- (e) The FIA Code of Conduct.

Note that the complaint can be lodged by someone representing the client or even by someone we have marketed to and includes an individual member of any scheme business we write.

All complaints must be handled in accordance with this policy. However, some issues are of such a nature as to be able to be speedily resolved; thus any complaint received and resolved to the clients' satisfaction within five days will not be considered as necessary to report on and will be captured as a “query” in our complaints management system.

Responsibilities:

Inscon has appointed the manager of underwriting and the manager of claims as the primary team to investigate and resolve any complaints. In all instances where a complaint has been lodged that involves an insurance company, the complaint will be escalated to the relevant insurance company and no decisions will be taken on behalf of the insurance company.

The managers of underwriting and claims through their position(s) as managers have appropriate access to the necessary records and sufficient authority to investigate and make final decisions to resolve complaints with the exception of complaints that involves an insurance company. Additionally, they have the necessary experience, knowledge and skills in complaints handling, TCF, our products and services and the legislative framework.

We do not remunerate the managers of underwriting and claims in relation to any outcome or number of complaints.

We will ensure that no cases of conflict of interest arise in the handling of complaints. Should any person handling a complaint determine that they are in a conflicted position then an alternate person will take over the role in that investigation. This change will be determined by the directors.

Categorisation of Complaints:

Any complaints received will be recorded in our complaints management system. We will categorise complaints as follows in the complaints management system:

- (a) Query (i.e. a complaint that is resolved within five days),
- (b) Flawed design of the financial product or service (including fees and premiums),
- (c) Information provided,
- (d) Advice related,
- (e) Financial product or service performance,
- (f) Client service (including premium collection and lapsing),
- (g) Product accessibility, changes or switches (including investment redemptions),
- (h) Complaints handling,
- (i) Claims (including non-payment of claims),
- (j) Other.

Escalation and Review:

In all instances where a complaint has been lodged that involves an insurance company, the complaint will be escalated to the relevant insurance company and no decisions will be taken on behalf of the insurance company.

Should a complaint not be resolved by the initial complaints handler it will be escalated to the directors. Similarly, should a complainant wish to escalate a complaint beyond the initial complaints handler it will also be escalated to the directors.

When reviewing any complaint, the complaints handler will ensure they take a balanced and fair approach to ensure the interests of all parties are addressed. Should they be unsure

they will liaise with their immediate manager who may then escalate the claim to the directors should they see fit to do so.

Decisions:

Where Inscon commits to any payment in regard to any complaint we will make the payment within 5 days or the within the number of days as agreed with the complainant.

Where we reject a complaint we will provide the complainant with clear and adequate reasons for the decision as well as the options they have to take the issue further and the applicable time limits as described in our complaints handling process below and encapsulated in our draft letters.

The details of the relevant Ombuds and Adjudicators offices are as follows:

The National Financial Ombud Scheme handles Short-term and Long-term complaints and can be contacted through the following:

Telephone: 0860 800 900

Website: <https://nfosa.co.za>

Email: info@nfosa.co.za

Jurisdiction limits - Short-term: R 3.5 million for general complaints excluding homeowners, R 6.5 million for homeowners, complaint cannot be under litigation or under contemplation of litigation with an attorney, a complaint regarding a claim cannot have exceeded the prescription period of the Prescription Act, 1969.

Jurisdiction limits - Long-term: complaint cannot be under litigation or under contemplation of litigation with an attorney, complaint cannot already have been determined on by the Ombudsman, complaint will not be considered if the complaint has been submitted three years after the complainant should have been aware that of the cause to complain .

The FAIS Ombud

Telephone: 012 762 5000

Website: faisombud.co.za

Email: info@faisombud.co.za

Jurisdiction: Complaints must be in regard to events occurring on or before 30 September 2004, limited to R 800 000, complaint cannot be under litigation or under contemplation of litigation with an attorney, in terms of the FSOS Act the FAIS Ombud may not deal with a complainant who has a net asset value, annual turnover, or annual income of more than R 8 million.

Records of Complaints:

Inscon understands the importance of accurate and reliable information regarding complaints and will ensure that it is being kept securely as part of our record keeping procedures and policy.

Our complaints management system records the following information in terms of all complaints:

- (a) Name, applicable policy number and contact details of the complainant and their representative,
- (b) Copies of all relevant evidence, correspondence and decisions,
- (c) The category of the complaint,
- (d) Status of the complaint,
- (e) Date stamps of actions including interactions with complainants.

Our complaints management system enables us to draw the following information:

- (a) Number of complaints received,
- (b) Number of complaints decided in favour of the client (in part or completely),
- (c) Number of complaints rejected,
- (d) The reasons for rejected complaints,
- (e) Number of complaints escalated by complainants,
- (f) Number of complaints referred to an Ombud,
- (g) Results of complaints referred to an Ombud,
- (h) Number of compensation payments made (i.e. where we were at fault),
- (i) Amount of compensation payments made,
- (j) Number of goodwill payments made (i.e. where we were not at fault but choose to resolve the complaint in this manner),
- (k) Amount of goodwill payments made, and
- (l) Number of complaints outstanding.

This information will be sent to our board of directors at the beginning of the second week of every month.

As part of our ongoing efforts to enhance our services the board of directors and the manager of underwriting and the manager of sales will review the complaints information at least every month and take any rectifying action they feel is necessary with due regard and with reference to the insurance company involved.

This information enjoys the protections of our POPIA policy.

Communication with Complainants:

Inscon is committed to a transparent and accessible complaints process. As such we will:

- (a) Never charge complainants to submit complaints,
- (b) Ensure all communications are in plain language, and
- (c) Provide each complainant with a single contact point for their complaint.

To facilitate submission of complaints by policyholders we will provide a link to the following online complaints portal/email address on our website as well as include this information in our disclosure document.

Should a complaint be lodged with a service supplier rather than directly with ourselves we will treat notification from the client to the policyholder as notification to us. Should we not

have the necessary information below we will follow our complaints procedure and request the information directly from the complainant.

To ensure we handle complaints fairly we will request the complainant provide the following information in writing via the email address/online complaints portal:

- (a) The policy number of the policy in question,
- (b) The details of the individual who initially dealt with the client (if applicable),
- (c) An explanation of the client's complaint,
- (d) An explanation of the client's expectation from us, and
- (e) Copies of any relevant documents at the client's disposal.

Upon receipt of the complaint we will act as follows:

- (a) Assign the complaint to either the underwriting or claims manager,
- (b) The underwriting or claims manager will email acknowledgement of receipt of the complaint within two hours of the business day that it is received and confirm their contact details and that further correspondence will be provided within 48 hours
- (c) The underwriting or claims manager will request information from relevant parties on that business day,
- (d) The underwriting or claims manager will assess and investigate all the information provided in respect of the complaint on that business day and escalate the complaint to the relevant insurance company should the complaint be against an insurance company.
- (e) The underwriting or claims manager will contact the complainant to inform them of the progress and request any further information within 48 hours of initial formal receipt of the complaint. Should a resolution or rejection be proposed at this point the details of the internal escalation process and relevant Ombuds' details and all parties' responsibilities will be provided in this correspondence should the complaint be with their jurisdictions (as noted above).
- (f) Should it not be possible to propose a resolution or rejection with 48 hours, the above step shall inform the complainant of the reason for the delay and note that we will investigate further and provide further feedback within two weeks. The internal escalation process will be provided in this correspondence.
- (g) The underwriting or claims manager will request and review any further information necessary,
- (h) Should it not be possible to propose a resolution or rejection within two weeks the underwriting or claims manager will inform the complainant of the reason for the delay, note that we will investigate further and provide final resolution within [four weeks],
- (i) The underwriting or claims manager will request and review any further information necessary.
- (j) The underwriting or claims manager will propose a resolution or rejection of the complaint.
- (k) Should any complaint be rejected the correspondence will include the details of the internal escalation process and relevant Ombuds' details and all parties' responsibilities.

Any further extensions to these timeframes is at the discretion of the board of directors. In such cases they will liaise with the client directly.

Engagement with the Ombud:

Inscor is aware of the vital role the various Ombuds and Adjudicators play in creating fair outcomes for policyholders, intermediaries and providers in the financial services industry. As such our engagement with their offices and representatives will always be honest, professional and transparent.

To ensure our clients have access to the Ombuds we have included the details of those relevant to our business in our disclosure document which is provided when we first begin to engage with a client and on our website. As noted in this document we will also provide the information to complainants during the complaints process.

Should a complainant approach the Ombud directly and not inform us of their complaint we will entertain their complaint and follow the procedures as described in this document upon notification of the complaint by the Ombud.

We receive regular updates via the websites of the FAIS (www.faisombud.co.za), Insurance Ombuds (www.insuranceombudsman.co.za) and Pension Funds Adjudicator (www.pfa.org.za). The cases are reviewed by [Person(s)] each month to determine if there are any possible adjustments to our business.

Training:

Training on this policy will be conducted in February every year to all sales, underwriting and claims staff.

Review:

This policy will be reviewed in February every year and reissued if necessary.