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COMPLAINTS POLICY

INSCON INSURANCE BROKERS (PTY) LTD t/a INSCON HAWKINS AND ASSOCIATES FSP: 47533

Purpose of this Complaints Policy

In terms of the FAIS General Code of Conduct, Inscon Hawkins and Associates 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 Hawkins and Associates which alleges that we have treated the client unfairly, or prejudiced the client through poor administration, deliberate or negligent acts or we have failed to comply with an agreement with the client or 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: the FAIS Act, FAIS General Code of Conduct and Fit & Proper Regulations, the Insurance Act and the Policyholder Protection Rules as well as the FIA Code of Conduct.

The following definitions as set out in the **SCHEDULE of the POLICYHOLDER PROTECTION RULES (SHORT-TERM INSURANCE), 2017 (Section 55, Short-term insurance Act, 1998)** apply to the policy:

A complainant means a person who submits a complaint and includes a –

- (a) policyholder or the policyholder's successor in title;
- (b) beneficiary or the beneficiary's successor in title;
- (c) person whose life is insured under a policy;
- (d) person that pays a premium in respect of a policy;
- (e) member of a group scheme; or

- (f) potential policyholder or potential member of a group scheme 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, or a person acting on behalf of a person referred to in paragraphs (a) to (f);

“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 -

- (a) 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;
- (b) 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
- (c) the insurer or its service provider has treated the person unfairly;

“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 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 –

- (a) goodwill payment;
- (b) payment contractually due to the complainant in terms of a policy; or
- (c) 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 paragraphs (b) or (c);

“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 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;

“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;

“reportable complaint” means any complaint other than a complaint that has been –

- (a) upheld immediately by the person who initially received the complaint;
- (b) upheld within the insurer’s ordinary 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 five business days from the date the complaint is received; or

- (c) submitted to or brought to the attention of the insurer in such a manner that the insurer does not have a reasonable opportunity to record such details of the complaint as may be prescribed in relation to reportable complaints; and

“**upheld**” means that a complaint has been finalised wholly or partially in favour of the complainant and that –

- (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 to ensure such undertakings will be met by the insurer within a time acceptable to the complainant.

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 Hawkins and Associates has appointed the Claims Manager as the primary person/team to investigate and resolve any complaints.

The Claims Manager through her position as such has appropriate access to the necessary records and sufficient authority to investigate and make final decisions to resolve complaints. Additionally, she has the necessary experience, knowledge and skills in complaints handling, TCF, our products and services and the legislative framework.

We do not remunerate the Claims Manager 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 superior of the Claims Manager.

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:

- 1) Query (i.e. a complaint that is resolved within five days),
- 2) Flawed design of the financial product or service (including fees and premiums),
- 3) Information provided,
- 4) Advice related,
- 5) Financial product or service performance,
- 6) Client service (including premium collection and lapsing),

- 7) Product accessibility, changes or switches (including investment redemptions),
- 8) Complaints handling,
- 9) Claims (including non-payment of claims),
- 10) Other.

Escalation and Review:

Should a complaint not be resolved by the initial complaints handler it will be escalated to the directors, Wayne Cronje and Devon William Bishop. Similarly, should a complainant wish to escalate a complaint beyond the initial complaints handler it will also be escalated to the said 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 Hawkins and Associates commits to any payment in regard to any complaint, once resolved, we will make the payment within 14 (fourteen) days or 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, Long-term insurance and banking 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 5 million for general complaints excluding homeowners, R 10 million for homeowners and commercial assets or turnover, Banking: R 5 million. 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 Ombud, 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 after 30 September 2004, limited to R 3.5 million, 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.

Pension Funds Adjudicator
Telephone: 086 066 2837
Website: www.pfa.org.za
Email: enquiries@pfa.org.za

Jurisdiction: Complaints relating to pension funds excluding State pension funds.

Records of Complaints:

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

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

- 1) Name, applicable policy number and contact details of the complainant and their representative,
- 2) Copies of all relevant evidence, correspondence and decisions,
- 3) The category of the complaint,
- 4) Status of the complaint,
- 5) Date stamps of actions including interactions with complainants.

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

- 1) Number of complaints received,
- 2) Number of complaints decided in favour of the client (in part or completely),
- 3) Number of complaints rejected,
- 4) The reasons for rejected complaints,
- 5) Number of complaints escalated by complainants,
- 6) Number of complaints referred to an Ombud,
- 7) Results of complaints referred to an Ombud,
- 8) Number of compensation payments made (i.e. where we were at fault),
- 9) Amount of compensation payments made,
- 10) Number of goodwill payments made (i.e. where we were not at fault but choose to resolve the complaint in this manner),
- 11) Amount of goodwill payments made,
- 12) Number of complaints outstanding.

This information will be sent the directors, Wayne Cronje and Devon William Bishop at the beginning of the second week of every month.

As part of our ongoing efforts to enhance our services the directors and the Claims Manager will review the complaints information at least every month and take any rectifying action they feel is necessary.

This information enjoys the protection of our POPIA policy.

Communication with Complainants:

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

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

To facilitate submission of complaints by policyholders we will provide an email address as well as include this information in our disclosure document. The e-mail address to submit claims to is admin@insconhawkins.co.za.

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 to provide the following information in writing via the email address/online complaints portal:

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

Upon receipt of the complaint we will act as follows:

- Assign the complaint to the Claims Manager;
- ↓ The 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],
- ↓ The Claims Manager will request information from relevant parties [on that business day],
- ↓ The Claims Manager will assess and investigate all the information provided in respect of the complaint [on that business day],
- ↓ The 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).
- ↓ 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.

- ↓ The Claims Manager will request and review any further information necessary,
- ↓ Should it not be possible to propose a resolution or rejection within [two weeks] The 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],
- ↓ The Claims Manager will request and review any further information necessary.
- ↓ The Claims Manager will propose a resolution or rejection of the complaint.
- ↓ 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 are at the discretion of the directors, Wayne Cronje and Devon William Bishop. In such cases they will liaise with the client directly.

Engagement with the Ombud:

Inscon Hawkins and Associates 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), National Financial Ombud Scheme (www.nfosa.co.za) and Pension Funds Adjudicator (www.pfa.org.za). The cases are reviewed by the directors each month to determine if there are any possible adjustments to our business.

Training:

Training on this policy will be conducted in July every year to The Claims Manager.

Review:

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