



Denis Insurance Administrators (Pty) Ltd (DIA)

FSP 36026

Complaints Resolution and Process Manual

Complaints Resolution Manual

The intention of the Complaints Resolution Manual is to ensure that clients are treated fairly and that the policy and processes followed are aligned to the TCF Outcomes 1-6.

Definitions:

Beneficiary – in respect of a registered insurer means-

- a) a person nominated by a Policyholder as the person in respect of whom the Insurer should meet policy benefits; or
- b) licensed Insurer, has the meaning assigned to it in Schedule 2 of the Insurance Act; and for purposes of the Policyholder Protection Rules, includes in the case of a fund policy, a person nominated by the fund, or person otherwise determined in accordance with the rules of whom the Insurer should meet policy benefits.

Business Day – means any day excluding Saturday, Sunday or a public holiday.

Claim – means, unless the context indicates otherwise, a demand for any policy benefits by a Claimant in relation to a policy, irrespective of whether or not the Claimant's demand is valid;

Claimant – means a person who makes a claim;

- a) **Claim Outcome** – shall relate to the following: “**Accepted**” shall mean that the claim has been finalised in such a manner that the Claimant has either explicitly accepted that the policy benefits have been fully paid or in such a manner that is reasonable for Guardrisk to assume that the Claimant has so accepted. A Claim should only be regarded as accepted once any and all undertakings made by Guardrisk to provide policy benefits wholly or in part have been met.
- b) **Repudiated** – shall mean that the Claim has been wholly or partly rejected (or repudiated) and Guardrisk regards the Claim as finalised after advising the Claimant (both verbally and in writing) that it does not intend to take any further action to pay the Claim. This can arise either where a Claim is rejected without offering to take steps to pay it because Guardrisk regards the Claim as invalid, or where the Claimant does not accept or respond to proposals to pay the Claim and Guardrisk then advises the Claimant that it does not intend to take any further action to attempt to pay the Claim.
- c) **Disputed** – shall mean the Claim is neither accepted nor rejected, but Guardrisk disputes the Claim or the quantum of the Claim.

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 Claimant to compensate the Claimant 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 Claimant in terms of a policy; or
- c) Refund of an amount paid by or on behalf of the Claimant to the Insurer where such payment is not contractually due;
- d) And includes any interest on late payment of any amount referred to in (b) or (c);

Customer Query – means a request to Guardrisk by or on behalf of a policyholder/beneficiary for information, or how to make a claim

Customer Complaint – means that policy holder is unhappy or does not agree with the outcome of a claim and makes a request for review, the following steps should be taken

1. The client makes a complaint in writing, by telephone or in person. (Outcome 6)
2. In terms of TCF even the perception that the client is making a complaint needs to be recorded in the Complaints register on the Brilliance App and addressed. (Outcome 6)
3. Note complaints whether written, telephonic or in person in the Complaints Register.
4. Add to complaints register whether escalated to Omdudsman or not
5. Inform the person designated to deal with the complaint as well as the Key Individual.
6. In the case of complaints TFG and Zest Life that are not claims related escalate to the designated person at the company.
7. By no later than 1 business day after the receipt of the complaint acknowledge the receipt of complaint in writing and inform the client which member of staff will be dealing with the matter.(Outcome 5)
8. Contact PI insurer and inform them of the complaint if the amount to be paid is significant/material. Policies have stated benefit amount that will be paid and our expectation is that the complaint will be limited to the stated amounts.
9. Explain to the client the process that will be followed to try and resolve the complaint. (Outcome 3)
10. Explain to the client their right to escalate the complaint, to the insurer and the ombudsman if not dealt with to their satisfaction. (Outcome 3)
11. The client may make representation directly to Guardrisk:

Life Ombud Complaints: krawitz@guardrisk.co.za
 Repudiation requests: LifeClaims@guardrisk.co.za

Non-Life Ombud complaints: ombudsman@guardrisk.co.za
 Repudiation requests: claimsrejection@guardrisk.co.za

FAIS complaints - Non-Life: compliance@guardrisk.co.za
 FAIS complaints – Life: krawitz@guardrisk.co.za

12. Send the complaint as soon as reasonably possible to the person that is appointed to resolve it.
13. Pull the client's file
14. Keep the Client informed of progress
15. Keep the Key Individual informed of progress
16. Keep proper notes, in call logging and correspondence log on I2 of communication sent or received and all actions recorded, whether the complaint is valid or not.
17. Call in staff member in respect of whom the allegations were made in the complaint and ask him/her for an explanation in writing.
18. Where necessary and/or possible verify information and the veracity of the allegations made
19. Where the complaint is linked to the payment or repudiation of a claim, investigate the complaint from the perspective of what the member understood the benefit to be, in conjunction with the policy rules and disclosures (Outcome 2,3,4,5)
20. Complex repudiation requests may be escalated to Guardrisk's e-mail address LifeClaims@guardrisk.co.za and in the case of Ombudsman complaints krawitzr@guardrisk.co.za
21. Arrange a consultation with the client and discuss a suitable outcome(if necessary). (Outcome 1)
22. Complaints must be resolved within a "reasonable time" and for the purposes of Denis Insurance Administrators (Pty) Ltd, a complaint must be resolved within 72 working hours.
23. Inform PI insurer of decision, and if necessary obtain written authority to admit liability
24. Inform the client of the decision
25. If the decision is not in favour of the client then:
 - a. Give a full written reason for the decision to the client
 - b. Explain to the client his/her right to refer the matter to the Insurer/Ombudsman if still not satisfied and provide him/her with the name, address and other contact particulars of the Ombudsman or the right to take legal action
26. If the decision is in favour of the client then a full and appropriate level of redress must be offered to the client without any delay
27. Note the decision and the date finalised in the Complaint Register on Team Brilliance.

28. Complete the redress amount paid
29. Complete the time it took from inception of the complaint to resolution of the complaint
30. Complete the compensation payment amount where applicable.

The National Financial Ombud Scheme (NFO), whose contact details are as follows:

Website : www.nfosa.co.za
E-mail : info@nfosa.co.za
Telephone : 086 080 0900
WhatsApp : 066 437 0157
Address : **Johannesburg Office** - 110 Oxford Rd, Houghton Estate, Johannesburg, Gauteng, 2198.
Cape Town Office - Claremont Central Building, 6th Floor, 6 Vineyard Road, Claremont, Western Province, 7700.

If you have any issues in relation to the insurance product sold to you, or the disclosures made or with any advice that may have been provided, you may lodge a complaint with the FAIS Ombudsman whose contact details are as follows:

Email : info@faisombud.co.za
Telephone : (012) 762 5000
Fax : (012) 348 3447
Address : Menlyn Central Office Building, 125 Dallas Avenue, Waterkloof Glen, Pretoria 0010