

1. DEFINITIONS

In this document, unless inconsistent with or otherwise indicated by the context, the following terms will have the meanings assigned to them hereunder:

“Company” means CIB Proprietary Limited with registration number 2001/022554/07, a private company with limited liability duly incorporated in accordance with the laws of the Republic of South Africa;

“Complaint” means an expression of dissatisfaction to CIB (Pty) Ltd and/or our service provider (to the knowledge of the Insurer) relating to a policy or service which indicates/alleges, that:

- The Insurer, the Company or their service provider failed to comply with an agreement, a law, a rule, or a code of conduct;
- The Insurer, the Company or their service provider’s maladministration or wilful/negligent action or omission, caused the person harm, prejudice, distress or substantial inconvenience;
- The Insurer, the Company or its service provider has treated the person unfairly;
- Regardless whether submitted together with or in relation to a policyholder query;

“Complainant” means a person acting on their behalf, who has a direct interest in the agreement, policy or service, and includes a –

- policyholder or their successor in title;
- beneficiary or their successor in title;
- person whose life is insured under a policy;
- person that pays a premium;
- member of a group scheme or; and
- potential policyholder or potential member of a group scheme - whose dissatisfaction relates to the relevant application, approach, solicitation, advertising or marketing material.

“Customer” of a financial institution means any user, former user or beneficiary of one or more of the financial institution’s financial products or services, and their successors in title.

“Customer query” means a request to the financial institution by or on behalf of a customer or prospective customer, for information regarding the financial institution’s products, services or related processes, or to carry out a transaction or action in relation to any such product or service. A query will not be treated as a complaint unless some form of dissatisfaction is expressed.

“Framework” means this Complaints Management Framework.

“Rejected” means that a complaint was not upheld. The Insurer and the Company regards the complaint as finalised after advising the complainant that it does not intend to take any further action to resolve the complaint – Incl. complaints regarded as unjustified or invalid/ where the complainant does not accept or respond to proposals to resolve the complaint.

“Compensation payment-” means to compensate a complainant for a proven or estimated financial loss incurred because of the Insurer or the Company’s wrongdoing, the Insurer and/or Company accepts liability for having caused the loss concerned, excluding:

- goodwill payment;
- payment contractually due in terms of a policy; or
- refund of an amount which was not contractually due.

“Goodwill payment” means a payment (monetary or in the form of a benefit or service as an expression of goodwill aimed at resolving a complaint, where the Insurer or Company do not accept liability for any financial loss to the complainant.

“Days” means business days.

“Reportable complaint” means any complaint (as per the definition above) unless–

- upheld immediately by the person who initially received the complaint;
- upheld within the Insurer or Company’s ordinary processes for handling policyholder queries, provided that such process does not take more than five business days from the date the complaint is received; or
- submitted to or brought to the attention of the Insurer or Company in such a manner that the Insurer or Company do not have a reasonable opportunity to record such details of the complaint.

“the Insurer” means Guardrisk Insurance Company Limited with registration number 1992/001639/06, a public incorporated in accordance with the laws of the Republic of South Africa;

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

- the complainant has explicitly accepted that the matter is fully resolved; or
- it is reasonable for the insurer to assume that the complainant has so accepted; and
- all undertakings made by the insurer to resolve the complaint have been met or the complainant has explicitly indicated its satisfaction with any arrangements.

2. INTRODUCTION

Customer satisfaction is an integral part of the CIB culture and we appreciate our clients bringing their concerns to our attention. By doing so it will not only allow us to correct defective service delivery, but most importantly allow us to enhance the service excellence that we at CIB aspire to bring to you as a valued client. The Framework serves to meet the requirements of relevant legislation. It needs to ensure fair treatment of policyholders and beneficiaries and must be reviewed regularly.

3. OBJECTIVE AND KEY PRINCIPLES

3.1. The Framework must be maintained, operated adequately and effectively and ensure that:

- 3.1.1. is proportionate to the nature, scale and complexity of the insurer’s business and risks;
- 3.1.2. is appropriate for the business model, policies, services, policyholders, and beneficiaries of the Insurer and Company;
- 3.1.3. enables complaints to be considered after taking reasonable steps to gather and investigate all relevant info and circumstances, with due regard to the fair treatment of complainants; and
- 3.1.4. does not impose unreasonable barriers to complainants.

3.2. The objective of this framework is to ensure that customers are provided with the best possible complaint resolution service and to align the actions of the personnel of the Company with the prescriptions of the law regarding Complaints management in a Financial Service Industry, as regulated.

- 3.3. This framework will be binding on all employees of the Insurer and the Company, working within the borders of South Africa, who deal in the financial services environment, as it pertains to the jurisdiction of the Financial Sector Conduct Authority (FSCA) and in accordance with relevant legislation. The framework, also meets the requirements of the Financial Advisory and Intermediaries Act, 2002 (“FAIS”), which requires a Complaints Policy. Accordingly, there is not a separate Complaints Policy.
- 3.4. CIB is committed to:
- 3.4.1. Resolving customer complaints in a fair manner for customers, our business and our employees;
 - 3.4.2. Ensuring that customers are fully informed of complaints procedures;
 - 3.4.3. Ensuring access to our complaints resolution facilities by way of email, telephone or post;
 - 3.4.4. Ensuring the training of employees to deal with complaints, and escalate any matters where required;
 - 3.4.5. Dealing with complaints in a timely manner, with each complaint being treated on a case by case basis, based on the merits of the matter;
 - 3.4.6. Where a complaint is resolved in favour of a client, CIB will offer full and appropriate redress;
 - 3.4.7. Informing clients of their right to refer their complaints to the relevant Ombudsman should a complaint not be resolved to their satisfaction;
 - 3.4.8. Maintaining records of all complaints received for a minimum period of 5 years or as required by law

4. ALLOCATION OF RESPONSIBILITIES

- 4.1. The Compliance Officer is responsible within CIB to ensure that all complaints lodged are treated in line with this framework. He/she will ensure that adequate resources are allocated to complaints handling and that any person dealing with complaints are:
- 4.1.1. Adequately trained;
 - 4.1.2. Experienced in complaints handling and appropriately qualified;
 - 4.1.3. Not be subject to a conflict of interest and
 - 4.1.4. Be adequately empowered to make impartial decisions or recommendations.

5. SUBMITTING A COMPLAINT

- 5.1. All complaints should be referred to the Complaints Officer with the following details:
- 5.1.1. Email: Complaints@cib.co.za
 - 5.1.2. Tel: 011-455 5101
- 5.2. If possible, complaints should be submitted as follows:
- 5.2.1. in writing, where possible, by completing the online form on the webpage www.cib.co.za, or alternatively complete the complaints form (Annexure A) and email it to Complaints@cib.co.za and attaching all supporting documents relevant to the complaint to enable CIB to attend to the complainant’s concerns timeously
- 5.3. If not possible, by calling 011- 455 5101;
- 5.4. CIB will also monitor the relevant social media platforms including Hello Peter.
- 5.5. Once a complaint is received an acknowledgement of receipt is sent to the complainant including reference to this Complaints Management Framework detailing the process to be followed (within a reasonable time after receipt), including:

- 5.5.1. contact details of the person/department that will be handling the complaint; and
- 5.5.2. timelines;
- 5.5.3. details of the internal complaints escalation and review process and details of relevant Ombud where applicable.

6. PERFORMANCE STANDARDS, REMUNERATION AND REWARD STRATEGIES

- 6.1. An acknowledgment of receipt of the complaint will be provided within 72 hours to the complainant.
- 6.2. All complaints will be investigated and resolved in a fair and professional manner and feedback will be provided to the complainant within 15 days of the date of receipt of your initial complaint - provided that all information required has been provided and/or an investigation has been completed.
- 6.3. In cases where further information, assessment or investigation is required, agree with the complainant on a reasonable timeframe not exceeding 20 days of receipt of the complaint.
- 6.4. Where a complaint has been upheld, ensure that a full and appropriate level of corrective action is offered without delay. Any commitment to make a payment or to take other action is carried out without undue delay and within any agreed timeframes.
- 6.5. Where a complaint is rejected, CIB provides the complainant with clear and adequate reasons for the decision and any applicable escalation or review processes as well as details of external dispute resolution entities that may be utilised.
- 6.6. All staff are measured in terms of key performance areas that includes complaints management and are remunerated and rewarded accordingly.

7. CATEGORISATION OF COMPLAINTS/ RECORD KEEPING, MONITORING AND ANALYSIS

- 7.1. Complaints are categorised, recorded and reported on and includes the following:
 - 7.1.1. design of a policy or related service (incl. premiums or other fees or charges);
 - 7.1.2. information provided to policyholders;
 - 7.1.3. advice;
 - 7.1.4. policy performance;
 - 7.1.5. service to policyholders (including complaints relating to premium collection or lapsing of policies);
 - 7.1.6. policy accessibility, changes or switches;
 - 7.1.7. complaints handling;
 - 7.1.8. complaints relating to insurance risk claims, including non-payment of claims; and
 - 7.1.9. other complaints.
- 7.2. All reportable complaints are categorised, recorded and reported by identifying the category to which it most closely relates.
- 7.3. Complaint reports are scrutinised and analysed on an ongoing basis and used to manage conduct risk and improve outcomes to policyholders.
- 7.4. The following is recorded in respect of each reportable complaint-
 - 7.4.1. relevant details of the complainant and the subject matter of the complaint;
 - 7.4.2. copies of all relevant evidence, correspondence and decisions;
 - 7.4.3. the complaint categorisation; and
 - 7.4.4. progress and status of the complaint, incl. whether turnaround times were adhered to.

7.5. The following ongoing data regarding the number of reportable complaints are maintained:

- 7.5.1. Received, upheld, outstanding / rejected (and reasons for the rejection);
- 7.5.2. escalated to the internal complaints escalation process; and
- 7.5.3. referred to an Ombud and their outcome.

7.6. Details of compensation payments and goodwill payments, including the amounts are recorded.

7.7. Complaints that are not reportable complaints are analysed to identify noteworthy trends in relation to the types, volumes or incidence to manage conduct risks.

8. COMPLAINTS ESCALATION AND REVIEW PROCESS

8.1. Should a complainant not be satisfied with the outcome of a complaint, the complainant has the right to have the decision reviewed by another employee of CIB that holds the appropriate knowledge, expertise, experience, seniority and authority to deal with the review or escalation process.

8.2. If a complainant wishes to have a decision regarding a complaint reviewed:

- 8.2.1. CIB will treat it as a Dispute;
- 8.2.2. When a decision has been made, respond to the complainant in writing giving:
 - 8.2.2.1. Reasons for the decision;
 - 8.2.2.2. Provide information about how to access external dispute resolution or policyholder recourse mechanisms, and the time frame in which to do so.

9. REGULATORY COMPLAINTS

9.1. All complaints lodged with the Ombudsman for Short Term Insurance and all legal proceedings in respect of the Insurer, the Policies and/or the Insurance Business must be dealt with exclusively by the Insurer.

9.2. CIB will give all assistance and cooperation to the Insurer in respect of any of the above and promptly furnish all documents / information and give all representations required in order to enable the Insurer to defend any such legal proceedings, claims, potential claims, complaints or potential complaints.

9.3. CIB shall within 24 (twenty-four) hours of receipt of a complaint, a notification from the Ombudsman for Short Term Insurance or any other legal document pertaining to the Insurer, the Insurance Business and/or the Policies, provide a copy of such documents and any supporting documents to the Insurer.

9.4. The relevant details of the Insurer:

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

Repudiation requests: claimsrepudiation@guardrisk.co.za

FAIS complaints: compliance@guardrisk.co.za

9.5. Should the complainant not be satisfied he/she may re-direct the complaint and all supporting documents to the following parties, in writing, within a 6 months period of receipt of such feedback from CIB:

9.5.1. The Short-Term Insurance Ombudsman:

Telephone: (011) 726-8900

Fax: (011) 726-5501

Website: www.osti.co.za

The Ombudsman's task is to act as a "mediator" or informal arbitrator and he/she does not represent either of the parties to the dispute.

Important points to remember:

CIB would encourage the complainant to complain to the Insurance company first. If the complaint is not resolved to the satisfaction of the client refer the matter to the Ombudsman's Office

The Ombudsman's decisions are binding on the insurance company but not on you. The Ombudsman's Office is an independent office.

The Ombudsman's decisions can be based on law and equity.

The Ombudsman's Office does not give legal advice.

The service is free to insured consumer.

The Short-Term Insurance Ombud offers consumers a "no risk" mechanism to resolve disputes with insurers. The office can assist consumers with certain personal lines short term insurance as well as with limited commercial insurance matters.

Refer to the website as noted above for more details.

9.5.2. The FAIS Ombudsman:

Telephone: (012) 470-9080

Fax: (012) 348-3447

Website: www.faisombud.co.za

The FAIS Ombud deals with complaints submitted to the Office by a specific client against a financial services provider. Refer to the website as noted above for more details.

9.5.3. The Registrar of Short Term Insurance:

Telephone: (012) 428-8000

Fax: (012) 422-2979

Website: www.fsca.co.za

The Registrars duties are wide ranging and must ensure that Insurers comply with the following, however not limited to:

- Submission of statements and accounts;
- Statement of liabilities;
- Statement of assets;
- Solvency margin regulations;
- Separation of assets;
- Commission rates for intermediaries.
- Refer to the website as noted above for more details.

9.5.4. Institution of legal action

After receipt of the notification to repudiate or dispute the claim or the quantum of the claim, the complainant has six months within which to institute legal action.

8. CONCLUSION

CIB aims to consistently deliver a professional service, and therefore we invite any feedback or suggestions as to how we can improve our complaints resolution process. Please send your suggestions to complaints@cib.co.za

A handwritten signature in black ink, consisting of several overlapping loops and strokes, positioned above the text 'CIB Management'.

CIB Management

Declaration

Our complaints management framework is based on provisions as set out in relevant legislation and the principles of Treating Customers Fairly..

On receipt of the required information, we will promptly investigate your complaint and provide you with written feedback.

We aim to consistently deliver a professional service, and therefore we invite any feedback or suggestions as to how we can improve our complaints resolution process. Please send your suggestions to complaints@cib.co.za

Signature:

Date: *day/month/year*
