

COMPLAINTS MANAGEMENT FRAMEWORK

1. 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.

2. 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 duly authorised representative;
 - member of a group scheme; 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 and/or former user of one or more of the financial institution’s financial products or services.
- **“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 regard 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.
- **“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.

3. SUBMITTING A COMPLAINT

- All complaints should be referred to the Complaints Officer with the following details:
 - Email: Complaints@cib.co.za
 - Tel: 011-455 5101
- If possible, complaints should be submitted as follows:
 - 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 the Company to attend to the complainant’s concerns timeously
- If not possible, by calling 011- 455 5101;
 - The Company will also monitor the relevant social media platforms.
- 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:
 - contact details of the person/department that will be handling the complaint;
 - timelines;
 - details of the internal complaints escalation and review process and details of relevant Ombud where applicable.

4. PERFORMANCE STANDARDS, REMUNERATION AND REWARD STRATEGIES

- An acknowledgment of receipt of the complaint will be provided within 24 hours to the complainant.
- All complaints will be investigated and resolved in a fair and professional manner and feedback will be provided to the complainant within a reasonable timeframe or without undue delay - provided that all information required has been provided and/or an investigation has been completed.
- In cases where further information, assessment or investigation is required, a reasonable timeframe in line with the Policyholder Protection Rules will be provided.
- 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.
- 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.

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

- Complaints are categorised, recorded and reported on and includes the following:
 - design of a policy or related service (incl. premiums or other fees or charges);
 - information provided to policyholders;
 - advice;

- policy performance;
- service to policyholders (including complaints relating to premium collection or lapsing of policies);
- policy accessibility, changes or switches;
- complaints handling;
- complaints relating to insurance risk claims, including non-payment of claims; and
- other complaints.
- All reportable complaints are categorised, recorded and reported by identifying the category to which it most closely relates.
- Complaint reports are scrutinised and analysed on an ongoing basis and used to manage conduct risk and improve outcomes to policyholders.

6. CLAIM REJECTIONS ESCALATION AND REVIEW PROCESS

- Any dissatisfaction with our decision to reject a claim should be submitted to our Complaints Department within 90 (ninety) days from receipt of the notification:
 - All submissions should be in writing, where possible, we kindly request that you either complete our online form on our webpage www.cib.co.za, or alternatively, you may email us at Complaints@cib.co.za or deliver your written complaint to our office at 15E Riley Road; Riley Road Office Park, Bedfordview, 2008.
 - Kindly ensure that all supporting documents are attached to your complaint to enable us to attend to your concerns timeously.
 - All representations made will be reviewed by the impartial, Technical Claims Specialist, who will notify you of the outcome of the decision within 45 days of receipt of the representation, in writing.

7. REGULATORY COMPLAINTS

- Should a Complainant not be satisfied with the outcome of a complaint, the Complainant may refer the decision to the Insurer. The details of the relevant the Insurer:
 - Non-Life Ombud complaints: ombudsman@guardrisk.co.za
 - Repudiation requests: claimsrepudiation@guardrisk.co.za
 - FAIS complaints: compliance@guardrisk.co.za
- Should the complainant still not be satisfied he/she may re-direct the complaint and all supporting documents to the following parties, in writing:

The National Financial Ombudsman Scheme

Telephone: (086) 080-0900

Website: www.nfosa.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:
 - The Company 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.
 - Refer to the website as noted above for more details.

- The Registrar:
 - Financial Sector Conduct Authority**
 - 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

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