COMPLAINTS MANAGEMENT FRAMEWORK

DEFINITIONS

Client refers to a specific person or group of persons / members, policyholder or potential policyholder.

Ombudsman/Office/Ombuds refers to the National Financial Ombuds Scheme, full contact details at the end of this document.

Policyholder query is a request to the insurer or the intermediary by the policyholder for information regarding the insurer's policies, services or related processes. It can also refer to a request to carry out a transaction or action in relation to any such policy or service.

Complainant refers to a person who submits a complaint:

- ✓ Policyholder or the policyholder's successor in title
- ✓ Beneficiary or the beneficiary's successor in title
- ✓ A person whose life or asset is insured under a policy
- ✓ A person that pays a premium in respect of a policy
- ✓ A potential policyholder

Complaint is an expression of dissatisfaction by a person to a company / insurer or to the agreement with the company / insurer in respect of its products or services that:

- ✓ Failed to comply with an agreement, code of conduct, rule or law
- ✓ Caused the complainant harm, prejudice, distress or substantial inconvenience
- ✓ Treat the complainant unfairly

Reportable complaint refers to any complaint other than a complaint that has been:

- ✓ Upheld immediately by the person who initially received the complaint
- ✓ Upheld within the company's ordinary process for handling customer queries in relation to the type of agreement, product or service complained about only if that process does not take more than five business days to be completed from the date the complaint is received
- ✓ Brought to the attention of the company where the company does not have reasonable opportunity to record the details of the complaint as may be prescribed in relation to reportable complaints

Upheld means that a complaint has been finalised in full or partially in favour of the complainant and that:

- ✓ The complainant has accepted that the matter and has been resolved in full;
- ✓ It is reasonable for the company to assume that the complaints have been accepted;
- ✓ All steps taken by the company to resolve the complaint have been met, and / or the complainant has indicated their satisfaction with any arrangements to ensure such steps will be met by the company within an acceptable time to the complainant.

Rejected with regard to a complaint means that the complaint has not been upheld and the company regards the complaint as finalised after advising the complainant that it does not intend to take any further steps to resolve the complaint including complaints regarded by the company as unjustified or invalid, or where the complainant does not accept or respond to the company's proposals to resolve the complaint.

Compensation payment is a payment whether monetary or in the form of a benefit or service by or on behalf of the company to a complainant to compensate the complainant for a proven or estimated financial loss incurred as a result of the company's contravention, non-compliance, action, failure to act or unfair treatment resulting in the reason for the complaint. The company accepts liability for having caused the loss concerned but excludes any:

- ✓ Goodwill payment
- ✓ Payment contractually due to the complainant in terms of a policy
- ✓ Refund of an amount paid by or on behalf of the complainant to the company where such payment was not contractually due.

This includes any interest on late payment in in respect of point 2 and 3 above.

Goodwill payment refers to a payment whether monetary or in the form of a benefit or service by or on behalf of the company as an expression of goodwill aimed at resolving the complainant where the company does not accept liability for any financial loss to the complainant as a result of the matter complained about.

INTRODUCTION

XINIX (Pty) Ltd with registration number 2012/138478/07 (XIB) complaints management framework formalises the policy and procedures required to properly handle and effectively resolve complaints received.

The framework also guides the analysis of complaints to identify the root cause and thereby assisting us with the improving of our policies and procedures to reduce complaints. This framework will be reviewed annually and anytime where required by legislative directives.

OBJECTIVES

In maintaining an effective complaints management system that can:

- ✓ Ensure we treat our clients fairly.
- ✓ Complaint management is properly assigned with defined time frames for response and resolution.
- ✓ Effectively report and analyse complaint data in order to identify trends relevant to complaints.
- ✓ Efficiently resolve complaints in appropriate turnaround times.
- ✓ Manage our complaints more effectively.
- ✓ Establish a trend in the market that identifies XIB as a company that takes the needs of their clients seriously and continually strive for service excellence.
- ✓ Improve the level of analysis reporting to the regulator.

RECORD KEEPING, MONITORING AND ANALYSIS OF COMPLAINTS

- ✓ All documentation received with regards to a complaint will be saved for a period of five years.
- ✓ All reportable complaints received are recorded in a complaints management system and are appropriately assigned for resolution.
- ✓ Information relating to the complaint received is recorded in the complaints management system which includes voice recordings, e-mails, and other supporting documentation relevant to the complaint.
- ✓ Each complaint received will have an allocated reference number which will be reflected on

all complaint's responses.

- ✓ All complaints recorded will be centralised for:
    - Easy and effective reporting with unique reference numbers
    - Handling & follow up
    - Conclusion & reporting
    - Identification of complaint causes & the development of corrective measures to policies and procedures.
    - Improved analysis of complaints and the reporting thereof to the regulators

COMPLAINT CATEGORIES

Complaints are categorised as follows:

- ✓ Policy design or service
- ✓ Information provided to policyholders
- ✓ Advice
- ✓ Policy performance
- ✓ Service to policyholders
- ✓ Policy accessibility (ability to make changes or switches)
- ✓ Complaints handling
- ✓ Claims and non-payment of claims
- ✓ Other complaints

COMPLAINTS MANAGEMENT PROCESS

1. INITIAL COMPLAINT

- ✓ XIB receives notification of the complaint.
    - If the complaint is an enquiry, the complaint is not recorded in the complaints management system. (Addendum attached as Complaints Management Register). The complaint will be handled either telephonically or by e-mail and resolved.
    - If the complaint received is a reportable or a non-reportable complaint, the complaint is to be registered on the complaints management system, and a complaint reference number is allocated.
    - Only reportable complaints will be reported on to the various stakeholders (i.e., FSCA/Insurer)
    - The complaint is assigned to the department manager by Loshnee Kasil the internal compliance manager, based on the category of the complaint received.
    - The manager assigned to the complaint will contact the client and acknowledge the complaint within 24 hours of receiving the complaint and advise the client of the process that will be followed with regards to the complaint.
    - An investigation is undertaken to resolve the complaint.
    - Complaints need to be resolved within 4 weeks of receiving the complaint.
    - Any delays experienced need to be communicated regularly with the complainant to ensure the complainant is aware of the complaint status, and actions being taken in order to resolve the complaint.
    - Once the investigation is completed the department manager will contact the client by telephone or mail in the event that the complaint is easily resolved.
    - The complaints management system is updated with regards to the status of the complaint and the outcome thereof.

2. COMPLAINT ESCALATION

- ✓ If the client is not satisfied with the outcome of the complaint, they may request that the complaint be escalated for further review.
- ✓ The escalation process will entail first an internal review by the company's most senior employee – Suren Kasil, thereafter and if required, an independent review by our insurer partners or our Compliance Officer.
- ✓ The internal compliance manager and relevant department manager will provide all the information regarding the complaint, the outcome as well as the reason for the decision in writing for further escalation to Suren Kasil within 24 hours of receiving the clients request to escalate the complaint.
- ✓ Upon review, where the decision remains the same, the complaint will then be sent to our insurer partner or Compliance Officer for an independent review.
- ✓ XIB will follow up and ensure that the independent reviewer confirms the receipt of the complaint as well as confirmation to the client within at least 24 hours of submitting the request for review.
- ✓ The status of the complaint will be updated in the complaints management system.
- ✓ The independent reviewer will investigate the complaint, evidence provided as well as the written communication received by the client.
- ✓ Any delays experienced in resolving the complaint will be communicated regularly with the complainant to ensure the complainant is aware of the complaint's status, and actions being taken in order to resolve the complaint.
- ✓ The independent reviewer will take reasonable steps to keep XIB informed as to the progress relating to the complaint as well as their communication with the client in so ensuring that XIB is aware that the complaint is still in the process of being resolved.
- ✓ The independent reviewer will respond to the complainant advising the complainant as to the outcome of the complaint, including the reasons for the decision made. The complainant will additionally be provided with the contact details for the relevant ombudsman's office for further escalation.
- ✓ The outcome provided to the complainant by the independent reviewer will be communicated to XIB.
- ✓ The status of the complaint will be updated in the complaints management system in line with the outcome provided by the independent reviewer.
- ✓ The independent reviewer's response will be provided formally in writing and will provide the following information irrespective of the decision or outcome of the complaint concerned:
    - Contact details of the relevant ombudsman's office.
    - The response from the insurer's compliance manager including the details for decision made relevant to the complaint.
    - The decision made by the independent reviewer and reasons for the decision made.
- ✓ Should the complainant still be unhappy with the decision provided by the various parties, i.e., senior employee of XIB or insurer or Compliance Office the client may escalate further to the relevant ombudsman, details of which will be provided to the complainant.

3. ENGAGEMENT WITH OMBUD AND REPORTING

(1)(a) A provider must -
have appropriate processes in place for engagement with any relevant ombud in relation to its complaints.
(ii) clearly and transparently communicate the availability and contact details of the relevant ombud services to complainants at all relevant stages of the relationship with a client, including at the start of the relationship and in relevant periodic communications.
(iii) display and/or make available information regarding the availability and contact details of the relevant ombud services at the premises and /or on the web site of the provider.
(iv) maintain specific records and carry out specific analysis of complaints referred to them by the ombud and the outcomes of such complaints. and
(v) monitor determinations, publications and guidance Issued by any relevant ombud with a view to identifying fallings or risks in their own policies, services or practices.
(b) A provider must -
(i) maintain open and honest communication and co-operation between itself and any ombud with whom it deals. and
(ii) endeavour to resolve a complaint before a final determination or ruling is made by an ombud, or through its Internal escalation process, without Impeding or unduly delaying a complainant's access to an ombud.

A provider must have appropriate processes in place to ensure compliance with any prescribed requirements for reporting complaints information to any relevant designated authority or to the public as may be required by the Registrar.

4. COMPLAINT RESPONSE REQUIREMENTS

All complaint responses provided by XIB or the independent reviewer to the complainant must ensure the following:

- ✓ Communication to the complainant that is clear and straight forward.
- ✓ Objectivity and not subject to a conflict of interest.
- ✓ Strict adherence to the required established time frames for responses
- ✓ Treating the Customer Fairly must be always applicable.
- ✓ Feedback needs to be provided regularly to complainant during the entire process of the complaint resolution.

5. RESOLUTION TIME FRAMES

Registering a complaint
All complaints received irrespective of the format the complaint has been received in must be registered within the complaint's management framework within 48 hours of receipt.

Acknowledging a complaint
Registered complaints need to be acknowledged with the complainant within 24 hours of registering the complaint. The acknowledgement of the complaint can be done by e-mail or by telephone.

Complaint Investigation & resolution

All complaints need to be resolved within 4 weeks of receipt of the complaint from the complainant. Should there be any delay in resolving a complaint XIB will communicate with the complainant advising them of the delay, and the reason for the delay being experienced.

Social media complaints that have been resolved will be communicated by the internal compliance manager, who will post the response with regards to the complaint.

6. DECISIONS RELATING TO COMPLAINTS

Where a complaint being upheld, any assurance provided by XIB to make compensation or goodwill payment, or any such action the action will be carried out without delay and within a time frame agreed upon with the complainant.

7. THE NATIONAL FINANCIAL OMBUD SCHEME FINANCIAL ASVISORY AND INTERMEDIARY SERVICES OMBUD

If you are not satisfied with the outcome of our internal dispute resolution processes, or if our feedback provided to you is not in your favour, then you may submit a complaint to the National Financial Ombud Scheme at:

Physical Address (Johannesburg): 110 Oxford Rd, Houghton Estate, Johannesburg, Gauteng, 2198
Physical Address (Cape Town): Claremont Central Building, 6th Floor, 6 Vineyard Road, Claremont, Western Province,7700
Email Address: info@nfosa.co.za
Telephone Number: 0860-800-900
Website: www.nfosa.co.za

If you are not satisfied with the way the product was sold to you or the disclosures that were made to you, as contemplated in the Financial Advisory and Intermediary Services Act, 37 of 2002 as amended, you may submit your complaint in writing to the FAIS ombud at:

Physical Address: 125 Dallas Avenue Menlyn Central, Waterkloof Glen, Pretoria 0010
Postal Address: P O Box 41, Menlyn Park, 0063
Email Address: info@faisombud.co.za
Telephone Number: (012) 762 5000
Sharecall: 086 066 3274
Website: www.faisombud.co.za

VERSION HISTORY

Version #	Implemented By	Revision Date	Approved By	Approval Date	Reason
1.0	Loshnee Kasil	17/01/2014	Suren Kasil	17/01/2014	Initial Procedure draft
1.1	Loshnee Kasil	17/04/2015	Suren Kasil	17/04/2015	Updated
1.2	Loshnee Kasil	21/03/2018	Suren Kasil	21/03/2018	Amended to align with PPR
1.3	Loshnee Kasil	03/02/2021			Amended to align with PPR
1.4	Loshnee Kasil	10/02/2021			Amended to include ACA comments
1.5	Loshnee Kasil	05/2023			Amended change address logo
1.6	Loshnee Kasil	05/2024			Included The National Financial Ombud Scheme contact details