

HYPERSURE INSURANCE BROKERS (Pty) Ltd - FSP6264

HYPERSURE COMPLAINTS MANAGEMENT

FRAMEWORK AND PROCESS

Definitions:

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

Complainant refers to a person who submits a complaint could be the policy holder or successor in title, a beneficiary or the beneficiary successor, the person who pays the premium or a potential policy holder.

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 in so far as that they failed to comply with an agreement, code of conduct, rule or law or caused the complainant harm, prejudice, distress or substantial inconvenience or treat the complainant unfairly

Reportable complaint refers to any complaint (as per the definition above) unless upheld immediately by the person who initially received the complaint; or 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 was received.

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 and 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.

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 complaint where the company does not accept liability for any financial loss to the complainant as a result of the matter complained about.

Objectives

It is our objective to maintain an effective complaints management system that:

- Ensures 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 Hypersure Insurance Brokers as a company that takes the needs of their clients seriously and continually strive for service excellence.

Hypersure[®]
Insurance Brokers (Pty) Ltd.
Authorised Financial Service Provider - FSP6264

Complaints Management Process:

Hypersure has drawn up a complaints resolution policy to assist you.

Step One

In the event of Hypersure Insurance Brokers receiving a complaint we will:

- Record such complaint in our complaints register and make contact with the complainant within 24 hrs of receiving the complaint.
- The complaint will be assigned to the department manager.
- Immediate investigation will be undertaken to resolve the complaint.
- Complaints need to be resolved within 4 weeks of receiving the complaint.
- Any delays experienced will 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 regard to the status of the complaint and the outcome thereof.

If this does not resolve the complaint the complaint is escalated to step 2 below

Step Two

- The complaint is escalated internally
- To an impartial senior appointed functionary in the company appointed to oversee and manage the companies' complaints process.
- The complaints escalation and review process must follow a balanced approach and bear in mind the legitimate interests of all parties involved
- Must include fair treatment of the complaint

If the complaint is still not resolved the complainant can escalate the complaint as per step 3 below

Step Three

- You may then request that the complaint is escalated for arbitration with an independent arbitrator.
- The complainant must be provided with clear and adequate reasons for the complaint rejection to proceed with the escalation process.
- The complainant must be provided with all the time lines.
- The independent arbitrator has the authority to override previous decisions with regard to the complaint.
- The independent arbitrator's response will be provided formally in writing and will provide the following information irrespective of the decision or outcome of the complaint concerned:
 - (a) Contact details of the relevant ombudsman's office.
 - (b) The response from the insurer's compliance manager including the details for decision made relevant to the complaint.
 - (c) The decision made by the independent arbitrator and reasons for the decision made.

IMPORTANT NUMBERS

FAIS OMBUDSMAN : P O Box 74571, Lynwood Ridge, 0040
Tel: 0860 662 837 Fax: 012-348 3447

SHORT TERM INSURANCE OMBUDSMAN : P O Box 32334, Braamfontein, 2017
Tel: 011-7268900 Fax 011-726 5501

REGISTRAR OF SHORT TERM INSURANCE : Financial Services Board: P O Box 35655, Menlo Park, 0102
Tel: 012-428 8000 Fax: 012-347 0221

HYPERSURE COMPLAINTS DEPARTMENT : Pvt Bag X07, Winklespruit, 4145
Tel: 031-916 9400 email admin@hypersure.co.za

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