

COMPLAINTS MANAGEMENT REVIEW PROCEDURE

Prepared in accordance and as part of the broader market conduct framework implemented by the FSCA.

MANUAL

For: PinnAfrica Insurance Underwriting Managers (PTY) LTD
[referred to as PinnAfrica]

Review Date: November 2025

PURPOSE

To define the procedure to be followed when dealing with external customer complaints and appeals.

SCOPE:

This procedure is set out to deal with complaints received from external customers, in order to ensure:

- that all complaints are recorded and dealt with in the respective time frames
- that all staff responsible in dealing with complaints are effectively trained, has the appropriate minimum experience, knowledge and skills in handling complaints in accordance with TCF regulations and the subject matter of the complaints.

Definitions & Terminology:

- **Complainant** – is a person/someone actin on their behalf, who has a direct interest in the agreement, policy or service.
- **Complaint** – an expression of dissatisfaction to an insurer / their service provider (to the knowledge of the insurer) relating to a policy or service
- **Rejected** – means that a complaint was not upheld – Insurer regards the complaint as finalised after advising the complainant that it does not intend to take any further action to resolve the complaint
- **Compensation payment** – to compensate a complainant for a proven or estimated financial loss incurred as a result of the insurer's wrongdoing
- **Goodwill payment** – 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 does not accept liability for any financial loss to the complainant.
- **Reportable complaint** – any complaint (as per the definition above)
- **Upheld** – that a complaint has been finalised wholly or partially in favour of the complainant

PROCEDURE:

1. When a complaint is received by any staff member, it will immediately be captured onto the administration system register and lodged on the underwriting system.
2. All complaints are to be reduced to writing for the formal process. The initial complaint may be received telephonically as all telephonic discussions are recorded

PinnAfrica Insurance Underwriting Managers

Tel: (010) 007 0069 / (011) 047 4400

Fax: 086 415 6308

Email: compliance@pinnafrica.co.za

3. The Operations Director and MD will be immediately notified of the complaint by the system e-mailer and the department management.
4. The complaint will then be processed by the relevant HOD/Manager/Supervisor in conjunction with any other department/s or staff who can assist with the problem.
5. The parties in point 4 assess the complaint including any correspondence along with investigating the circumstances; and are responsible for the resolution thereof.
6. The staff involved must follow up with the information and finalise the complaint within the 48-hour time period specified on the Complaint Register. This excludes Ombudsman and Legal complaints which shall be responded to in 48 hours initially, as they potentially require continued communication.
7. The Operations Director and/or the MD shall review and the HOD/Manager/Supervisor shall inform the client of the decision telephonically and/or in writing.

APPEALS PROCEDURE – INSURANCE:

1. Should the **complainant** remain dissatisfied, their complaint will be passed by the HOD/Manager/Supervisor to the Operations Director and MD for further review and resolution.
2. The HOD/Manager/Supervisor will contact the client telephonically with a decision and, where necessary, inform the complainant that the final stage of the internal appeals procedure has been reached. This shall be done in writing.
3. The HOD/Manager/Supervisor will inform the complainant that they should contact Guardrisk Insurance / Life, should they be dissatisfied with the outcome of the complaint.

Guardrisk Compliance Officer

Guardrisk Insurance Company Limited / Guardrisk Life Limited

compliance@guardrisk.co.za

Tel: (011) 669 1104

Fax: (012) 675 3826

Guardrisk Complaints:

Guardrisk Insurance Company Limited / Guardrisk Life Limited

Tel: 0860 333 361

Email: complaints@guardrisk.co.za

Website: www.guardrisk.co.za

4. The HOD/Manager/Supervisor will inform the complainant that should they be dissatisfied with the outcome from the Insurer they can make representation to the relevant Insurance Ombudsman.

National Financial Ombud Scheme (For all claims/service-related matters)

NFO Cape Town Office, Claremont Central Building, 6th Floor, 6 Vineyard Road Claremont, 7700

Tel : (0860) 800 900

Email: info@nfosa.co.za

Website: www.nfosa.co.za

5. If the Ombudsman requests any information relevant to its investigation, then it will be processed by the relevant HOD/Manager/Supervisor as soon as possible and any documentation requested will be recorded. If any originals are requested then photocopies will be made and stored on the underwriting system. The HOD/Manager/Supervisor shall communicate with the Ombudsman through the Insurer after investigation by the relevant HOD/Manager/Supervisor has taken place.
6. Documentation submitted to the Insurance Ombudsman will be sent via registered post and where possible 'by hand' delivery.
7. Should any originals be submitted and returned, any copies will be destroyed once the originals are placed into the file.
8. Complaints and appeals shall be analyzed from the Quality System point of view by the Internal Audit Department & Compliance Officer Audit, who shall ensure they form part of the Management Review procedure. This process also forms part of the Risk Management matrix reporting and system.

APPEALS PROCEDURE – NON-INSURANCE:

1. Should the **complainant** remain dissatisfied, their complaint will be passed by the HOD/Manager/Supervisor to the Operations Director and MD for further review and resolution.
2. The HOD/Manager/Supervisor will contact the client telephonically with a decision and, where necessary, inform the complainant that the final stage of the internal appeals procedure has been reached. This shall be done in writing.
3. The HOD/Manager/Supervisor will inform the complainant that they should contact the National Consumer Commission (NCC), should they be dissatisfied with the outcome of the complaint.

National Consumer Commission

Email: Complaints@thencc.org.za

Website: <https://thencc.org.za/complaints/>

4. If the NCC requests any information relevant to its investigation, then it will be processed by the relevant HOD/Manager/Supervisor as soon as possible and any documentation requested will be recorded. If any originals are requested then photocopies will be made and stored on the underwriting system.
5. Complaints and appeals shall be analyzed from the Quality System point of view by the Internal Audit Department & Compliance Officer Audit, who shall ensure they form part of the Management Review procedure. This process also forms part of the Risk Management matrix reporting and system.

RELATED DOCUMENTATION:

Other:

- Policy Document
- System complaints register (OWLS)
- TCF Documents
- WEB Site

RESPONSIBILITY AND AUTHORITY

The HOD/Manager/Supervisor have responsibility and authority for ensuring that the procedure is implemented.

RECORDS TABLE

Record	Responsibility	Location	Minimum Retention period	Disposal Discretionary/Shred
Complaints register	HOD/Manager/ Supervisor	OWLS	5 years	N/A
Management review records and trend analyses	As per this procedure.			

CATEGORIES TO BE USED FOR ALL REPORTABLE COMPLAINTS:

- Annexure A below depicts possibilities for which complaints are logged and should be used when capturing complaints to the Underwriting System and correspondence when informing the relevant parties of the complaint:
 - Nature of Complaint
 - Complaint Root Cause
 - Outcome of the complaint
 - Complaint Notification Methods
 - Transaction in lieu of Complaint

INFORMATION RECORDED IN RESPECT OF EACH REPORTABLE COMPLAINT:

- Relevant details of the complainant and the subject matter of the complaint;
- Copies of all relevant evidence, correspondence and decisions;
- The complaint categorization;
- Progress and status of the complaint, incl. whether turnaround times were adhered to; and
- Details of compensation payments and goodwill payments made – together with amounts.

COMPLAINT CLOSURE PERIOD

- The standard complaint closure period will be 90 days for all direct customer complaints.
 - Where the client is delaying the process, the complaint needs to be closed (and the client informed).
 - Claims: Once the required document are submitted, the claim can then proceed. The complaint is closed as the client's query has been addressed.
- All Complaint emails to customers should include the following note:

Should we not receive correspondence on the matter within 90 days, all correspondence on the matter shall cease.

***This process is not applicable to Ombud and or Litigation Complaints these will remain on a 180 days closure period.**

STANDARD EMAIL RESPONSE ACKNOWLEDGING THE COMPLAINT:

Dear (policyholder details)

I am writing to let you know, that we have received your complaint about (insert outline of complaint).

We are currently investigating the circumstances surrounding the problem and you will hear from us again no later than (insert date).

Thank you for letting us know of your concern, and for your patience while we explore this matter.

If you have any questions in the meantime, or would like to discuss the complaint further, please contact (Insert Staff name, position and contact number).

Yours Sincerely,

(Insert Staff name, position and address)

ANNEXURE A

Nature of Complaint	Outcome of the Complaint	Transaction Description	Complaint Root Cause
Claims - unclaimed benefit	Withdrawn by Client	Amount in lieu of damages	Client issues - poor understanding; error
Claims - delay in payout	In Favour of client	Amount in lieu of interest	Client issues - wrong client for this product
Claims - error in processing or payment	In Favour of Company	Amount in lieu of merit for loss & suffering	Employees - error; omission
Claims - repudiation	Partially in favour of client	Based on Ombud determination	Employees - poor knowledge, attitude or performance
Claims - payment amount or beneficiary dispute		Business decision	Guardrisk employees - error; omission
Service - attitude dismissive or rude	Complaint notification method	Cash in lieu	Guardrisk employees - poor knowledge, attitude or performance
Service - lack of knowledge	Method - Telephone	Ex-gratia decision	Intermediary / Broker - error; omission
Service - failure to keep promise	Method - Fax	Full claim payment	Intermediary / Broker - poor knowledge, attitude or performance
Service - poor turnaround time	Method - Face to Face	Merit payment	Process - poor design; not in place
Service - query not attended to or not received	Method - Email	No compensation or payment	Process - error; shortcoming
Service - incompetence	Method - Survey	Overtuning repudiation	Product - poor design; benefit limitations
Admin - privacy or confidentiality breach	Media - Facebook	Refund of premiums paid	Product - misrepresentation; poor clarity
Admin - error	Media - Twitter	Repair costs	System / Technology - error; downtime
Admin - duplicate or incorrect debit	Media - Hello Peter	Replacement costs	System / Technology - poor design; not in place
Admin - no authority to debit account	Media - Other	Basic cost	
Admin - hurdles or barriers to changes	Media - Our Website	Complicated Plus	
Admin - penalties, cancellation fees or process	Media - Newspaper	FSCA levy	
Comms - insufficient updates re product	Method - Post	Incompetent cost	
Comms - document not received	Regulator - Life Ombud	Mini cost	
Comms - no response to email or message	Regulator - Short term Ombud	No regulated cost	
Comms - Not answering telephone	Regulator - FAIS Ombud	Settled cost	
Comms - inaccurate, incomplete or unsuitable	Regulator - FSCA	Short Term Ombud complaint cost	
Comms - unclear, confusing or misleading		Short Term Ombud penalty cost	
Advice - misrepresentation or non-disclosure		Standard cost	
Advice - wrong or not suitable for this client		Transfer cost	
Advice - not provided or not fully explained			
Advice - adviser knowledge, skill or integrity			
Product - benefit discrepancy or inadequate			
Product - premiums or fees unfair or confusing			
Product - not appropriate for this client			
Product - too complex or confusing or difficult			
Product - policy cover or excess			
Product - policy terminated/changed by insurer			
Complaint about complaint - too slow			
Complaint about complaint - poorly handled			



EMPLOYEE ACKNOWLEDGEMENT AND DECLARATION:

I the undersigned, acknowledge, understand and will adhere to the procedure set out herein:

Employee Name and Surname

Employee Signature

Signature Date