



## **OUTsurance Complaints Resolution Policy**

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## 1. OVERVIEW

OUTsurance Insurance Company Limited and OUTsurance Life Insurance Company Limited (herein after referred to as "OUTsurance") are authorised financial services provider in terms of the Financial Advisory and Intermediary Services Act and have a responsibility to treat all clients honest, fairly. With due skill and diligence, and in the interest of clients and the integrity of the industry as a whole. This Complaint Resolution Policy serves to provide guidance around the recording and handling of complaints with a view to continuously improve our awesome service to clients. The procedure set out herein should be followed by all employees in dealing with complaints.

OUTsurance's complaints resolution procedures have been designed to:

- Maintain a comprehensive complaints handling policy, outlining our commitment to the prompt internal resolution of complaints;
- Ensure the continued provision of the highest standards of professionalism and client service;
- Ensure the effective, fair and prompt resolution of all complaints;
- Properly administer and control all complaints which may arise; and
- Ensuring compliance with the Short-Term Insurance Act, Long-Term Insurance Act, SAIA Code of Conduct, Financial Advisory and Intermediary Services Act (FAIS Act) and/or the Policy Holder Protection Rules (PPR), and any other applicable legislation.

### **Our Value of Awesome Service:**

OUTsurance has a company value of providing Awesome Service. How we deal with complaints is also an integral part of providing Awesome Service.

Awesome service is unique and exceptional; it influences the way we treat our clients and ensures that they become our best marketing tools by recommending the company to family, friends and colleagues.

## 2. COMPLAINTS POLICY

OUTsurance is committed to an internal complaint resolution system and procedure based on the following principles:

- We wish to maintain an efficient internal complaint resolution system and procedures with adequate resources;
- We offer transparency by ensuring that clients have full knowledge of the procedures for resolution of their complaints and we keep clients updated on progress;
- We promise fairness to clients, at all times and even more so when dealing with a complaint;
- We provide adequate training of all relevant staff including imparting and ensuring full knowledge of the provisions of the legislation with regard to the resolution of complaints.

## 3. COMPLAINTS PROCEDURE

*In terms of the FAIS Act, a complaint is defined as follows:*



*"Complaint" means, subject to section 26(1)(a)(iii), a specific complaint relating to a financial service rendered by a financial services provider or representative to the complainant on or after the date of commencement of this Act, and in which complaint it is alleged that the provider or representative -*

- a) has contravened or failed to comply with a provision of this Act and that as a result thereof the complainant has suffered or is likely to suffer financial prejudice or damage;*
- b) has wilfully or negligently rendered a financial service to the complainant which has caused prejudice or damage to the complainant or which is likely to result in such prejudice or damage;*  
*or*
- c) has treated the complainant unfairly.*

### **3.1 Your responsibilities:**

- Inform us immediately of any complaint
- You can complain telephonically to your initial contact person since all conversations are recorded.
- If you prefer, you can put your complaint in writing to your initial contact person.
- If your complaint is related to the outcome of a claim the complaint can be sent to [dispute@out.co.za](mailto:dispute@out.co.za).
- For any compliance/non-compliance matter relating to FAIS or the Policyholder Protection Rules you may contact our Compliance Officer on +27 (12) 675 4860 or via email at [compliance@out.co.za](mailto:compliance@out.co.za).
- Remember if it is FAIS related the complaint MUST be in writing (please see the definition above).
- Provide us with all relevant information to enable us to assist you efficiently. Your complaint should contain sufficient details including sufficient facts, dates and supporting documentation. You should also include your Facility number, and contact details.

### **3.2 Our responsibilities:**

- The person dealing with your complaint will:
- acknowledge receipt as soon as possible, but not later than 24 business hours
- confirm their contact details to you; Identify all issues by considering and listing all concerns or points raised and asking additional questions if necessary
- Do comprehensive research into causes of all the issues raised
- Handle complaints in a fair, transparent and timely manner
- Resolve the complaint within 15 working days, provided we have all required information
- Provide feedback at least every 10 days
- If we require further information, assessment or investigation, we will agree with you on a reasonable timeframe;
- In the event that the person handling the complaint finds it impossible to reach agreement, the matter will be escalated internally for a dispute resolution process. Please refer to point 3.3 below for the dispute resolution guidelines.



- If your complaint relates to a rejected claim we will:
  - a) Provide reasons for the decision in writing if same was not already provided in the rejection letter sent to you;
  - b) Inform you of the external complaints procedure avenues available;
  - c) The time limitation provision for the institution of legal action and the implication thereof;
  - d) Provide the policyholder with copies of all available documents and information from third parties that influenced the decision on request, that are not subject to legal privilege;
  - e) If we abide by our initial decision we will follow the procedure in (a) to (d) above in again and include the facts on which the decision was based. You also have the right to request an internal dispute resolution as per paragraph 3.3 below.

### **3.3 Internal dispute resolution process**

If you wish to have a decision regarding a complaint reviewed, we will treat it as a dispute:

- a) You are advised of your right to request an internal dispute resolution process;
- b) We will notify you of the name and contact details of the person assigned to liaise with you;
- c) The internal dispute resolution process will follow the standards stipulated as part of the normal complaints handling procedure;
- d) When we have made a decision in terms of the internal dispute resolution procedure, the we will respond to you in writing confirming:
  - i. Reasons for the decision;
  - ii. Facts on which the decision was based
  - iii. Information about how to access the external dispute resolution or policyholder recourse mechanisms. Should you not be satisfied with the resolution, we will inform that they have recourse the OSTI (Ombudsman for Short-term Insurance), Ombudsman for Long-Term Insurance or the FAIS Ombud as the case may be. You may also approach the South African Insurance Association (SAIA) if you feel that we have breached the SAIA Code of Conduct has occurred.
  - iv. Notify you of the timeframe in which an external dispute should be lodged.

## **4. CONCLUSION**

The complaints policy is intended to provide guidance pertaining to the handling of complaints. We are committed to abide by this document and to provide AWESOME SERVICE in all our dealings with you. In accordance with relevant legislation we will keep a record of all complaints for a minimum of 5 years.