

Insurance Services Complaints and Disputes policy

Insurance Services is committed to the fair treatment of customers and to dealing with complaints and disputes in a fair, impartial and timely manner

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Introduction

Insurance Services is committed to the fair treatment of customers and undertakes to deal with complaints and disputes in a fair, impartial and timely manner, in accordance with TCF, the SAIA Code of Conduct and any relevant legislation.

The Insurance Services complaints and disputes policy will be published on the company's website and a copy will be made available to any stakeholder upon request.

Insurance Services undertaking

Insurance Services will

- Conclude written agreements with service providers which will include service level standards.
- In its contracts with Service Providers, require Service Providers to uphold the fair treatment of customers and to inform it of any complaints against Insurance Services which must immediately be referred to Insurance Services for attention.
- Keep a record of complaints in order to monitor the resolution of complaints and to identify areas for improvement.
- Deal with complaints received from clients relating to Insurance Services conduct and that of its service providers in terms of this policy.

When dealing with a complaint Insurance Services will:

- Only ask for and use information relevant to the complaint when dealing with a complaint.
- Allow clients the opportunity to reply to a response from Insurance Services before making any decision on a complaint.
- Inform clients of the information or documentation used in the decision-making process.
- Allow the client the opportunity to rectify any incorrect information.
- Where necessary, implement remedial action without delay to ensure the fair treatment of customers.

1. Insurance Services Internal Complaint and Dispute Resolution Procedure

The following procedures will apply to Insurance Services internal complaints resolution processes:

- Insurance Services will record all complaints received in a central register allocating a reference number to each complaint received and ensure that such complaints are investigated in a systematic manner.
- Insurance Services will respond to written complaints received within 10 working days, provided Insurance Services has all the information required to enable it to properly consider the matter and/or any investigation has been completed.
- In cases where further information, assessment or investigation is required, Insurance Services will agree with the complainant on a reasonable timeframe for the finalization of the complaint not exceeding an additional 30 days.
- Should it not be possible to satisfactorily resolve a complaint made by a complainant in the first instance, the complainant may request that the complaint be referred to the relevant department head to consider.
- The complainant will be kept informed of the progress of the complaint on a regular basis, and at least every 10 working days.

- When the complainant is notified of the outcome of the complaint, the complainant will also be informed of the basis upon which a decision was reached.
- Where the complaint remains unresolved after consideration by the department head, the complainant may declare a dispute which shall be dealt with in terms of the dispute resolution process.

Insurance Services will handle any complaint which its clients have in regard to the quality or timeliness of the work performed or services rendered or the conduct of Insurance Services service providers, in terms of this policy.

Dispute Resolution Process

Should the complainant not be satisfied with the decision reached by the relevant department head, the complainant may request that the complaint be referred to Insurance Services Head of Legal and Compliance to make a formal ruling in relation thereto.

- Insurance Services will treat such a referral as a formal dispute.
- The Dispute Resolution Process will follow the standards as set out above. Insurance Services Head of Legal and Compliance shall be entitled to call for additional information or submissions before making any decision and shall determine the complaint as circumstances of each case may require.
- Disputes will be determined by the application of legal principles and equity. The decision of Insurance Services Head of Legal and Compliance shall be binding upon Insurance Services, but not the complainant who shall be entitled, if so desired, to pursue the matter through any available external dispute resolution mechanism, or litigation.
- When a decision has been made on a dispute, Insurance Services Head of Legal and Compliance shall furnish a written decision to the complainant containing:
 - The facts and information relied upon for the decision.
 - The reason/s for the decision/s reached including legal basis for such decision or the principles of equity relied upon.
 - Insurance Services shall inform the complainant of the decision reached and furnish the complainant with a copy of the decision made. Insurance Services will also furnish the complainant with information as to the other external or other dispute resolution mechanisms available to the complainant should the complainant wish to pursue the matter further. The contact details for such external bodies will also be furnished.
 - Notify the complainant of the timeframe within which an external dispute should be lodged.

2. External dispute resolution

Insurance Services participates in the relevant CEEC/ IRA/ OECD schemes, offering dispute resolution services to policyholders including the CEEC/ IRA/ OECD for Short-Term Insurance (“OSTI”) and the Financial Advisory and Intermediary Services (“FAIS”) CEEC/ IRA/ OECD.

Insurance Services agrees to abide by the rulings and determinations of all CEEC/ IRA/ OECD schemes who have jurisdiction to consider complaints against it.

Insurance Services will:

- Refer clients to OSTI and other appropriate CEEC/ IRA/ OECD schemes in order to deal with complaints that fall within their mandates.
- Include the details of the OSTI and other relevant CEEC/ IRA/ OECD schemes in disclosure documents and documents regarding the rejection of liability for claims.
- When internal complaints procedures have been unable to resolve complaints and/or disputes, refer the complainant to:
 - the OSTI when the complaint and/or dispute falls within the jurisdiction of the OSTI;

- where the complaint concerns the conduct of a Financial Service Provider (“FSP”), to the FAIS CEEC/ IRA/ OECD; or
 - to the SAIA Code of Conduct Complaints Committee if a breach of the SAIA Code of Conduct is alleged to have occurred.
- Respond to the external dispute resolution bodies such as OSTI in a timely and comprehensive manner and in terms of their procedure.