

COMPLAINTS MANAGEMENT FRAMEWORK AND PROCEDURES

for

Lionel Isaacs Insurance Brokers (Pty) Ltd

FSP#: 13343

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1. Introduction and Objective

Lionel Isaacs Insurance Brokers (Pty) Ltd is committed to a high service standard, rendering financial services with integrity, the speedy resolve of complaints and the overall improvement of processes even in the instance where a complaint may be viewed as 'invalid' in terms of the relevant policy wording. In this regard each and every concern counts as valuable feedback that requires addressing in a meaningful manner.

The object of this complaints resolution policy is to formalize the process in which dissatisfaction is lodged, acknowledged, investigated, resolved and leads to overall improvement/s.

It is furthermore important that each and every staff member receives extensive training in this regard, that this complaints resolution policy is made easily accessible to all policyholders, that this complaints resolution policy is continuously reassessed by senior management and that overall improvement/s are actioned as a consequence of feedback received from policyholders.

2. Scope

This policy applies to all clients of Lionel Isaacs Insurance Brokers (Pty) Ltd and its staff members. It covers complaints related to the rendering of short-term insurance services, claims handling, and any other service or advice provided by the brokerage.

3. Responsibility

The board of directors or in absence of the board, the key individuals of Lionel Isaacs Insurance Brokers is responsible for complaints management and must oversee the implementation of the complaints management framework.

4. Principles of Complaint Handling

We are committed to:

- Treating clients fairly and ensuring their complaints are handled with honesty, fairness, due skill, care, and diligence (Section 17, General Code of Conduct).
- Ensuring that clients are aware of their rights and the procedure for lodging complaints.
- Providing clear and understandable information regarding the complaints process and the steps that will be taken to resolve their complaints (PPR Rule 18.2, 18.3).
- Maintaining transparency throughout the complaint-handling process and ensuring that clients are regularly updated on the status of their complaints.
- Resolving client complaints in a timely manner, which we believe is fair to our clients, our business and our staff.
- Ensuring that clients have full knowledge of the procedures established for internal resolution of their complaint, details of which will be given to them in writing.
- Ensuring easy access to our complaint's resolution facilities at any of our offices, or by way of post, telephone or electronic help desk support.



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- Employing and empowering properly trained people in our business to deal with complaints.
- Each complaint receiving proper consideration in a process that is managed appropriately and effectively.
- Offering full and appropriate redress in all cases where a complaint is resolved in favour of a client - without delay.
- Informing clients of their right to refer their complaints to the FAIS Ombud should a
 complaint not be resolved to their satisfaction within six weeks from the date on which
 the complaint is received.
- Should the complaint allege interference with the protection of personal information, the
 client may approach the Information Regulator. A complaint may be dealt with in terms of
 a code of conduct (not as yet established by the Regulator) which appoints an
 adjudicator to deal with complaints. This however may not limit or restrict the ability of the
 complainant to lodge a complaint with the Information Regulator should they wish to do
 so.
- Maintaining records of all complaints received for a period of five (5) years, which will specify whether or not complaints were resolved

5. The Definition of a Complaint

A Complaint in terms of the Policyholder Protection Rules (PPR) means an expression of dissatisfaction by a person to an insurer or, to the knowledge of the insurer, to the insurer's service provider relating to a policy or service provided or offered by that insurer which indicates or alleges, regardless of whether such an expression of dissatisfaction is submitted together with or in relation to a policyholder query, that:

- the insurer or its service provider has contravened or failed to comply with an agreement, a law, a rule, or a code of conduct which is binding on the insurer or to which it subscribes;
- the insurer or its service provider's maladministration or willful or negligent action or failure to act, has caused the person harm, prejudice, distress or substantial inconvenience; or
- the insurer or its service provider has treated the person unfairly;
- Regardless whether submitted together with or in relation to a policyholder query.

All complaints lodged with the Ombudsman/ FAIS/ FSCA has to be dealt with by the insurer exclusively. All documents and information relating to such a complaint, must be sent to the insurer within 24 hours of receipt of the complaint.

Note that there is no service fee charged for registering a complaint.

The Treating Customers Fairly (TCF) Outcomes include:

- Customers need to feel confident that TCF is central to our culture;
- Products are designed, marketed and sold to the right customer, meeting their needs;
- Customers receive clear information that is timely and relevant to them;



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- Customers receive suitable product/ sales advice that takes their circumstances into account;
- Products and services perform as expected and the service is of an acceptable standard;
- There are no unreasonable barriers for customers to change or switch products, claim or complain

6. The Definition of a Complainant -Who may complain?

A complainant is a person who has a direct interest in the policy/ service or someone acting on behalf of a person with a direct interest in the policy/ service.

For example: a policyholder/ a person that pays a premium, his/ her beneficiary, a policyholder's spouse or registered dependents, a potential policyholder whose dissatisfaction relates to the relevant application, approach, solicitation, advertising or marketing material.

7. Outcomes of a Complaint

- **7.1 Rejected**: complaint was rejected, and FSP regards the complaint as finalized after advising the complainant that FSP does not intend to take any further action to resolve the complaint. A formal repudiation letter with all complaint details will be sent. There are two variations of a rejected complaint:
 - Invalid: the complainant does not accept or respond to proposals to resolve the
 complaint within 7 days. This includes sending relevant documentation, acting upon
 the advice of FSP as well as not being able to reach the complainant via telephone,
 SMS and E-mail (if applicable);
 - Unjustified: the policy has been met, complainant has been treated fairly as far as
 possible, there is no legal leg to stand on to assist complainant, complainant refuses
 to accept outcome of merit assessment and nothing further can be done to assist
 complainant.

7.2 Upheld: complaint was successful either

- Wholly (complainant got exactly what he/ she was looking for);
- Partially (complainant and FSP found middle ground)

There are also two variations of a wholly or an upheld complaint:

a) **Compensation Payment**: to compensate a complainant for a proven or estimated financial loss incurred as a result of the FSP's wrongdoing. This is either:



- Payment Contractually due: the complainant should have received the assistance and help from the start, a justified complaint;
- Payment not Contractually due: the complainant does not have legal standing or a legal argument, however, due to the poor handling by FSP in the form of negligence, FSP for example refunds the complainant his/ her premiums and cancels the complainant.
- b) **Goodwill Payment:** the complainant is not covered in terms of the policy, but FSP is willing and able to sponsor the matter due to extraordinary circumstances.

8. How to lodge a complaint

When logging the complaint ensure that you include all the relevant information for a speedy resolution; this includes the staff member/s involved, your case or product details, any supporting documents and the relevant dates/ times relevant to your dissatisfaction. The reason for your dissatisfaction must be clear in order for FSP to investigate diligently;

- You may send your complaint to company details provided. Note that complaints logged using a telephone voice recording will be reduced to writing by the officer assigned to attend to your complaint.
- You will receive an SMS confirming that your complaint has been received; the name
 of the person dealing with your complaint and confirmation that the relevant assigned
 staff member will contact you telephonically within 2 working days.

Clients can lodge a complaint through any of the following channels:

• Email: Insurance@liib.co.za

• **Telephone**: 011 483 1802

• In writing: Post: PO Box 3436, Johannesburg, 2000 or

Office visit: 1st Floor, 33 Scott Street, Waverley, 2090;

9. Acknowledgement of Complaint

Upon receiving a complaint, Lionel Isaacs Insurance Brokers (Pty) Ltd will:

- Acknowledge the complaint in **writing** within **2-5 business days**.
- Provide the client with the name and contact details of the person responsible for handling their complaint.
- Inform the client of the estimated timeframe for resolving their complaint.



10. Investigation and Resolution

The complaint will be:

- Investigated fairly, impartially, and promptly by qualified staff members.
- A thorough investigation will be conducted to gather all relevant facts and evidence.
- The complaint will be resolved within **15 business days**, and the outcome will be communicated in writing to the client.
- Record Keeping

All complaints will be recorded and maintained for a minimum of **5 years**, as required by the FAIS Act and the PPRs (Rule 18.7). These records will include:

- The nature of the complaint,
- All communications with the client,
- The steps taken to resolve the complaint,
- The final outcome.

a. Communication of Outcome

Once a decision is reached, Lionel Issacs Insurance Brokers (Pty) Ltd will:

- Notify the client of the resolution in writing and provide a detailed explanation of the reasons behind the decision.
- If the complaint is upheld, the company will take appropriate remedial action (e.g., compensation or corrective measures).
- If the complaint is rejected, the client will be informed of their right to refer the matter to the relevant **Ombud** or **Regulatory Authority**.

11. Escalation of Complaints

If a client is not satisfied with the outcome of the complaint, they may escalate the matter to:

- The Short-Term Insurance Ombud:
 - o Contact Number: +27 (0)86 072 6837
 - o **Email**: info@osti.co.za
 - Website: www.osti.co.za
- The Financial Services Conduct Authority (FSCA):
 - o Contact Number: +27 (0)12 428 8000
 - Email: info@fsca.co.za
 - o Website: www.fsca.co.za
- The National Financial Ombud Scheme of South Africa:
 - Email: info@nfosa.co.zaWebsite: www.nfosa.co.za



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12. Client Communication and Disclosure (PPR Rule 18.2 and 18.3)

- At Policy Inception: All clients will receive a copy of our complaints policy and information on how to lodge a complaint.
- Ongoing Disclosure: Clients will be informed of any material changes to our complaints process or contact details.

13. Monitoring and Reporting

- LIIB will continuously monitor complaints received and the effectiveness of its complaint-handling process.
- Complaints data will be regularly reviewed to identify trends or systemic issues, which will be addressed to improve service quality.
- An internal report will be generated quarterly to assess complaint resolution times and client satisfaction.
- Ensure the handling of routine complaints, as well as with the escalation and follow-up of serious non-routine complaints are resolved timeously; and
- Ensure the avoidance of occurrences giving rise to complaints; and
- Improve services and complaint systems and procedures where necessary.

14. Staff Training and Awareness:

- All staff members are trained to understand the importance of fair complaints handling and their role in resolving client issues.
- Ongoing training will be provided to ensure compliance with regulatory requirements and best practices in customer service.

15. Confidentiality and Protection of Personal Information:

All personal information shared by clients in the course of a complaint will be handled in line with the **Protection of Personal Information Act (POPIA)** and will remain confidential.

16. Review of the Policy

This Complaints Policy will be reviewed annually or as required to ensure continued compliance with legal and regulatory requirements. Any changes to the policy will be communicated to clients.



Annexure A:

This is a guideline for the Managers, which would be applied as if the Manager concerned was an authorised Financial Services Provider. Rules on Proceedings of the Office of the Ombud for Financial Services Providers - Rule 6 (a) and 6 (b) of the:

- 6 (a) Where a complaint cannot within three (3) weeks be addressed by the responding party (provider), the responding party must as soon as reasonably possible, send to the complainant a written acknowledgement of the complaint with contact references of the responding party.
- 6 (b) If within six (6) weeks of receipt of a complaint the responding party has been unable to resolve the complaint to the satisfaction of the client, the responding party must inform the complainant:
 - The complaint may be referred to the Office (of the Ombud for Financial Services Providers) if the complainant wishes to pursue the matter; and
 - The complainant should do so within six (6) months of receipt of such notification.

Contact details of the FAIS Ombud:

Tel: 012 470 9080 / 012 762 5000

Fax: 012 348 3447 / 086 764 1422

Email: info@faisombud.co.za

Postal address: PO Box 74571, Lynwood Ridge, 0040

Website: www.faisombud.co.za

Contact details of the Ombud for Short-term Insurance:

Tel: 011 726 8900

Fax: 011 726 5501

Email: info@osti.co.za

Postal address: P O Box 32334 Braamfontein, 2017

Website: www.osti.co.za

Contact details of the National Financial Ombud Scheme of South Africa:

Email: info@nfosa.co.za

Website: www.nfosa.co.za



Annexure B:

Lionel Isaacs Insurance Brokers (Pty) Ltd Clients Compliant Process Diagram

Client lodges complaint via Complaint Form (Annexure D)



If complaint is not in writing ask for written complaint



Validate and log as a new complaint on complaint register (Sample register in Annexure C)



Acknowledge receipt of complaint in writing within 2-5 Business days



Complaint assigned & investigated



Was the complaint resolved immediately?





Yes: Advise client of resolution and update complaint register. File all documents relating to the case and close case.



No: Take the necessary action and advise the client of steps taken and expected date of resolution



Complaint resolved?



Yes: Inform client in writing of the

resolution of the complaint and

the outcome. Update complaint

register and close the case.





No: Notify the client if complaint is not resolved within Fifteen (15) business days of receipt and advice clients of further rights e.g. refer to Ombud or seek legal redress.



Update the compliant register with all developments / activities.



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Annexure C

Complaints register								
Received	Date Captured	Received from	Product	Client Surname & Initials	Complaint Description	Responsible Person	Outcome	Date Communicated to Client

Annexure D



COMPLAINT FORM

ATTENTION: The Complaints Manager

P O Box 3436 Johannesburg

2000

Fax No: 011 728 4350 for Attention Complaints Manager

E-mail: <u>insurance@liib.co.za</u>

Name of Insured:				_
Postal Address:				_
Telephone Number:				_
Mobile Number	:			
Fax Number:				_
E-mail address:				_
Policy number:				
COMPLAINT (Please Complete below or at		ces giving rise to con	nplaint)	
			_	
Signed:		Date:		