ONE

COMPLAINTS POLICY

One Financial Services Holdings (Pty) Ltd is the holding company for a group of companies which include financial services providers as well as service providers to the insurance industry. The ONE Group of Companies is committed to strict compliance with all legislation as they affect each individual company. This Group is committed to the establishment and maintenance of a Complaints Management Framework, which will ensure that all complaints are handled effectively and in a timely manner. This policy is in line with the Financial Advisory and Intermediary Services Act 37 of 2002 read in conjunction with any amended or subordinate legislation

STAKEHOLDERS

The FSP's within the ONE Group fall within the ambit of the Financial Sector Conduct Authority (FSCA), being One Insurance Underwriting Managers Pty Ltd (OIUM), FSP8783. This entity is governed by a binder agreement with a registered non-life Insurer. This entity is not mandated to deal with policyholders directly but merely provide products to a broker network that sell directly to a policyholder. ONE has limited access to policyholders and most communication is between ONE and the Broker representing the Policyholder.

Within the Financial Services industry we are provided with guidelines in complaints handling via:

1. The General Code of Conduct issued under the Financial Advisory and Intermediary services Act 37 of 2002 (FAIS Act) SAIA code of conduct
2. Treating Customers Fairly Complaints Management Framework / Policy
3. Policyholder Protection Rules

The Framework designed by ONE encompasses the following aspects;

1. It is proportionate to the size and complexity of the business.
2. Is appropriate for the business model, design of policies and our policyholders
3. It enables complaints to be investigated thoroughly when all the relevant and appropriate information/ circumstances have been obtained.
4. We do not impose any unreasonable barriers to make a complaint

DEFINITIONS

Complainant means a person who submits a complaint and includes a;

a. Policyholder or potential policyholder;
b. beneficiary or the beneficiary's successor in title;
c. person whose life is insured under the policy;
d. person that pays a premium in respect of a policy;
e. member of a group scheme; or
f. person whose dissatisfaction relates to the relevant application, approach, solicitation or advertising or marketing material,

who has a direct interest in the agreement, policy or service to which the complaint relates, or a person acting on behalf of a person referred to in (a) to (f);

Compensation payment: means a payment, whether in monetary form or in the form of a benefit or service, by or on behalf of a provider to a complainant to compensate the complainant for a proven or estimated financial loss incurred as a result of the provider's contravention, non-compliance, action, failure to act, or unfair treatment forming the basis of the complaint, where the provider accepts liability for having caused the loss concerned, but excludes;

a. goodwill payment
b. payment contractually payable to the complainant, in terms of the financial product/service
c. refund of an amount paid by or on behalf of the complainant to the provider where such payment was not contractually due
d. and excludes any interest on late payment of any amount referred to in (b) or (c).

e.g. if there has been an increase in repair costs due to a delay in processing by the Insurer, then the increased amount would be a compensation pmt. Or additional fees imposed due to delay in processing. It will always follow a valid claim

Goodwill payment: means a payment, whether in monetary form or in the form of a benefit or service, by or on behalf of a provider to a complainant as an expression of goodwill aimed at resolving a complaint, where the provider does not accept liability for any financial loss to the complainant as a result of the matter complained about.
No financial loss experienced by the complainant, however in an effort to resolve the complaint, a contribution is made.

Rejected: in relation to a complaint means that a complaint has not been upheld and the provider regards the complaint as finalized after advising the complainant that it does not intend to take any further action to resolve the complaint and includes complaints regarded by the provider as unjustified or invalid, or where the complainant does not accept or respond to the provider's proposals to resolve the complaint.

Upheld: means that a complaint has been finalized wholly or partially in favour of the complainant and that;
a. the complainant has explicitly accepted that the matter is fully resolved, or
b. it is reasonable for the provider to assume that the complainant has so accepted; and
c. all undertakings made by the provider to resolve the complaint have been met or the complainant has explicitly indicated its satisfaction with any arrangements to ensure such undertakings will be met by the provider within a time acceptable to the complainant.

Complaint means an expression of dissatisfaction by a person to a provider, or to the provider's service provider, relating to a financial product or service provided or offered by that provider, which indicates or alleges, that;
a. the provider 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 financial institution or to which it subscribes;
b. the provider or its service provider's maladministration or wilful or negligent action or failure to act, has caused the person harm, prejudice, distress or substantial inconvenience; or
c. the provider or its service provider has treated the person unfairly

COMPLAINT VS QUERY

Complaint: is an expression of dissatisfaction by a complainant, oral or written, about the service or product that we have / are providing to them. The following guidelines can be used to assess whether the matter is a complaint, have we acted outside our SLA or fallen short of the standards set and communicated to our clients? Does the matter require escalation of a decision?

Has the complainant clearly stated they are dissatisfied or want to complain?

Have the clients stated they are unhappy with our service or product and requested a response?

Did the complainant use our formal complaints process? By sending a formal written complaint to a senior member of

staff or complaints@one.za.com?

Query: means a request to the insurer or its service provider by or on behalf of a policyholder, for information regarding the insurer's policies, services or related processes, or to carry out a transaction or action in relation to any such policy or service.

Examples of a query could include;

1. When a client/broker requests details on a policy and this is dealt with and resolved immediately. E.g. wrong address, errors in a policy.
2. Questions such as; When will my claims be paid? How long will it take to resolve my issue? How far are you in processing my claim?
3. A general enquiry.
4. A follow up request.

ONE is committed to ensuring the Client, is central to our culture. All communication is done in a clear and unambiguous manner.

Reportable complaint: Means any complaint other than one which is:

1. Finalized immediately by the person who received it, to the satisfaction of the complainant and necessary corrective actions communicated and completed.
2. Finalized during the normal course of events for handling policyholder (normally submitted queries w.r.t. the type of policy/service complained about and this process does not take more than 5 days
3. Does not allow us a reasonable opportunity to record/investigate the details – i.e. a passing comment/hearsay.

A query becomes a complaint when the complainant states in writing that they are dissatisfied and would like to make a complaint and require a response.

ONE'S COMMITMENT

We confirm as follows:

- Our Complaints Policy and Procedure is readily available to all our clients. Please email complaints@one.za.com to request a copy.
- We will attend to, and resolve any complaints timely and fairly;
- All relevant staff are trained about the resolution of complaints in accordance with current legislation, which includes FAIS, Policyholder Protection Rules (PPR) and SAIA codes.
- Any employee can receive a complaint and all complaints which cannot be resolved immediately are referred to their line manager.
- The Line Manager is to investigate the facts surrounding the complaint and reply to the complainant with 3 working days.
- The complaint may require more specialised input and, in this case, will be referred to the following; Underwriting to the Regional Manager, Claims to the National Claims Manager, product or schedule complaints to the relevant Product Manager and all other complaints to the Compliance Officer.
- Those tasked with investigation and/or resolution of a complaint are appropriately empowered to suggest/ initiate/implement corrective action.
- The employee who receives the complaint logs it on 1web (see how to load a complaint on1web policy). This is where all the relevant communication is e-filed. These records are kept for a minimum period of 5 years;
- When the outcome of a complaint is not in favour of the client, the client will be given written reason(s) and will

be advised that the complaint may be pursued, within a 6 months period, with the Ombud whose contact details are provided herein.

- The time periods set-out in this complaints procedure will be adhered to as strictly as possible, however if necessary these can be varied.
- In any case where a complaint is resolved in favour of the client, ONE will ensure that a full and appropriate redress is offered to the client without any delay.
- To minimise complaints we provide product training to all our brokers at onboarding stage or as amendments are made to the product and regular communication is sent out to brokers highlighting various aspects of our products.
- As part of the compliance function, together with the relevant role players, i.e. Regional Manager/Product Manager/National Claims Manager all complaints are investigated to understand the root cause, and how to prevent it from happening again.

CATEGORISATION OF COMPLAINTS

All complaints are to be categorized as follows:

a. Complaints relating to the design of a policy or related service, incl. premiums/fees/or other charges related to the policy/service
b. Complaints related to information provided to policyholders
c. Complaints relating to advice
d. Complaints relating to policy performance
e. Complaints relating to service to policyholders, incl. complaints relating to premium collection/lapsing of policies
f. Complaints relating to policy accessibility/changes/switches
g. Complaints relating to complaints handling
h. Complaints relating to insurance risk claims, incl. non-payment of claims
i. Other complaints

LEVELS OF COMPLAINT REPORTING

Level 1 – New Complaint

Level 2 – Re-opened Complaint, social media, complaint reported to internal arbitrator

Level 3 – Ombudsman complaint

REPORTING

- Complaints are reviewed monthly;
  a. to ensure complaints do not remain unattended to
  b. communication/feedback requirements are adhered to
  c. root cause analysis is conducted to identify errors in procedures and rectification thereof
- Reporting of claims and trends identified is done to the Management team monthly
- Quarterly reporting of all claims and trends identified to the Board
- All information gathered in the review process is collated to determine trends with regards to product/region/service providers etc…
- Specific focus is given to complaints received by the NFO/FAIS Ombud complaints, the resolution and reporting thereof to the various management teams
- All complaints relating to a product underwritten by Lloyds SA must comply with the rules set out in the binder. (see Section 12)

ESCALATION OF COMPLAINT

After communicating with the complainant and advising them of:

- Outcome of the investigation
- Remedial action identified
- Internal process amended
- Option of additional escalation to:
- NFO/FAIS Ombud
- Reference to internal arbitrator

HANDLING OF OMBUD COMPLAINTS

ONE and all FSP'S within the group do not communicate or receive notification from the NFO directly as all communication is done via the Insurer.

On receipt of a complaint by the Insurer this will be forwarded to the relevant FSP for investigation and resolution. Ombudsman complaints are dealt with by the Ombudsman Dispute Facilitator (ODF).

Ombudsman complaints originate mostly because of claims rejections.

All claims rejections are submitted to Head Office for review and signoff. The reason for this is to ensure that an independent person reviews the file and checks that the correct clauses/reasons for rejection have been used. This should reduce the number of instances referred to the NFO.

All complaints originating via claims rejections from the NFO should be known to the ODF team. Investigation will include interviews with various staff involved including claims managers and regional managers, all documentation will be reviewed again and lastly the policy wordings will be consulted for final response to the complainant or Ombud.

Ombudsman complaints are treated with the utmost urgency and every attempt is made to resolve the complaint directly with the complainant to reduce any costs incurred for Ombud complaints.

PROCESSING OF COMPLAINTS

All complaints irrespective of whether they are submitted to a regional staff member, the Complaints Dispute Facilitator (CDF) or the Ombudsman Dispute Facilitator (ODF), these are logged on 1WEB. (See How to Log a Complaint on 1Web document)

These complaints can be logged and policy level or claim level, by selecting complaints under the view/Add notes and Tasks to do. When logging the claim on 1WEB it is necessary to input complete details, these include;

- Summary of complaint – details of what complaint is about
- date received and date finalised - to measure length of time to finalise complaint
- who submitted it – to monitor trends
- Type of complaint – Service related/Processing issues/Dispute of Rejection or Settlement related/Commission query etc...
- who the claim is about – service provider/Broker/Staff member/process
- was a TCF principle compromised – what can we amend to ensure our commitment to TCF compliance

if so what remedial action is necessary together with an action owner. Owner is the person mandated to make the necessary changes to policy schedule/wording etc...

All documentation regarding the complaint must be e-filed;

- original complaint
- acknowledgement of the complaint
- communication with the complainant
- resolution of the complaint

Since all complaints are logged on 1WEB the following info is readily available:

- Breakdown in types of complaints
- Number of complaints received
- Number of complaints upheld
- Number of rejected complaints together with related reasons
- Number of complaints escalated
- Number of complaints referred to Ombud
- Number and amount of compensation payments made
- Number and amount of goodwill payments made
- Total number of complaints outstanding

SERVICES PROVIDERS & REMEDIAL ACTION

ONE is committed to ensuring all service providers appointed by them to assist policyholders adopt the same service levels and TCF culture embraced by ONE.

Feedback to Service providers needs to be, they are to:

- Treat our clients as we would
- Ensure service levels are as we have led our clients to expect
- Provide regular and accurate communication to our clients

There must be constant monitoring of our service providers to ensure the minimum complaints.