

## **COMPLAINTS MANAGEMENT FRAMEWORK MUA INSURANCE ACCEPTANCES (PTY) LTD**

---

### **1. INTRODUCTION**

The Complaints management framework is established in line with the requirements of the Financial Advisory and Intermediary Services Act 37 of 2002 (“FAIS”) General Code of Conduct for Authorised Financial Services Providers and Representatives (“FAIS GCOC”), as well as the Policyholder Protection Rules (“PPR”) under the Short-Term Insurance Act 53 of 1988 to maintain and operate an adequate and effective complaints management framework to ensure the fair treatment of policyholders and complainants. The framework sets out the principles which are to be followed.

### **2. ESTABLISHMENT OF THE COMPLAINT MANAGEMENT FRAMEWORK**

The Complaints management framework ensures the fair treatment of policyholders and complainants through it being proportionate to the nature, scale and complexity of MUA’s business, risks, business model, policies, services and policyholders and beneficiaries. Enabling complaints to be considered after taking reasonable steps to gather and investigate all relevant and appropriate information and circumstances, with due regard to the fair treatment of complainants; and Not imposing unreasonable barriers to complainant.

### **3. ALLOCATION OF RESPONSIBILITIES**

3.1 The board of directors of MUA is responsible for effective complaints management and must approve and oversee the effectiveness of the implementation of MUA’s complaints management framework.

3.2 Persons that is responsible for making decisions or recommendations in respect of complaints generally or a specific complaint are:

3.2.1 Adequately trained;

3.2.2 Have an appropriate mix of experience, knowledge and skills in complaints handling, fair treatment of customers, the subject matter of the complaints concerned and relevant legal and regulatory matters;

3.2.3 Not subject to a conflict of interest; and

3.2.4 Adequately empowered to make impartial decisions or recommendations.

### **4. CATEGORISATION OF COMPLAINTS**

4.1 MUA categorises reportable complaints in accordance with the following categories:

4.1.1 Complaints relating to the design of a policy or related service, including the premiums or other fees or charges related to that policy or service;

4.1.2 Complaints relating to information provided to policyholders;

4.1.3 Complaints relating to advice;

4.1.4 Complaints relating to policy performance;

4.1.5 Complaints relating to service to policyholders, including complaints relating to premium collection or lapsing of policies;

- 4.1.6 Complaints relating to policy accessibility, changes or switches;
  - 4.1.7 Complaints relating to complaints handling;
  - 4.1.8 Complaints relating to insurance risk claims, including non-payment of claims; and
  - 4.1.9 Other complaints.
- 4.2 All MUA reportable complaints categorisation include the Treating Customers Fairly (TCF) outcomes:
- 4.2.1 Outcome 2: Complaints relating to the design of a product or service
  - 4.2.2 Outcome 3: Complaints relating to information provided
  - 4.2.3 Outcome 4: Complaints relating to advice
  - 4.2.4 Outcome 5: Complaints relating to product performance
  - 4.2.5 Outcome 5(b) Complaints relating to customer service
  - 4.2.6 Outcome 6(a) Complaints relating to product accessibility, changes or switches
  - 4.2.7 Outcome 6(b) Complaints relating to complaints handling
  - 4.2.8 Outcome 6(c) Complaints relating to insurance risk claims
  - 4.2.9 Outcome 6(d) Complaints relating to non-payment of claims
  - 4.2.10 Other complaints
- 4.3 MUA, in addition to the categorisation might consider additional categories relevant to its business model, policies, services and policyholder base that may support the effectiveness of its complaint management framework in managing conduct risks and effecting improved outcomes and processes for its policyholders.
- 4.4 MUA categorises, records and reports on reportable complaints by identifying the category to which a complaint most closely relates and groups complaints accordingly.

## **5. COMPLAINTS ESCALATION AND REVIEW PROCESS**

- 5.1 MUA has established and maintains an appropriate internal complaints escalation and review process.
- 5.2 The procedures within the complaints escalation and review process is not complicated or impose unduly burdensome paperwork or other administrative requirements on complainants.
- 5.3 The complaints escalation and review process:
  - 5.3.1 follows a balanced approach, bearing in mind the legitimate interests of all parties involved including the fair treatment of complainants.
  - 5.3.2 provides for internal escalation of complex or unusual complaints at the instance of the initial complaint handler;
  - 5.3.3 provides for complainants to escalate complaints not resolved to their satisfaction; and
  - 5.3.4 is allocated to an impartial, senior functionary within MUA or appointed by MUA for managing the complaints escalation or review process.

## **6. DECISIONS RELATING TO COMPLAINTS AND TIME LIMITATION PROVISIONS FOR THE INSTITUTION OF LEGAL ACTION**

- 6.1 MUA ensures that where a complaint is upheld, any commitment to make a compensation payment, goodwill payment or to take any other action is carried out without undue delay and within the agreed timeframes.

6.2 Where a complaint is rejected, the complainant is provided with clear and adequate reasons for the decision and is informed of any applicable escalation or review processes, including how to use them and any relevant time limits.

## **7. RECORD KEEPING, MONITORING AND ANALYSIS**

7.1 MUA ensures that accurate, efficient and secure recording of complaints-related information into a central complaints register.

7.2 MUA scrutinises and analyses complaints information on an ongoing basis and utilises the information to manage conduct risks and effect improved outcomes and processes for its policyholders, and to prevent recurrences of poor outcomes and errors.

## **8. COMMUNICATION WITH COMPLAINANTS**

8.1 MUA ensures that its complaint processes and procedures are transparent, visible and accessible through channels that are appropriate to its policyholders and beneficiaries.

8.2 MUA does not impose any charge for a complainant to make use of complaint processes and procedures.

8.3 All communications of the complainant is required in writing and plain language.

8.4 Point of contact for submitting complaints:

8.4.1 If the complaint relates to service, underwriting or a claim:

Fax: 021 525 6300

email [complaints@mua.co.za](mailto:complaints@mua.co.za)

8.4.2 If the complaint relates to a contravention of any regulatory or statutory requirement regarding the rendering of a financial service:

Fax: 0860 99 99 54

email: [compliance@telesure.co.za](mailto:compliance@telesure.co.za)

8.5 The following is disclosed to complainants:

8.5.1 the type of information required from a complainant;

8.5.2 where, how and to whom a complaint and related information must be submitted;

8.5.3 expected turnaround times in relation to complaints; and

8.5.4 any other relevant responsibilities of a complainant.

8.6 MUA within a reasonable time after receipt of a complaint acknowledges receipt thereof and promptly informs a complainant of the process to be followed in handling the complaint, including:

8.6.1 Contact details of the person or department that will be handling the complaint;

8.6.2 Indicative timelines for addressing the complaint;

8.6.3 Details of the internal complaints escalation and review process if the complainant is not satisfied with the outcome of a complaint; and

8.6.4 Details of escalation of complaints to the office of a relevant ombud where applicable.

8.7. MUA keeps complainants adequately informed of:

- 8.7.1 the progress of their complaint;
- 8.7.2 causes of any delay in the finalisation of a complaint and revised timelines; and
- 8.7.3 the financial services providers decision in response to the complaint.

## 9. ENGAGEMENT WITH OMBUD

9.1 MUA ensures that it:

- 9.1.1 Has appropriate processes in place for engagement with any relevant ombud in relation to its complaints;
- 9.1.2 Clearly and transparently communicates the availability and contact details of the relevant ombud services to complainants at all relevant stages of the insurance relationship, in relevant periodic communications;
- 9.1.3 Makes available information regarding the availability and contact details of the relevant ombud services on request, and on all claims and complaints related documentation;
- 9.1.4 Maintains specific records and carry out specific analysis of complaints referred to them by the ombud and the outcomes of such complaints; and
- 9.1.5 Monitors determinations, publications and guidance issued by any relevant ombud with a view to identifying failings or risks in their own policies, services or practices.

## 9.2 MUA:

- 9.2.1 Maintains an open and honest communication and co-operation between itself and any ombud with whom it deals; and
- 9.2.2 Endeavour to resolve a complaint before a final determination or ruling is made by an ombud, or through its internal escalation process, without impeding or unduly delaying a complainant's access to an ombud.

## 10. Reporting complaints information

MUA has appropriate processes in place to ensure compliance with any prescribed requirements for reporting complaints information to any relevant designated authority or to the public as may be required by the Authority.

## 11. Review of Framework

The Complaints Management Framework shall be reviewed annually.

- (A) **The Ombudsman for Short-term Insurance-** provides consumers with a free dispute resolution mechanism. It mediates between subscribing members such as the insurer and policyholders regarding insurance contracts.

**The Ombudsman for Short-Term Insurance** can be contacted at:

Tel. 011 726-8900 Fax. 011 726-5501 Sharecall: 0860 726 890 E-mail. [info@osti.co.za](mailto:info@osti.co.za)

Postal Address P O Box 32334 Braamfontein, 2017

- (B) **The FAIS Ombudsman** is an independent and impartial dispute resolution tribunal which investigates, considers and disposes of complaints by consumers against Financial Services Providers. For example, the way a policy was sold or how a service was provided.

**The FAIS Ombudsman** can be contacted at:

0860FAISOM (0860324766)

Tel: 012 470 9080 Fax: 012 348 3447 E-mail address: [info@faisombud.co.za](mailto:info@faisombud.co.za)

Website: [www.faisombud.co.za](http://www.faisombud.co.za) Postal address: P.O Box 74571 Lynnwood Ridge 0040

The categorisation of complaints enables MUA to analyse complaints received on an ongoing basis ensuring that information is translated into meaningful data which contributes to improved customer outcomes and improvement in complaints handling.

MUA shall maintain the following data in relation to reportable complaints on an ongoing basis:

- number of complaints received;
- number of complaints upheld;
- number of rejected complaints and reasons for the rejection;
- number of complaints escalated by complainants to the internal complaints escalation process;
- number of complaints referred to an ombud and their outcome;
- number and amounts of compensation payments made;
- number and amounts of goodwill payments made; and
- total number of complaints outstanding.

MUA in conjunction with Auto and General (Pty) Ltd maintain effective and transparent relationships with the FAIS and Short term Insurance Ombudsman. Processes are embedded in the complaints management process to facilitate open engagement with the Ombudsman in relation to complaints. This includes communication of the Ombudsman details to the customer for escalation of complaints as well as effective communication with the Ombudsman on the management of escalated complaints.

This complaints management framework shall be reviewed annually.