

COMPLAINTS HANDLING PROCESS FOR RCS INSURANCE COMPLAINTS

1. Introduction and Objective

In terms of legislation governing the financial services and credit industry, any provider who is authorized to provide financial advice and / or intermediary services to clients, have the duty to offer clients a formal process to resolve complaints in a timely manner.

RCS Cards (Pty) Ltd (“RCS”), is an authorized Credit Provider in terms of the National Credit Act 37 of 2005 (“NCA”), with NCR registration number NCRCP 38, and an authorized Financial Services Provider, licensed in terms of the Financial Services Financial Advisory and Intermediary Services Act 37 of 2002 (“the FAIS Act”), as amended, with license number FSP 44481.

We are committed to providing our clients with quality service and undertake to manage the affairs of our clients by using the guiding principles contained in all six Treating Customers Fairly Outcomes, the Financial Sector Conduct Authority (“FSCA”) and the Policyholder Protection Rules.

2. RCS Complaints Management Mission

RCS undertakes to provide clients with quality service, integrity and commitment. However should it happen that a client does have a complaint, we undertake to:

- Resolve client complaints in such a way that is fair to our clients, our business and our staff
- RCS undertake to inform all our clients of the procedures established for the internal resolution of their complaints, details of which will be given to them in writing
- RCS undertake to ensure easy access to our complaints resolution process at our offices, or by way of post, e-mail or telephone
- Empower and properly train the people in our business to deal with complaints, as well as with the escalation of non-routine complaints
- Ensure that the RCS complaint handling process is reviewed on a regular basis by senior management and that overall improvement/s are actioned as a consequence of feedback received from policyholders
- If necessary, appoint an independent mediator to resolve the complaint to the benefit of both the client and RCS
- Deal with complaints in a timely and fair manner, with every complaint receiving proper consideration in a process that is managed appropriately and effectively by the responsible staff member
- Offer appropriate remedy in all cases where a complaint is resolved in favor of a client
- Inform 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
- Maintain records of all complaints received for a period of 5 years, which will specify the outcome of all the complaints lodged
- Implement follow-up procedures to:
 - Implement remedial actions to prevent similar complaints from occurring
 - Improve services and procedures where necessary in the business

3. The Definition of a Complaint

A Complaint in terms of the Policyholder Protection Rules 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 is to be dealt with by the Insurer exclusively. All documents and information relating to such a complaint, must be sent to the Insurer within 24hours of receipt of the complaint.

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

The Treating Customers Fairly (TCF) Outcomes include:

1. Customers need to feel confident that TCF is central to the RCS culture;
2. Products are designed, marketed and sold to the right customer, meeting their needs;
3. Customers receive clear information that is timely and relevant to them;
4. Customers receive suitable product/ sales advice that takes their circumstances into account;
5. Products and services perform as expected and the service is of an acceptable standard;
6. There are no unreasonable barriers for customers to change or switch products, claim or complain.

4. The definition of a Complainant – who may complain?

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

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

5. Outcomes of a Complaint

- **Rejected:** complaint was rejected, and RCS regards the complaint as **finalized** after advising the complainant that RCS 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 RCS 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.
- **Upheld:** complaint was successful either
 - i. **Wholly** (complainant got exactly what he/ she was looking for);

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

6. The Category/ Categories of Complaints

- a) The design of a RCS insurance policy or related service
- b) Information provided to the RCS insurance policyholders or lack of information and feedback provided to a RCS insurance policyholder
- c) Advice provided by the RCS sales representative
- d) RCS insurance policy performance and/ or servicing including negligence
- e) RCS admin services such as premium collection
- f) RCS insurance policy accessibility, ability to change or switch
- g) RCS Complaints handling
- h) Complaints relating to RCS insurance claims, such as a rejection of a merit assessment for litigation (in-Court) cover
- i) Other complaints

7. How to lodge a complaint with RCS

When logging the complaint ensure that you include all the relevant information for a speedy resolution; this includes details of the RCS staff member/s involved, your case or RCS insurance product details, any supporting documents and the dates/ times relevant to your dissatisfaction. The reason for your dissatisfaction must be clear in order for RCS to investigate diligently. You will **receive an SMS** confirming that your complaint has been received and confirmation that you will be contacted **within 2 working days**. Follow the steps please:

- Contact RCS on 021-597 4000 or 0861 729 727 and you will be requested to submit your complaint in writing
- Send an email to complaints@rcs.co.za

8. The RCS Internal Complaints Handling Process

- a. Upon contacting you telephonically, the RCS employee dealing with your complaint will introduce him/ herself and:
 - i) Ask you what your **preferred outcome** of the complaint would be? Please refer to the outcomes of a complaint mentioned in clause 5 but do not be discouraged by the

- terminology, the RCS employee dealing with your complaint will listen to whatever reason you have for your dissatisfaction;
- ii) Answer any and all **questions** to the best of his/ her ability;
 - iii) Request your availability/ preferred times for follow-up calls and preferred communications medium for feedback (e-mail/ phone call/ SMS/ etc.);
 - iv) Advise you to kindly **expect feedback within 7 days, alternatively 3 days** where time is of the essence such as where a Court date is involved;
 - v) Diarize the file for either 3 or 7 days depending on whether time is of the essence, to provide feedback to you but commence investigation immediately;
 - vi) It is important that you cooperate by providing copies of all relevant evidence and correspondence;
 - vii) Should the matter remain unresolved after 3 or 7 days have passed and feedback has been provided, to diarize the complaints file in order to give feedback every 14 days;
 - viii) You may escalate the matter internally and change the RCS employee dealing with your complaint where he/she did not attend to your complaint as per the 3/7/14 day diary period (to receive feedback/ assistance) as mentioned above. Simply follow the same steps as per clause 7 and advise that you wish to escalate the matter;
 - ix) Should the matter be rejected as per clause 5, you will be provided with all reference numbers/ information and contact numbers of the Ombud/ Regulatory Body to take the matter further against us.

9. Complaints Escalation and Review Process

In the event that you are dissatisfied with the outcome of your complaint from RCS, the matter may be referred to your insurer. Your specific insurer details have been noted in your policy terms & conditions and you may contact your insurer directly as per details below:

Guardrisk Insurance Company (Pty) Limited and Guardrisk Life Limited

Tel: 011 669 1000

Email: complaints@guardrisk.co.za

Address: 129 Rivonia Road, Sandown, Sandton, 2146

Postal Address: PO Box 786015, Sandton, 2146

1Life Insurance Limited

Tel: 0860 10 54 31

Email: complaints@1life.co.za

Address: 1 Telesure Ln, Dainfern, Midrand, 2191

Postal Address: PO Box 11250, Johannesburg, 2000

If any complaint to the insurer is not resolved to your satisfaction, you may then submit your complaint to the following Regulators:

The Short Term Insurance Ombudsman (OSTI)

When the complaint is pertaining to a Short-term (non-life) product; the matter will be referred to the **Ombud for Short-term Insurance**. The procedure for lodging a complaint may be found on the website for the Ombud for Short-term Insurance (www.osti.co.za) or you may obtain it directly from the Ombud at the following contact details:

Tel: (011) 726 8900 | Share call: 0860 726 890

Fax: (011) 726 5501

E-mail address: info@osti.co.za

Address: Sunnyside Office Park, 5th Floor, Building D, 32 Princess of Wales Terrace, Parktown

Postal Address: P O Box 32334 Braamfontein, 2017

The Long Term Insurance Ombudsman (OLTI)

When the complaint is pertaining to a Long-term (life) product; the matter will be referred to the **Ombud for Long-term Insurance**. The procedure for lodging a complaint may be found on the website for the Ombud for Long-term Insurance (www.ombud.co.za) or you may obtain it directly from the Ombud at the following contact details:

Tel: (021) 657 5000 | Share call: 0860 103 236

Fax: (021) 674 0951

E-mail address: info@ombud.co.za

Address: 3rd Floor Sunclare Building, 21 Dreyer Street, Claremont, Cape Town, 7700

Postal Address: Private Bag X45, Claremont, 7735

The FAIS Ombud

Should you have a complaint against the sales person selling you the product the complaint may be lodged with FSCA (Financial Sector Conduct Authority) online via www.fsca.co.za/Pages/Contact-Us

Alternatively, a complaint may be logged with the FAIS Ombud. A complaint form needs to be completed, which can be downloaded from the FAIS Ombud's website (www.faisombud.co.za). The complaints registration form is also available from the FAIS Ombud at the following contact numbers:

Telephone: (012) 762 5000 / (012) 470 9080

Fax: (086 764 1422 / (012) 348 3447

E-mail address: info@faisombud.co.za

Postal address: PO Box 74571, Lynnwood Ridge, 0040

Financial Sector Conduct Authority (FSCA)

If any complaint to the Intermediary or the Insurer is not resolved to your satisfaction

Postal Address: P O Box 35655, Menlo Park, 0102

Telephone: (012) 428 8000

Contact Centre: 0800 110 443/0800 20 20 87

Email: info@fsca.co.za

The Information Regulator

In respect of complaints relating to the use of Personal Information

Postal Address: PO Box 31533, Braamfontein, Johannesburg, 2017

Tel: +27-10-023-5200

Email: POPIAComplaints@inforegulator.org.za
