



Complaints resolution policy

OVERVIEW

The complaint resolution policy serves to provide guidance with the recording and handling of complaints while upholding and improving service to our clients, potential clients and all other stakeholders.

Complaints feedback is taken seriously and will provide valuable information in identifying areas for improvement, coordinating a consistent approach for resolution, reducing the potential for future complaints and allow for reporting and efficient allocation of resources.

Resolving complaints at the earliest opportunity in a way that respects and values the person's feedback, can be one of the most important factors in recovering the person's confidence about a service. It can also help prevent further escalation of the complaint. Therefore, the transparent, fair and efficient finalisation of complaints are key objectives and must be managed in terms of this policy.

The procedure should be used by all employees to ensure that any and every complaint will be dealt with in accordance with the law.

Important and guiding material/bodies include all six Treating Customers Fairly (TCF) Outcomes, the Financial Sector Conduct Authority (FSCA) and the Policyholder Protection Rules (PPR).

COMPLAINT (defined)

In terms of the Short-Term Insurance Act, a complaint is defined as follows:

"Complaint 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 –

- a) 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;*
- b) the insurer 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 insurer or its service provider has treated the person unfairly.*

COMPLAINANT (defined)

A complainant is a person or someone acting on their behalf, who has a direct interest in the agreement, policy or service, and includes a policyholder or their successor in title, beneficiary or their successor in title, a person whose life is insured under the policy, a person that pays a premium, member of a group scheme or/and potential policyholder or potential member of a group scheme whose dissatisfaction relates to the relevant application, approach, solicitation, advertising or marketing material.

REJECTED (defined)

Means that a complaint was not upheld and the insurer regards the complaint as finalised after advising the complainant that it does not intend to take any further action to resolve the complaint. It includes complaints regarded as unjustified or invalid or where the complainant does not accept or respond to proposals to resolve the complaint.

COMPENSATION PAYMENT (defined)

To compensate a complainant for a proven or estimated financial loss incurred as a result of the insurer's wrongdoing where the insurer accepts liability for having caused a loss concerned but excluding goodwill payments, payments contractually due in terms of a policy or a refund of an amount which was actually not contractually due.

GOODWILL PAYMENT (defined)

A payment (monetary or in the form of a benefit or service as an expression of goodwill aimed at resolving a complaint, where the insurer does not accept liability for any financial loss to the complainant.

A REPORTABLE COMPLAINT (defined)

Any complaint (as per earlier definition) unless –

- Upheld immediately by the person who initially received the complaint
- Upheld within the insurer's ordinary processes for handling policyholder queries, provided that such process does not take more than five business days from date of complaint received
- Submitted to or brought to the attention of the insurer in such a manner that the insurer does not have a reasonable opportunity to record such details of the complaint.

UPHELD:

That a complaint has been finalised wholly or partially in favour of the complainant and

- The complainant has explicitly accepted that the matter is fully resolved; or
- It is reasonable for the insurer to assume that the complainant has so accepted; and
- All undertakings made by the insurer to resolve the complaint have been met or the complainant has explicitly indicated its satisfaction with any arrangements

The Category/ Categories of Complaints

- The design of a policy or related service;
- Information provided to the policyholders or lack of information and feedback provided to a policyholder;
- Advice provided by the sales representative;
- Policy performance and/ or servicing including negligence;
- Admin services such as premium collection;
- Policy accessibility, ability to change or switch;
- Complaints handling (complaint of a complaint);

COMPLAINTS POLICY

The NTT Group is committed to an internal complaint resolution system and procedure based on the following principles:

- We wish to maintain an efficient internal complaint resolution system and procedures with adequate resources.
- We promise fairness to clients, our company and our employees at all time especially when dealing with complaints.

COMPLAINTS PROCEDURE

The client's responsibility/procedure:

- Inform the NTT Group immediately of any complaint
 - **Methods to submit complaints include:**
 - Verbally – By contacting the Dealership concerned either by visiting them in person or by telephone – find contact details below
 - In writing – Send fax or email to the Dealership (contact numbers to be found under www.nttoyota.co.za; www.ntnissan.co.za; www.ntvw.co.za; www.ntaudi.co.za; www.ntisuzu.co.za; www.ntthonda.co.za; www.nntsuzuki.co.za;
 - **If the above avenues are not sufficient and complaint is not resolved, please contact the NTT Group Head office on 087 286 1010.**
 - Contacting Anton Geldenhuys (Key individual) 087 286 1012
 - Contacting our Compliance Office

Compli-Serve Gauteng (Pty) Ltd
Tel: 087 897 6970
Email: jan@compliserve.co.za
Website: www.compliserve.co.za

- **Contacting the Insurer**

Tel: 0860 333 361
Email: complaints@guardrisk.co.za
Address: 102 Rivonia Road, Sandown, Sandton, 2146

- **If complaint still not resolved the next point of escalation will be OMBUD For Short Term Insurance:**

Tel: +27 (0) 11 726 8900 / Share Call: 0860 726 890

PO Box: 32334 Braamfontein, 2017

Email: info@osti.co.za

Physical Address

1 Sturdee Avenue, 1st Floor, Block A, Rosebank, Johannesburg, 2196

- All complaints must be in full detail.

NTT Group responsibilities/procedure:

- All complaints will be logged on the NTT Group System by the person taking down or dealing with the claim.
- All complaints will be acknowledged, within 12 hours from receipt thereof, in writing/e-mail/sms to client.
- The complaint will, at the same time, be allocated to the correct department and person who have the authority to resolve such a complaint
- All complaints will be investigated within next 12 hours after receipt and feedback and/or update will be given within the next 24 hours.
- Additional information might be requested and client will be expected to supply such info within reasonable time. Feedback, after new information received, will be given within the next 24 hours.
- All complaints will be dealt with in a professional, fair and timely manner.
- Note details of client including: Name, Surname, contact details and a small description of the complaint.
- The NTT Group System must be updated and all correspondence and discussions must be recorded in writing. The complainant will get weekly feedback on progress made.
- Any complaint that could not be resolved will be escalated to the Key Individual (Anton Geldenhuys) within 24 hours after deadlock.
- This document needs to be reviewed from time to time