



Complaints Policy

Purpose of this Complaints Policy

In terms of the FAIS General Code of Conduct, HIC must have a documented complaints management and resolution procedure that enables the consideration of complaints after suitable investigation and review of the information and circumstances and delivers on our commitment and legal obligation to treat clients fairly.

This policy should be read in conjunction with our TCF policy.

A complaint is: An expression of dissatisfaction relating to a financial product sold or marketed or financial service of HIC's which alleges that we have:

1. treated the client unfairly;
2. prejudiced the client through poor administration, deliberate or negligent acts;
3. we have failed to comply with an agreement with the client;
4. any applicable law, rule or code of conduct which we are bound by or subscribe to.

We consider the following laws and codes to be applicable in this context: the FAIS Act, FAIS General Code of Conduct and Fit & Proper Regulations, the Insurance Act and the Policyholder Protection Rules as well as the SAUMA Code of Conduct.

Note that the complaint can be lodged by someone representing the client or even by someone we have marketed to and includes an individual member of any scheme business we write.

All complaints must be handled in accordance with this policy. However, some issues are of such a nature as to be able to be speedily resolved; thus any complaint received and resolved to the clients' satisfaction within five days will not be considered as necessary to report on and will be captured as a "query" in our complaints management system.

Responsibilities

HIC has appointed all Line Managers as the primary team to investigate and resolve any complaints.

Through their positions as managers, they have appropriate access to the necessary records and sufficient authority to investigate and make final decisions to resolve complaints. Additionally, they have the necessary experience, knowledge and skills in complaints handling, TCF, our products and services and the legislative framework.

We do not remunerate the managers in relation to any outcome or number of complaints.

We will ensure that no cases of conflict of interest arise in the handling of complaints. Should any person handling a complaint determine that they are in a conflicted position then an alternate person will take over the role in that investigation. This change will be determined by the employee's manager. Thereafter the complaint is sent to Monique Oosthuizen who logs the complaints onto the Guardrisk complaints register.

Categorization of complaints

Any complaints received will be recorded in our complaints management system. We will categorize complaints as follows in the complaints management system:

1. Query (i.e. a complaint that is resolved within five days);
2. Flawed design of the financial product or service (including fees and premiums);
3. Information provided;

HOSPITALITY, INDUSTRIAL & COMMERCIAL UNDERWRITING MANAGERS

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4. Advice related;
5. Financial product or service performance;
6. Client service (including premium collection and lapsing);
7. Product accessibility, changes or switches (including investment redemptions);
8. Complaints handling;
9. Claims (including non-payment of claims);
10. Other.

Escalation and review

Should a complaint not be resolved by the initial complaints handler it will be escalated to Denleigh Wilensky. Similarly, should a complainant wish to escalate a complaint beyond the initial complaints handler it will also be escalated to Denleigh Wilensky.

When reviewing any complaint, the complaints handler will ensure they take a balanced and fair approach to ensure the interests of all parties are addressed. Should they be unsure they will liaise with their immediate manager who may then escalate the claim to Denleigh Wilensky should they see fit to do so.

Decisions

Where HIC commits to any payment in regard to any complaint we will make the payment within 7 days or within the number of days as agreed with the complainant.

Where we reject a complaint, we will provide the complainant with clear and adequate reasons for the decision as well as the options they have to take the issue further and the applicable time limits as described in our complaints handling process below and encapsulated in our draft letters.

The details of the relevant Ombuds and Adjudicators offices are as follows:

The National Financial Ombud Scheme handles Short-term and Long-term complaints and can be contacted through the following:

Telephone: 0860 800 900

Website: <https://nfosa.co.za>

Email: info@nfosa.co.za

Jurisdiction limits - Short-term: R5 million for general complaints excluding homeowners, R 10 million for homeowners, R 5 million banking complaints, complaint cannot be under litigation or under contemplation of litigation with an attorney, a complaint regarding a claim cannot have exceeded the prescription period of the Prescription Act, 1969.

Jurisdiction limits - Long-term: complaint cannot be under litigation or under contemplation of litigation with an attorney, complaint cannot already have been determined on by the Ombudsman, complaint will not be considered if the complaint has been submitted three years after the complainant should have been aware that of the cause to complain.

The FAIS Ombud

Telephone: 012 762 5000

Website: faisombud.co.za

Email: info@faisombud.co.za

Pension Funds Adjudicator

Telephone: 086 066 2837

Website: www.pfa.org.za

Email: enquiries@pfa.org.za

Jurisdiction: Complaints relating to pension funds excluding State pension funds.

Records of complaints

HIC understands the importance of accurate and reliable information regarding complaints and will ensure that it is kept securely as part of our record keeping procedures and policy.

Our complaints management system records the following information in terms of all complaints:

1. Name, applicable policy number and contact details of the complainant and their representative,
2. Copies of all relevant evidence, correspondence and decisions,
3. The category of the complaint,
4. Status of the complaint,
5. Date stamps of actions including interactions with complainants.

Our complaints management system enables us to draw the following information:

1. Number of complaints received,
2. Number of complaints decided in favour of the client (in part or completely),
3. Number of complaints rejected,
4. The reasons for rejected complaints,
5. Number of complaints escalated by complainants,
6. Number of complaints referred to an Ombud,
7. Results of complaints referred to an Ombud,
8. Number of compensation payments made (i.e. where we were at fault),
9. Amount of compensation payments made,
10. Number of goodwill payments made (i.e. where we were not at fault but choose to resolve the complaint in this manner),
11. Amount of goodwill payments made,
12. Number of complaints outstanding.

As part of our ongoing efforts to enhance our services, Denleigh Wilensky and Monique Oosthuizen will review the complaints information at least every month and take any rectifying action they feel is necessary.

This information enjoys the protections of our POPIA policy.

Communication with complainants

HIC is committed to a transparent and accessible complaints process. As such we will:

- Never charge complainants to submit complaints,
- Ensure all communications are in plain language, and
- Provide each complainant with a single contact point for their complaint.

To facilitate submission of complaints by policyholders we will provide a link to the following online complaints email address on our website as well as include this information in our disclosure document.

Should a complaint be lodged with a service supplier rather than directly with ourselves we will treat notification from the client to the policyholder as notification to us. Should we not have the necessary information below we will follow our complaints procedure and request the information directly from the complainant.

To ensure we handle complaints fairly we will request the complainant provide the following information in writing via the email address/online complaints portal:

- The policy number of the policy in question,
- The details of the individual who initially dealt with the client (if applicable),
- An explanation of the client's complaint,
- An explanation of the client's expectation from us, and
- Copies of any relevant documents at the client's disposal.

Upon receipt of the complaint, we will act as follows:

- Assign the complaint to Line Manager,
 - The Line Manager will email acknowledgement of receipt of the complaint within two hours to the complainant and Monique Oosthuizen of the business day that it is received and confirm their contact details and that further correspondence will be provided within 48 hours,
 - Line Manager will request information from relevant parties on that business day,
 - Line Manager will assess and investigate all the information provided in respect of the complaint within the 2 days.
 - The Line Manager will contact the complainant to inform them of the progress and request any further information within 48 hours of initial formal receipt of the complaint. Should a resolution or rejection be proposed at this point, the details of the internal escalation process and relevant Ombuds' details and all parties' responsibilities will be provided in this correspondence should the complaint be with their jurisdictions as noted above.
 - Should it not be possible to propose a resolution or rejection within 48 hours, the above step shall inform the complainant of the reason for the delay and note that we will investigate further and provide further feedback within a week. The internal escalation process will be provided in this correspondence.
 - The Line Manager will request and review any further information necessary,
 - Should it not be possible to propose a resolution or rejection within a week, the Line Manager will inform the complainant of the reason for the delay, note that we will investigate further and provide final resolution within four weeks,
 - Line managers will request and review any further information necessary.
 - Line managers will propose a resolution or rejection of the complaint.
 - Should any complaint be rejected, the correspondence will include the details of the internal escalation process and relevant Ombuds' details and all parties' responsibilities.
 - Once the complaint is resolved the Line Manager sends an email to Monique Oosthuizen.

Any further extensions to these timeframes is at the discretion of Denleigh Wilensky. In such cases they will liaise with the client directly.

Engagement with the Ombud

HIC is aware of the vital role the various Ombuds and Adjudicators play in creating fair outcomes for policyholders, intermediaries and providers in the financial services industry. As such our engagement with their offices and representatives will always be honest, professional and transparent.

To ensure our clients have access to the Ombuds we have included the details of those relevant to our business in our disclosure document which is provided when we first begin to engage with a client and on our website. As noted in this document we will also provide the information to complainants during the complaints process.

Should a complainant approach the Ombud directly and not inform us of their complaint we will entertain their complaint and follow the procedures as described in this document upon notification of the complaint by the Ombud.

We receive regular updates via the websites of the FAIS (www.faisombud.co.za), National Financial Ombud Scheme (www.nfosa.co.za) Pension Funds Adjudicator (www.pfa.org.za). The cases are reviewed by Denleigh Wilensky each month to determine if there are any possible adjustments to our business.

Review

This policy will be reviewed in December every year and reissued if necessary.