



IC016V3
COMPLAINTS RESOLUTION POLICY

What is the purpose of this document?

In terms of section 17(1)(a) of the General Code of Conduct for Authorised Financial Services Providers and Representatives (“the General Code of Conduct”) a provider must establish, maintain and operate an adequate and effective complaints management framework, in order to ensure the effective resolution of complaints and the fair treatment of complainants.

The complaints management framework must be based on the following outcomes:

- Is proportionate to the nature, scale and complexity of the provider’s business and risks;
- Is appropriate for the business model, policies, services, and clients of the provider;
- Enables 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;
- Does not impose unreasonable barriers to complainants; and
- Must address and provide for the matters as contained in Part XI of the General Code of Conduct.

In order to achieve the abovementioned outcomes, Scottfin has adopted a complaints policy which outlines the procedure to client who wants lodge a complaint as well as Scottfin’s commitment towards the fair, transparent and effective resolution of complaints.

DEFINITIONS

Complaint

A “Complaint” means an expression of dissatisfaction by a person to a provider or, to the provider’s service supplier relating to a policy or service provided or offered by that provider 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 provider or its service supplier 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 provider or its service supplier’s maladministration or willful or negligent action or failure to act, has caused the person harm, prejudice, distress or substantial inconvenience; or
- c) the supplier or its service supplier has treated the person unfairly;

Any complaint relating to a financial product should be lodged directly with the relevant product provider or insurance company.

Complainant

means a person who submits a complaint and includes a-

- a) Client
- b) person nominated as the person in respect of whom a product supplier should meet financial product benefits or that persons' successor in title
- c) person that pays a premium in respect of a financial product;
- d) person whose dissatisfaction relates to the approach, solicitation marketing or advertising material or an advertisement in respect of a financial product, financial service or related service of the provider,

who has a direct interest in the agreement, financial product or financial service to which the complaint relates, or a person acting on behalf of a person referred to in (a) to (c).

Goodwill Payment

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

Rejected/Invalid

means that a complaint was not upheld – the provider regards the complaint as finalised after advising the complainant that it does not intend to take any further action to resolve the complaint – Including complaints regarded as unjustified or invalid / where the complainant does not accept or respond to proposals to resolve the complaint.

Upheld/Resolved

Means that a complaint has been finalised wholly or partially in favour of the complainant and –

- 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.

Goodwill Payment

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

The Category/Categories of Complaints

- a) The design of a policy or related service.
- b) Information provided to the policyholders or lack of information and feedback provided to a policyholder.
- c) Advice provided by the sales representative.
- d) Product performance.
- e) Policy accessibility, ability to change or switch.
- f) Services provided such as premium collection, unauthorized debits, incorrect debit date, no feedback
- g) Complaints handling (complaints relating to complaints handling).
- h) Complaints relating to insurance claims, such as a claims decision dispute.
- i) Any other complaint.

How must a complaint be made?

Should a valued client feel that any or all of the above, categories and TCF Outcomes, could have been better handled by Scottfin, a complaint must be submitted to us in writing, by email or telephone. The complaint can be submitted through the following channels:

Post: P.O. Box 1325
Scottburgh
4180

Email: info@scottfin.com

Telephone: (039) 978 2220

What happens once a complaint is made?

- We will acknowledge receipt of the complaint in writing within 24 Hours
- Once the complaint has been made, it will be allocated and investigated by the Manager of the Division to which the complaint relates.
- As required by legislation, we will attempt to resolve the complaint within 15 working days of receipt of the complaint.
- In the event that the complaint cannot be resolved, we will advise the client of the reasons why the complaint could not be resolved and what further steps are available to the client.

Who will deal with the complaint?

- The Key Individuals will oversee the effectiveness of the complaints management framework however complaints will be handled by the Manager of the Division to which the complaint relates.
- All Ombud and complex complaints will be escalated and handled by the CEO of Scottfin in consultation with the Compliance Division.
- A client lodging a complaint can be rest assured that the Manager of the Division to which the complaint relates:
 - ✓ Has been adequately trained
 - ✓ Has appropriate experience, knowledge and skills in complaints handling, fair treatment of customers, the subject matter of the complaints concerned as well as relevant legal and regulatory matters is not subject to a conflict of interest; and
 - ✓ Is adequately empowered to make impartial decisions or recommendations

What happens if the complaint is not resolved to the client's satisfaction?

We will advise the client in writing of the reasons why the complaint could not be resolved and what recourse the client may have together with any time barring limits where applicable.

The client may have recourse to the following, whichever is applicable:

- Refer the matter to the Insurer;
- Refer the matter to the FAIS Ombudsman;
- Refer the matter to the Insurance Ombudsman ,
- See legal advice from an attorney of what legal action may be taken; or
- Refer the matter to arbitration or mediation.

Record keeping

We will keep a record of every complaint and maintain such record for period 5 years as required by Financial Services legislation.

Our commitment:

Our aim is to:

- Be committed to resolve client complaints by means of a fair and practical resolution process;
- Take steps to investigate and respond promptly to the complaint;
- Deal with complaints in a timely and fair manner, with each complaint receiving due consideration in a process that is managed appropriately and effectively; and

- Ensure that a full and appropriate level of redress is offered to the client, without delay, where the complaint is resolved in favour of the client.

IMPORTANT CONTACT DETAILS

Insurer Contact Details

Please refer to your Policy Wording for your insurer contact details. These details will also be provided to at complaint handling stage.

Particulars of the Ombudsman who is available to advise you in the event of problems that are not satisfactorily resolved by the Insurance Intermediary and/or the Insurer:

FAIS Ombudsman

Physical Address:

Sussex Office Park
Ground Floor, Block B
473 Lynnwood Rd Cnr Lynnwood Rd & Sussex Ave
Lynnwood
0081

Telephone : (012) 470 9080 / (012) 348 3428

Fax : (012) 348 3447

Email : info@faisombud.co.za

Website : www.faisombud.co.za

Insurance Ombudsman

Telephone: 0860 103 236 OR 0860 726 890

Fax: 0865 890 696

Email: info@insuranceombudsman.co.za

Website: www.insuranceombudsman.co.za

Particulars of Registrar of Short-Term Insurance:

Financial Sector Conduct Authority

Physical Address:

Riverwalk Office Park, Block B
41 Matroosberg Rd (Crn Garsfontein & Matroosberg Rds)
Ashlea gardens, Extension 6
Menlo Park
Pretoria
0081

Telephone : (012) 428 8000

Contact Centre: 0800 110 443 / 0800 20 20 87

Fax : (012) 346 6941

Email : info@fsca.co.za


Website : www.fsca.co.za

Postal Address:

PO Box 35655
Menlo Park
0102

Policy Review

This policy will be reviewed on an ad hoc basis if there are any changes to the business operations or legislation that warrant such change. Alternatively, the policy will be reviewed once annually.

Name of Policy	Version No.	Reason for change	Author	Approver	Approver signature	Effective Date
Complaints Resolution Policy	IC016V2	Amendments to policy	Prenisha Naidoo	Debbie Holroyd		1 December 2020
Complaints Resolution Policy	IC016V3	Review of Policy	Prenisha Naidoo	Debbie Holroyd		1 October 2021

Client lodges complaint with Scottfin.

Scottfin acknowledges receipt of complaint to client

Scottfin records complaint in register and keeps tracking progress in register

Scottfin will attempt to provide the client feedback within 15 days.

Scottfin may use recommendation to resolve complaint

If after 15 days it cannot be resolved, Scottfin will advise client of right to refer to Ombudsman.

Scottfin advises client of outcome in writing.

If outcome in favour of client, broker must offer appropriate redress.

COMPLAINTS RESOLUTION PROCESS

If client not satisfied with outcome, broker must give client full reasons and notify the client that the matter may be referred to his/her Insurer. If s/he is still not satisfied with the outcome provided by the Insurer, then s/he may refer the matter to FAIS Ombud. This must be done so within 6 months of the notification.