



COMPLAINTS MANAGEMENT
FRAMEWORK

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COMPLAINTS MANAGEMENT FRAMEWORK

1. Introduction

Platinum Life (Pty) Ltd, (Hereinafter referred to as “Platinum Life” or “the Company”) is an authorised financial services provider with a strong focus on policyholder satisfaction that is in alignment with Treating Customers Fairly (TCF). Platinum Life is committed to deliver service of the highest quality. We undertake to deliver all services in line with our mission statement and to treat our clients fairly. Platinum Life endeavours to speedily resolve all complaints and to treat all complainants with respect.

This complaints management framework serves to guide the manner in which complaints are handled and formalise the practices to effectively resolve complaints to ensure that our customers are satisfied with the services that we render.

2. Definitions & Terminology

2.1. Complainant

means a person who submits a complaint and includes a—

- a) policyholder or the policyholder’s successor in title;
- b) beneficiary or the beneficiary’s successor in title;
- c) person whose life is insured under a policy;
- d) person that pays a premium in respect of a policy;
- e) member; or
- f) potential policyholder or potential member whose dissatisfaction relates to the relevant application, approach, solicitation or advertising or marketing material, who has a direct interest in the agreement, policy or service to which the complaint relates, or a person acting on behalf of a person referred to in paragraphs (a) to (f);

2.2. 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 willful 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.

2.3. Rejected

in relation to a complaint means that a complaint has not been 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 and includes complaints regarded by the insurer as unjustified or invalid, or where the complainant does not accept or respond to the insurer's proposals to resolve the complaint.

2.4. Compensation payment

means a payment, whether in monetary form or in the form of a benefit or service, by or on behalf of an insurer to a complainant to compensate the complainant for a proven or estimated financial loss incurred as a result of the insurer's contravention, non-compliance, action, failure to act, or unfair treatment forming the basis of the complaint, where the insurer accepts liability for having caused the loss concerned, but excludes any—

- a) goodwill payment;
- b) payment contractually due to the complainant in terms of a policy; or
- c) refund of an amount paid by or on behalf of the complainant to the insurer where such payment was not contractually due;

and includes any interest on late payment of any amount referred to in paragraphs (b) or (c).

2.5. Goodwill payment

means a payment, whether in monetary form or in the form of a benefit or service, by or on behalf of an insurer to a complainant as an expression of goodwill aimed at resolving a complaint, where the insurer does not accept liability for any financial loss to the complainant as a result of the matter complained about.

2.6. Reportable complaint

means any complaint other than a complaint that has been—

- a) upheld immediately by the person who initially received the complaint;
- b) upheld within the insurer's ordinary processes for handling policyholder queries in relation to the type of policy or service complained about, provided that such process does not take more than five business days from the date the complaint is received; or
- c) 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 as may be prescribed in relation to reportable complaints.

2.7. Upheld

means that a complaint has been finalised wholly or partially in favour of the complainant and that—

- a) the complainant has explicitly accepted that the matter is fully resolved; or
- b) it is reasonable for the insurer to assume that the complainant has so accepted; and

- c) all undertakings made by the insurer to resolve the complaint have been met or the complainant has explicitly indicated its satisfaction with any arrangements to ensure such undertakings will be met by the insurer within a time acceptable to the complainant.

3. Establishment of complaints management framework

- 3.1. Platinum Life has established and maintains a complaints management framework to ensure the fair treatment of complainants that -
 - 3.1.1. is proportionate to the nature, scale and complexity of the business and risks; is appropriate for the business model, policies, services, policyholders, and beneficiaries of the insurer;
 - 3.1.2. enables complaints to be considered after taking reasonable steps to gather and investigate all relevant info and circumstances, with due regard to the fair treatment of complainants; and
 - 3.1.3. does not impose unreasonable barriers to complainants.
- 3.2. Platinum Life regularly reviews its complaints management framework and document any changes thereto.
- 3.3. The complaints management framework provides for the following:
 - 3.3.1. objectives, key principles and the proper allocation of responsibilities for dealing with complaints;
 - 3.3.2. performance standards, remuneration and reward strategies (internally and where any functions are outsourced) for complaints management to ensure objectivity and impartiality;
 - 3.3.3. documented procedures for management & categorisation of complaints, incl. expected turnaround time and the circumstances under which it may be extended; and
 - 3.3.4. documented procedures which clearly define the escalation, decision-making, monitoring, oversight and review processes.
- 3.4. All staff responsible for complaints handling are adequately trained, have the appropriate mix of experience, knowledge and skills.

4. Non-reportable complaints

- 4.1. Non-reportable complaints include all complaints that do not qualify as “reportable complaints” as per section 2.6 above.
- 4.2. Non-reportable complaints will be dealt with by the Client Care consultant as first point of contact.

5. Reportable complaints

- 5.1. All reportable complaints are accurately categorised, recorded and reported according to the following categories:
 - 5.1.1. design of a policy or related service (incl. premiums or other fees or charges)
 - 5.1.2. information provided to policyholders
 - 5.1.3. advice
 - 5.1.4. policy performance

- 5.1.5. service to policyholders (including complaints relating to premium collection or lapsing of policies)
 - 5.1.6. policy accessibility, changes or switches
 - 5.1.7. complaints handling
 - 5.1.8. complaints relating to insurance risk claims, including non-payment of claims and
 - 5.1.9. other complaints.
- 5.2. Additional categories of complaints will be considered which may be relevant to the business model, policies, services and policyholder base.

6. Client complaint procedure

- 6.1. Platinum Life's Client Care department is the single point of contact for complaints.
- 6.2. All our Client Care personnel are Representatives in terms of the FAIS Act and are duly qualified to handle general client queries and complaints.
- 6.3. If a client has a query or complaint about a policy or is in any way unhappy with the service received, he/she may contact Platinum Life on **0860 542 542**.
- 6.4. The complaint can also be emailed to: **info@platinumlife.co.za**
- 6.5. The following information is required when logging a complaint:
 - 6.5.1. Name
 - 6.5.2. Surname
 - 6.5.3. Cell phone number
 - 6.5.4. Details of the complaint or enquiry
 - 6.5.5. Policy number / reference number

7. Complaints escalation and review process

- 7.1. Platinum Life has established a complaints escalation and review process that is not complicated or burdensome, is appropriate, impartial, and provides for the allocation to senior management of complex or unusual complaints.
- 7.2. Complaint reports are scrutinised and analysed on an ongoing basis and to be utilised to manage conduct risks, to improve outcomes for policyholders.
- 7.3. Clients will not be charged to make use of the complaint process.
- 7.4. **In the event that your Client Care Representative is unable to satisfactorily resolve your complaint on first attempt, your complaint will automatically be escalated to the Complaints Manager. The Complaints Manager can be contacted by email at complaintsmanager@platinumlife.co.za.**
- 7.5. **In the event that the Complaints Manager could not satisfactorily resolve your complaint in 5 days, your complaint will automatically be sent to the Complaints Adjudicator. The Complaints Adjudicator can be contacted by email at complaintsadjudicator@platinumlife.co.za.**
- 7.6. Platinum Life will acknowledge receipt of the submission to the Complaints Adjudicator and will provide the complainant with the contact details of the Key Individual who will be involved with the investigation and resolution of the complaint within 24 hours.

- 7.7. The Complaints Adjudicator will inform the complainant of the outcome of his or her adjudication as soon as is reasonably possible and within a period not exceeding six 15 days from date of receipt of the written submission.
- 7.8. If the complaint was not satisfactorily resolved by the Complaints Adjudicator, the complainant may then contact the insurer:

Guardrisk Life Insurance

Tel: 011 669 1000

Email: complaints@guardrisk.co.za

Physical Address: The Marc, 129 Rivonia Road, Sandton, 2196

Postal Address: PO Box 786015, Sandton, 2146

- 7.9. Should the complaint not be resolved to the satisfaction of the complainant by the insurer, the complainant will be informed of his or her rights in terms of the relevant FAIS legislation or any other applicable legislation. The complainant will then be provided with a written report regarding the investigation and the outcome thereof as well as the contact details of the relevant Ombudsman:

National Financial Ombud Scheme	
<p>Contact Details: Telephone: 0860 800 900 E-Mail: info@nfosa.co.za Website: www.nfosa.co.za</p>	<p>Physical Address: Claremont Central Building 6 Vineyard Road Claremont Cape Town 7708</p>

FAIS Ombud		
<p>Contact Details: Telephone: 012 762 5000 Sharecall: 0860 663 274 E-Mail: info@faisombud.co.za Website: www.faisombud.co.za</p>	<p>Physical Address: Menlyn Central Office Park 125 Dallas Aveune Waterkloof Glen Pretoria 0010</p>	<p>Postal Address: PO Box 41 Menlyn Park 0063</p>

- 7.10. The complainant will have 6 months to lodge a complaint with the Ombudsman from the date of notification from the insurer regarding the outcome of the complaint.

8. Decisions relating to complaints

- 8.1. Where a complaint is upheld, any commitment made by Platinum Life to make a payment or to take any other action, will be carried out without undue delay and within any agreed timeframes.
- 8.2. Where a complaint is rejected, the complainant will be provided with clear and adequate reasons for the decision and will be informed of any applicable escalation or review processes, including how to use them and any relevant time limits.

9. Record keeping, monitoring and analysis of complaints

- 9.1. Platinum Life will ensure accurate, efficient and secure recording of complaints-related information.
- 9.2. The following are recorded in respect of each reportable complaint-
 - 9.2.1. relevant details of the complainant and the subject matter of the complaint
 - 9.2.2. copies of all relevant evidence, correspondence and decisions
 - 9.2.3. the complaint categorization; and
 - 9.2.4. progress and status of the complaint, incl. whether turnaround times were adhered to.
- 9.3. Platinum Life maintains ongoing data regarding the number of reportable complaints, including reportable complaints:
 - 9.3.1. received, upheld, outstanding, rejected and reasons for the rejection;
 - 9.3.2. escalated to the internal complaint's escalation process; and
 - 9.3.3. referred to an ombudsman and the outcome.
- 9.4. Platinum Life records all details regarding compensation payments and goodwill payments made, including the amounts of such payments.

10. Regulatory Complaints

- 10.1. All complaints lodged with the National Financial Ombudsman Scheme and all legal proceedings in respect of the Insurer, the Policies and/or the Insurance Business will be dealt with exclusively by Guardrisk Life.
- 10.2. Platinum Life will give all assistance and co-operation to Guardrisk Life in respect of any of the above and promptly furnish all documents / information and give all representations required in order to enable Guardrisk to defend any such legal proceedings, claims, potential claims, complaints or potential complaints.

10.3. Platinum Life will, within 48 (forty-eight) hours of receipt of a complaint, a notification from the Ombudsman; or any other legal document pertaining to Guardrisk, the Insurance Business and/or the Policies, provide a copy of such documents and any supporting documents to Guardrisk. The details are as follows:

10.3.1. Life Ombud Complaints: krawitzr@guardrisk.co.za

10.3.2. Repudiation requests: LifeClaims@guardrisk.co.za

10.3.3. Repudiation requests: claimsrejection@guardrisk.co.za

10.3.4. FAIS complaints – Life: compliance@platinumlife.co.za