

Complaints Management Policy

Background

As an Authorised Financial Services Provider, Mirabilis Engineering Underwriting Managers (Pty) Ltd (“MIRABILIS”) has a duty to render financial services honestly, fairly, with due skill, care and diligence, and in the interests of its Customers and the integrity of the financial services industry. In order to establish a set of protocols to achieve this aim, the Financial Services Board has published the General Code of Conduct for Financial Services Providers and Representatives which requires that MIRABILIS adopt, maintain and implement systems and procedures for the management and internal resolution of Complaints.

In addition hereto, the South African Insurance Association (“SAIA”) has issued a Code of Conduct to assist SAIA members to achieve the aim of self-regulation. The SAIA Code aims to ensure that SAIA members commit to self-imposed ethical and professional business practices. As a mechanism to achieve this aim, the SAIA Code requires members to adopt a set of procedures to effectively manage Complaints in the best interest of the Customer. By virtue of its relationship as Underwriting Manager on behalf of Santam Ltd, MIRABILIS has also committed itself to uphold the principles of the SAIA Code of Conduct.

The above regulatory requirements and standards are further reinforced by Outcome 6 of the Treating Customers Fairly protocol of the FSCA and as further clarified in the then FSB’s Complaints Management Discussion Document (issued in October 2014) which requires the implementation, monitoring and internal reporting on an appropriate and effective internal process for the management and internal resolution of customer complaints. The complaints management process should also ensure that management information obtained from the process is used to evaluate and improve on the TCF Outcomes.

This Complaints Management Policy (“the Policy”) accordingly seeks to achieve compliance with the aims of the above regulations, Codes and TCF principles.

Policy Objective

The purpose of this Policy is to:–

- Formalise the procedure for the lodging of *complaints* by *customers* of MIRABILIS who are dissatisfied with the financial service rendered by MIRABILIS and to ensure that the procedure is accessible to all customers;
- Enable MIRABILIS to effectively manage and resolve *complaints* relating to the financial service rendered by it to its *customers*;
- Enable MIRABILIS to identify and analyse trends and areas of concern in the rendering of its financial service and thereby to ensure that appropriate interventions are put in place at the earliest possible opportunity;

- To ensure that processes are in place to familiarise staff with the appropriate way of dealing with *complaints*; and
- To ensure that senior management endorse and support the fair, objective and transparent management of *complaints* and the procedures set out in this document.

Scope of Application

This Complaints Management Policy will apply to *complaints* lodged against MIRABILIS by or on behalf of *customers* or *prospective customers* of MIRABILIS relating to the financial service rendered by MIRABILIS or an authorised service provider to such *customer*.

Annexures

- “A” MIRABILIS Complaint Form
- “B” List of TCF aligned complaints categories

Definitions

MIRABILIS	Mirabilis Engineering Underwriting Managers(Pty) Ltd, a registered Financial Services Provider
Santam	The Insurer/Product Supplier of the policies issued by MIRABILIS
Complaint	Means an expression of dissatisfaction by a person, relating to a financial product or service provided by <i>MIRABILIS</i> or its <i>representatives</i> or a <i>service provider</i> , or relating to an agreement with MIRABILIS in terms of its products/services and where it is alleged that MIRABILIS or its <i>representative</i> or <i>service provider</i> – <ol style="list-style-type: none">a) has contravened or failed to comply with an agreement, a law, a rule or a code of conduct which is binding on <i>MIRABILIS/Santam</i> or to which <i>MIRABILIS/Santam</i> subscribes (i.e. a Policy document, the FAIS Act or General Code of Conduct, the Short Term Insurance Act or the SAIA Code of Conduct); or

- b) has acted in a negligent or wilful manner that has caused harm, prejudice, distress or substantial inconvenience to *the complainant*; or
- c) has treated the *complainant* unfairly.

Any of the above allegations will be considered to be a *complaint* even where such allegation is made along with or in relation to a *customer query*.

For purposes of this policy it is sufficient to constitute a *complaint* if the *customer* expresses dissatisfaction with the financial service rendered to him by *MIRABILIS* or its *representatives* or *service providers*.

Complainant

Means a person who has submitted a specific complaint to *MIRABILIS* or, to *MIRABILIS*'s knowledge, to *MIRABILIS*'s service provider and includes a –

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

Compensation payment

Means a payment, other than a *goodwill payment*, by *MIRABILIS* to a *complainant* to compensate the *complainant* for a proven or estimated financial loss incurred as a result of *MIRABILIS*'s contravention, non-compliance, action, failure to act, or unfair treatment forming the basis of the *complaint*, where *MIRABILIS* accepts liability for having caused the loss concerned.

Compensation payment excludes –

- a) payment of amounts contractually due to the complainant in terms of the financial product or service concerned, or
- b) refunds of amounts paid by or on behalf of the *complainant* to *MIRABILIS* where such payments were not contractually due,

but includes interest on late payment of amounts or refunds referred to in (a) or (b).

Customer

Means any user, former user or beneficiary of one or more of MIRABILIS's financial products or services, and their successors in title.

Customer query

Means a request to MIRABILIS by or on behalf of a *customer* or *prospective customer*, for information regarding MIRABILIS's products, services or related processes, or to carry out a transaction or action in relation to any such product or service.

Goodwill payment

Means a payment by MIRABILIS to a *complainant* as an expression of goodwill aimed at resolving a *complaint*, but where MIRABILIS does not accept liability for any financial loss to the *customer* as a result of the matter complained about.

Prospective customer

Means a person who has applied to or otherwise approached MIRABILIS in relation to becoming a *customer* of MIRABILIS, or a person who has received marketing or advertising material in relation to MIRABILIS's products or services.

Rejected

Means that the *complaint* has not been upheld and MIRABILIS regards the *complaint* as finalised after advising the *complainant* that it does not intend to take any further action to resolve the *complaint*.

This can arise either where MIRABILIS rejects a *complaint* without offering to take steps to resolve it because MIRABILIS regards the *complaint* as unjustified or invalid, or where the *customer* or *prospective customer* does not accept or respond to MIRABILIS's proposals to resolve the *complaint* and MIRABILIS then advises the *complainant* that it does not intend to take any further action to attempt to resolve the *complaint*.

Representative

Any person authorised to render financial services on behalf of a MIRABILIS, whether under a contract of employment or a contract of mandate.

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 MIRABILIS's ordinary processes for handling *customer queries* in relation to the type of agreement, product or service complained about, provided that such process does not take more than five business days to complete from the date the complaint is received; or
- c) submitted to or brought to the attention of MIRABILIS in such a manner that MIRABILIS does not have a reasonable opportunity to record such details of the complaint as may be prescribed in relation to reportable complaints.

Service Provider

Means another person with whom MIRABILIS has an arrangement in relation to the marketing, distribution, administration or provision of such products or services, regardless of whether or not such other person is the agent of MIRABILIS.

Upheld

Means that the *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 MIRABILIS to assume that the complainant has so accepted; and
- c) all undertakings made by MIRABILIS 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 MIRABILIS within a time acceptable to the complainant.

Principles of this Policy

The following principles will apply to any and all Complaints dealt with in terms of this Policy:

- All *complaints* will be thoroughly investigated and given due consideration.
- All *complaints* are to be dealt with in a fair, transparent and objective manner with due consideration for TCF principles and *the complainant* will during the complaints process be treated with dignity and respect.
- MIRABILIS will ensure that all its *service providers* have processes in place to manage *complaints* relating to services rendered by them on behalf of MIRABILIS, will require regular reports on any *complaints* against

service providers and will monitor any *complaints* reported to MIRABILIS and referred to any *service provider* for further handling.

- All staff handling *complaints* in terms of this Policy should have an appropriate mix of experience, knowledge and skill in *complaints* handling as well as in the principles of TCF and other regulatory provisions, should not be subjected to any conflict of interest and should be empowered to make impartial recommendations regarding the handling of *complaints*.
- Only relevant information provided to Mirabilis shall be considered when dealing with a *complaint*. Relevant information is only that information relating directly to the rendering of the financial service and which is founded on fact and can be empirically verified.
- All *complaints* will be dealt with promptly and with due consideration for the circumstances of the *complainant* and the MIRABILIS staff member involved.
- *Complaints* of a serious or non-routine nature will be escalated to the appropriate level of management within MIRABILIS
- The complainant will be advised of his/her right to escalate a complaint firstly to the Santam Internal Arbitrator (if the quantum of the complaint is less than R10 Million or MIRABILIS agrees that the complaint may be escalated in this manner) and then to the FAIS Ombud or Ombud for Short Term Insurance.
- The *complainant* will regularly be kept up to date with the progress of the complaints handling process and will receive written notification of the outcome of the complaints handling process which will supply clear and adequate reasons for any decision taken by MIRABILIS.
- If the *complaint* is *upheld* any action undertaken by MIRABILIS must be carried out without delay and/or within agreed timeframes.
- All *complaints* will be treated confidentially if required by the *complainant* or if the nature of the *complaint* justifies confidential treatment.
- MIRABILIS will continuously track *complaint* trends and will take appropriate action to eliminate any identified shortcomings in its service to prevent a recurrence of any *complaint*.

Internal Complaints Handling Process

How to lodge a Complaint

- All *complaints* must be submitted in writing. If it is impossible for the *customer* to submit the *complaint* in writing, full details of the *complaint* must be verbally relayed to the person responsible for capturing complaints and who will reduce the *complaint* to writing.
- The *complaint* should be submitted on a written Complaint Form attached hereto as Annexure “A” or alternatively can be submitted in any format by providing the relevant details.
- The *complaint* must provide details of the financial service of which the *complainant* is complaining and must contain sufficient detail to enable MIRABILIS to identify the staff member involved, the reference number of the policy / claim file and the date that the financial service was rendered. All supporting documentation must accompany the *complaint*.
- The *complaint* must identify and explain the reason for the *complainant’s* dissatisfaction and how the *complainant* wants the *complaint* resolved.

Where to submit a Complaint

On MIRABILIS’s website: <https://www.mirabilis.net>

By e-mail: Complaints@mirabilis.net

By post: P O Box 2081, Saxonwold, Johannesburg, 2132

By hand: Mirabilis Engineering Underwriting Managers (Pty) Ltd (for attention Complaints Manager)
1st Floor Cradock Place, 5 Cradock Avenue, Rosebank, Johannesburg, South Africa

Internal Complaints Handling Procedure

- After receipt of the *complaint*, the Complaints Manager must ensure that it is immediately recorded in the Santam Incident Register and in the MIRABILIS Complaints Register.
- The Complaints Manager may delegate the recording of complaints to an appropriate person who will also be responsible for ensuring that the further handling of the complaint is allocated to an appropriate (sufficiently objective) person who meets the requirements set out in Policyholder Protection Rule 18.4.2. The person responsible for recording complaints will also be responsible for ensuring that responses are sent timeously and will raise any need for escalation of the complaint with the Complaints Manager.

- The Complaint must be acknowledged by the person responsible for the further handling of the complaint within 3 working days of receiving it.
- The acknowledgement of receipt must advise the complainant what additional information is required, contact details of person responsible for handling the complaint, expected time-lines for handling the complaint as well as any other relevant responsibility of the complainant.
- If the person responsible for the further handling of the complaint is concerned about the way in which the initial matter (to which the complaint relates) was dealt with by MIRABILIS, then he/she must ensure that the complaint is escalated to the relevant Manager in order to discuss an appropriate response to such complaint.
- The Manager of the department within which the complaint falls will escalate any *complaints* to the Executive Committee which are considered to be non-routine serious complaints and/or that may have reputational or other similar repercussions for MIRABILIS, before responding to any such *complaint*.
- Any *complaint* via any social media platform must be referred to the Complaints Manager who will either advise on an appropriate response or will provide an official acknowledgment of the complaint that requests the *complainant* to submit *the complaint* via the formal complaints process in order that it may be given due consideration in terms of the formal complaints process.

Timeframe for resolution of the Complaint

- MIRABILIS will do its utmost to resolve the *complaint* as soon as possible but within at least 6 weeks from date of receipt.
- Should it become apparent that the *complaint* cannot be resolved within 6 weeks; the Complainant will be informed of the progress in the matter and MIRABILIS may request an extension within which to respond to the Complainant.
- Should a response to the *complaint* not be finalised within the 6 week period, or within the agreed extended period, or should the *complainant* not agree to the extension, the *complainant* must be informed of his right to refer the matter to the Santam Internal Arbitrator (if the quantum of the complaint is less than R10 Million) and to the relevant Ombudsman or other appropriate industry body.

Notification to Client of Complaint outcome/resolution

- Once a decision has been made with regards to outcome of the *complaint* and a response has been agreed upon, the person responsible for the handling of the complaint must reduce the response to writing (in plain language) and send it to the complainant as soon as possible.
- The response must explain the decision/finding regarding the *complaint* and must record the reasons for the decision and the *complainant* must be informed of his right to escalate the complaint to the Santam Internal Arbitrator (if the quantum of the complaint is less than R10 Million) or to refer the *complaint* to the relevant industry body or Ombudsman (whose contact details must be provided in the response).

Finalisation of the Complaint

- If the *complaint* has been resolved in favour of the *complainant*, the appropriate redress must be implemented without delay.
- If the *complaint* cannot be resolved, or cannot be resolved within the time allowed for resolution of the *complaint*, or has not been resolved to the satisfaction of the *complainant*, the *complainant* must be informed of his right to refer the matter to the Santam Internal Arbitrator (if the quantum if less than R10 Million) or to the relevant industry body or Ombudsman within 6 months from date of the outcome of the internal complaints resolution process.
- Once the *complainant* has been informed of the outcome of the complaint, the details of the decision must be recorded in the Santam Incident Register and in the MIRABILIS Complaints Register and a copy of the response should also be retained in electronic format.

Further Escalation Process

- If the complainant is not satisfied with the outcome of the Internal Dispute Process he/she may escalate the complaint to the Santam Internal Arbitrator at internal.arbitrator@santam.co.za or telephonically to 0860 102 725.
- Alternately, if the complainant is still not satisfied with the outcome provided by the Internal Arbitrator, he/she may then lodge a complaint with the relevant Ombud as follows:-

- If the complaint is against the insurer (Santam Ltd), the complainant may lodge a complaint with the Ombud for Short-Term Insurance. The procedure for lodging a complaint may be found on the website of the Ombud for Short-Term Insurance (www.osti.co.za) or may be obtained from the Ombud: tel: (011) 726 8900; fax: (011) 726 5501, or email info@osti.co.za; physical address: 1 Sturdee Avenue, Cnr Bolton and Baker Roads, First Floor, Block B, Rosebank, Johannesburg.

- If the complaint is against the intermediary (your broker) it must be lodged with the FAIS Ombud. A complaints registration form may be downloaded from the FAIS Ombud's website (www.faisombud.co.za) or obtained from the FAIS Ombud: tel: (012) 470 9080; fax: (012) 348 3447 or email info@faisombud.co.za; physical address: Kasteel Park Office Park, Orange Building, 2nd Floor, 546 Jochemus Street, Erasmus Kloof, Pretoria, 0048.

- If the complaint relates to a matter outside of the jurisdiction of any Ombudsman or if the complaint relates to non-compliance with the SAIA Code of Conduct, the complaint may be made to SAIA Chief Executive Officer, SAIA, PO Box 30619, Braamfontein, 2017; tel: (011) 726 5381; fax: (011) 726 5351; e-mail: info@saia.co.za.

Reporting on Internal Complaints

- The Complaints Manager will on a quarterly basis provide a report to MIRABILIS's Risk Committee on the contents of the Internal Complaints Register along with any commentary on complaint trends and/or recommendations on preventing future similar complaints.

Such reports Mirabilis include a summary of the following information –

- Number of complaints received and outstanding (including reference to TCF categorisation as per Annexure B attached hereto);
 - Number of complaints upheld in favour of complainant including details of the nature of such complaints and consequences of the outcome thereof;
 - Number of complaints rejected including details of the nature of such complaints and consequences of the outcome thereof;
 - Number of complaints escalated to the Santam Internal Arbitrator and/or OSTI/FAIS Ombud and their outcomes;
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- Any complaint of a serious nature or any complaint which may have reputational implications for Santam or MIRABILIS will immediately be escalated to MIRABILIS Senior Management and will be raised at MIRABILIS' Risk Committee.

- Any concerns/trends/recommendations etc raised in respect of complaints at MIRABILIS' Risk Committee meetings should be escalated to the Executive Committee and discussions on such matters at the Executive Committee meetings must be recorded in the minutes of such meetings.

Document Retention

- The details of all *complaints* will be recorded in the Santam Incident register and in the MIRABILIS Internal Complaints Register.
- The Register will record as a minimum the following information –
 - the identity (including contact details) of the *complainant*;
 - the nature of the financial service of which the *complainant* is complaining (i.e. underwriting or claims);
 - the staff member involved in rendering the initial financial service;
 - the reference number of the policy / claim;
 - details of the specific issue being complained of;
 - classification according to TCF aligned categorisation (as per attached Annexure B);
 - the date that *the complaint* was received;
 - who the *complaint* was allocated to;
 - the outcome of the *complaint*;
 - whether the *complainant* was satisfied with the outcome of the complaint;
 - the date that the *complainant* was informed of the outcome.
- All complaints records will be retained for a minimum of 5 years from date of resolution of the complaint.

Monitoring of the Contents of the Complaints Register

- The information contained in the Incidents/Complaints Register will be monitored by the Complaints Manager on an ongoing basis but no less than quarterly in order to identify any trends and areas of concern in the rendering of financial services by MIRABILIS and to ensure that appropriate interventions are put in place at the earliest possible opportunity.
- Any trends or matters of concern will be raised at MIRABILIS's Risk Committee meeting for escalation to the Executive Committee along with any recommendations to mitigate the trend in question where appropriate/possible.

- Complaints analysis should be used to –
 - Identify common/recurrent root causes of *complaints*;
 - Identify failings in control systems;
 - Detect and correct/mitigate poor staff or service provider performance, lack of skills or misconduct;
 - Track implementation of TCF outcomes based on categorisation of *complaints* as per annexure B.

Consequences of Non-Compliance

- Fair, effective and satisfactory resolution of *complaints* is the responsibility of every *representative* and employee.
- Every *representative* and employee is expected to read and familiarize themselves with the contents of this Policy and to adhere to the procedures as outlined in this Policy.
- Any wilful or negligent non-compliance with the Policy and the procedures instituted in terms thereof by any employee or representative will constitute a disciplinary offence and could form the subject of disciplinary action by MIRABILIS against any person found not to adhere to the Policy.
- Any such transgression must be reported to the Human Resources manager who will liaise with the line manager of that employee or representative in deciding on what action should be taken.

Staff Training & Awareness

MIRABILIS undertakes to create awareness and understanding of the Policy by –

- Distributing the Policy amongst its staff;
- Providing adequate training regarding the Policy to all staff;
- Ensuring that the Policy is accessible to all staff at any time.

Client Awareness of and Accessibility to the Policy

MIRABILIS undertakes to ensure that all *customers, prospective customers, service providers* and associates have full access to the Policy and relevant complaints reporting forms by –

- Uploading the Policy onto MIRABILIS' website;
- Making the Policy available to any customer or associate on request or at any time when MIRABILIS becomes aware of an actual or potential complaint;
- Making the Policy accessible to all staff members.

Review of the Policy

- This Policy will be reviewed in the event of any legislative changes necessitating such review or alternatively annually.

- The purpose of the annual review will be to –
 - monitor the effectiveness of the Policy and to adapt the Policy where it seems to have been ineffective;
 - monitor internal compliance with and awareness of the Policy;
 - refine the processes and procedures in the Policy where necessary;
 - ensure compliance with applicable legislation.

Annexure A

Complaint Form

Please complete the form in sufficient detail to enable MIRABILIS to investigate your complaint and provide you with a comprehensive response thereto.

Please submit your complaint via either of the following methods:-

By e-mail: Complaints@Mirabilis.net

By post: P O Box 2081, Saxonwold, Johannesburg, 2132 (for attention of the Head of Compliance)

By hand: Mirabilis Engineering Underwriting Managers(Pty) Ltd (for attention of the Head of Compliance)
1st Floor Cradock Place, 5 Cradock Avenue, Rosebank, Johannesburg, South Africa

Complainant's name:		
Contact person:	Tel:	Fax:
E-mail:	Postal address:	
Policy number:	Claim Ref Number:	
Type of cover to which the complaint relates:		
Name of the person at MIRABILIS you dealt with:		
Brokers name & contact details:		

Details of Complaint

1. Complaints relating to Underwriting

Please tick the box that best describes the nature of your complaint

1.1 Unsatisfactory handling of application for Insurance	
1.2 Refusal/cancellation of Insurance – reasons unsatisfactory	
1.3 Quote	
1.4 Terms of the policy	
1.5 Delay in rendering the service	
1.6 Privileged / personal information distributed without consent	
1.7 Other	

Date on which financial service complained of was rendered: _____

Please provide a more detailed explanation of your complaint:

(If the space provided below is insufficient, please attach a further annexure detailing your complaint.)

2. Complaints relating to Claims Management

Please tick the box that best describes the nature of your complaint

2.1 Liaising with client/insured unsatisfactory or insufficient	
2.2 Delay in finalisation of claim	
2.3 Disrespectful treatment of insured by claims-handler	
2.4 Disrespectful treatment of insured by service provider	
2.5 Objection to insurer's decision to reject claim	

2.6	Objection to insurer’s decision on the value of the claim	
2.7	Claim not dealt with in a fair, honest and transparent manner	
2.8	Repairs authorised by Insured faulty or unsatisfactory	
2.9	Privileged / personal info distributed without consent	
2.10	Other	

Date on which financial service complained of was rendered: _____

Please provide a more detailed explanation of your complaint:
(If the space provided below is insufficient, please attach a further annexure detailing your complaint.)

Resolution of the Complaint

Please tell us how you would like your complaint to be resolved.

Please ensure that **all supporting documentation** is attached hereto in order for us to properly investigate your complaint.
Completed and signed by _____ (name of person completing this form on behalf of Insured).

Signature

Date

Annexure B

TCF aligned Complaint categorization

Complaints should be categorised, recorded and reported on by identifying the below referenced Category Title to which a complaint most closely relates and group complaints accordingly. The FSCA requires the use/application of 9 (nine) categories as indicated in Policyholder Protection Rule 18.5.1 and in the TCF Complaints Management Discussion Document (issued in October 2014) but has suggested that FSP's add to this list as may be appropriate – for reporting purposes the most appropriate category must be used but for internal analysis more than one category may be applicable.

The FSCA's proposed 9 (nine) minimum complaints categories are as follows –

No.	TCF Outcome	Category title	Details
1.	Outcome 2	Product or Service Design	May be useful to subcategorise according to products offered – includes complaints re product or service features or targeting of products as well as pricing/costs/charges.
2.	Outcome 3	Provision of Information	Complaints relating to documentation and other communications being inaccurate, unsuitable, misleading, incomplete, confusing or unclear – applies to all stages of the product life cycle and includes failure to provide information.
3.	Outcome 4	Advice	Should not be applicable to MIRABILIS's business but would include complaints related to advice by intermediaries/brokers that distribute our products.
4.	Outcome 5	Product performance	This category may also not be strictly applicable to MIRABILIS's business model but would include Complaints regarding difference in expectations of performance but does not include non-payment of insurance claims.
5.	Outcome 5	Customer service	Complaints relating to service standards – turn-around times, communications etc – insurer administration, breaches of privacy/confidentiality. Includes complaints re customer service by third parties or outsourced service providers. Should differentiate between poor service and fraud-related complaints.
6.	Outcome 6	Claims submission & Product changes	Complaints re barriers/limitations to claiming against products and ability to change products or service providers (including lengthy notice periods or complex administrative hurdles).
7.	Outcome 6	Complaints handling	Administration – delays, poor communication, cumbersome processes etc but not re dissatisfaction about outcome of complaint.
8.	Outcome 6	Claims handling	Complaints re non-payment/rejection of claims should be further sub-categorised based on reason (eg. criteria for insured event not met, exclusion applies, non-disclosure/misrepresentation, excess applies etc).
9.		Other	