

Atlas Finance (Pty) Ltd

Complaints Management Framework

Complaints can be sent to us by:	080 020 4679, or
Telephone number	info@atcorp.co.za
Email	customercare@atcorp.co.za

1. Introduction

1.1 Purpose

This policy is intended to ensure that we handle complaints fairly, efficiently and effectively.

Our complaint management system is intended to:

- enable us to respond to issues raised by people making complaints in a timely and cost-effective way
- boost public confidence in our administrative process, and
- provide information that can be used by us to deliver quality improvements in our products, services, staff and complaint handling process.

This policy provides guidance on the complaint management key principles and concepts to all internal and external stakeholders.

1.2 Scope

This policy applies to all staff receiving or managing complaints from the public made to or about us, regarding our products, services, staff and complaint handling process.

Staff grievances, code of conduct complaints and public interest disclosures are dealt with through separate mechanisms.

1.3 Organisational commitment

We expect all staff to be committed to fair, effective and efficient complaint handling. The following table outlines the nature of the commitment expected from staff and the way that commitment should be implemented.

Who	Commitment	How
Management Head Office –	Promote and facilitate a culture that values complaints and their effective resolution	<ul style="list-style-type: none"> • Provide adequate support and direction to key staff responsible for handling complaints. • Regularly review reports about complaint trends, analysis of complaint data and issues arising from complaints. Support recommended improvements. • Encourage and reward all staff's awareness of complaints and assist those responsible for handling complaints to resolve promptly. • Encourage staff to make recommendations for system improvements.
Customer Care Centre	Manage our complaint management framework.	<ul style="list-style-type: none"> • Complete the complaint information reporting in order to provide regular reports arising from complaint handling work. • Ensure recommendations arising out of complaint data analysis are implemented where appropriate. • Recruit, train and empower staff to resolve complaints promptly and in accordance with Atlas's policies and procedures. • Encourage staff managing complaints to provide suggestions on ways to improve the organisation's complaint management framework. • Encourage all staff to be alert to complaints and assist those responsible for handling complaints resolve them promptly. • Recognise and reward good complaint handling by staff.
Branch staff	Demonstrate exemplary complaint handling practices	<ul style="list-style-type: none"> • Treat all people with respect, including people who make complaints. • Assist people in following our complaint process, if needed. • Comply with this policy and its associated reporting procedures. • Provide feedback and suggestions to management on issues arising from complaints. • Implement changes arising from analysis of complaint data as directed by management.

<p>All staff</p>	<p>Understand, comply and promote Atlas's complaint handling practices.</p>	<ul style="list-style-type: none"> • Treat all people with respect, including people who make complaints. • Be aware of Atlas's complaint handling policies and procedures. • Assist people who wish to make complaints access Atlas's complaints process. • Be alert to complaints and assist staff handling complaints so that they are resolved promptly. • Provide feedback to management on issues arising from complaints. • Implement changes arising from individual complaints and from the analysis and evaluation of complaint data as directed by management. • Be able to apply the principles of the Treating Customers Fairly ("TCF") framework.
------------------	---	--

2. Terms and Definitions

<p>Complaint</p>	<p><i>An expression of dissatisfaction relating to a policy or service which indicates/alleges, that we-</i></p> <ul style="list-style-type: none"> • <i>failed to comply with an agreement, a law, a rule, or a code of conduct;</i> • <i>had maladministration or willful/negligent action or omission, that caused the person harm, prejudice, distress or substantial inconvenience;</i> • <i>have treated the person unfairly, regardless of whether this was done together with or in relation to a policyholder query.</i> <p><i>Generally, in a complaint, the complainant would allege that he or she or the person they represent has suffered, or may suffer, financial loss or prejudice, distress or inconvenience and has a direct interest in the Policy or service provided. This can include the:</i></p> <ul style="list-style-type: none"> • <i>policyholder or the successor in title;</i> • <i>beneficiary or their successor in title;</i> • <i>person whose life is insured under the policy;</i> • <i>person that pays the premium;</i> • <i>member of a group scheme, or; and</i> • <i>potential policyholder or potential member of a group scheme – whose dissatisfaction relates to the relevant application, approach, solicitation, advertising or marketing material.</i> <p><i>This could relate to: service received, advice on products, the outcome of a claim (or quantum of a claim), issues relating to terms and conditions or any marketing material.</i></p> <p><i>One can therefore summarize a complaint being any dissatisfaction or unfairness with regards to products, marketing, service, administration or claims.</i></p> <p>A complaint covered by this Policy can be distinguished from:</p> <ul style="list-style-type: none"> • staff grievances [see definition below]; • public interest disclosures made by our staff; • responses to requests for feedback about the standard of our service provision [see the definition of 'feedback' below]; • reports of problems or wrongdoing merely intended to bring a problem to our notice with no expectation of a response [see definition of 'feedback']; • service requests [see definition of 'service request' below]; and • requests for information [see our access to information policy].
-------------------------	---

Complaint management system	All policies, procedures, practices, staff, hardware and software used by us in the management of complaints. At the moment we are using The Brilliance system to log and track all complaints.
Dispute	An unresolved complaint escalated either within or outside of our organisation.
Feedback	Opinions, comments and expressions of interest or concern, made directly or indirectly, explicitly or implicitly, to or about us, about our products, services or complaint handling where a response is not explicitly or implicitly expected or legally required.
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 insurer does not accept liability for any financial loss to the complainant.
Grievance	A clear, formal written statement by an individual staff member about another staff member or a work-related problem.
Policy	A statement of instruction that sets out how we should fulfil our vision, mission and goals.
Procedure	<p>A statement or instruction that sets out how our policies will be implemented and by whom.</p> <ul style="list-style-type: none"> • Redress or compensation (if applicable) may take various forms if we accept that our actions have resulted in a proven or financial loss which excludes: <ul style="list-style-type: none"> ○ goodwill payments; ○ payments contractually due in terms of the policy; or ○ refund of an amount which was not contractually due
Rejected	A complaint that was not upheld – Insurer regards the complaint as finalised after advising the complainant that it does not intend to take any further action to resolve the complaint – Incl. complaints regarded as unjustified or invalid / where the complainant does not accept or respond to proposals to resolve the complaint

<p>Reportable Complaint</p>	<p>Any complaint (as per the definition above) unless–</p> <ul style="list-style-type: none"> ○ 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 the date the complaint is received; or ○ 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.
<p>Service request</p>	<p>Our definition of a service request is as follows:</p> <ul style="list-style-type: none"> ● requests for approval, ● requests for action, ● routine enquiries about the organisation’s business, ● requests for the provision of services and assistance, ● reports of failure to comply with laws regulated by the organisation, ● requests for explanation of policies, procedures and decisions, ● requests to make changes to insured lives, beneficiary nomination, premium/benefit amounts, switching providers, lodge a claim or make a complaint.
<p>Upheld</p>	<p>A complaint has been finalised wholly or partially in favour of the complainant and –</p> <ul style="list-style-type: none"> ○ 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 <p>all undertakings made by the insurer to resolve the complaint have been met or the complainant has explicitly indicated its satisfaction with any arrangements.</p>

3. Guiding principles



3.1 Facilitate complaints

People focus

We are committed to seeking and receiving feedback and complaints about our services, systems, practices, procedures, products and complaint handling.

Any concerns raised in feedback or complaints will be dealt with within a reasonable time frame.

People making complaints will be:

- provided with information about our complaint handling process
- provided with multiples and accessible ways to make complaints
- listened to, treated with respect by staff and actively involved in the complaint process where possible and appropriate, and
- provided with reasons for our decision/s and any options for redress or review.

No detriment to people making complaints

We will take all reasonable steps to ensure that people making complaints are not adversely affected because a complaint has been made by them or on their behalf.

Anonymous complaints

We accept anonymous complaints and will carry out an investigation of the issues raised where there is enough information provided.

Accessibility

We will ensure that information about how and where complaints may be made to or about us is well published. We will ensure that our systems to manage complaints are easily understood and accessible to everyone, particularly people who may require assistance.

If a person prefers or needs another person or organisation to assist or represent them in the making and/ or resolution of their complaint, we will communicate with them through their representative if this is their wish. Anyone may represent a person wishing to make a complaint with their consent

No charge

There is no charge for a complainant to lodge a complaint or for us to resolve such complaint

3.2 Respond to complaints

Complaint	Acceptable Timeframe
Level 1 – Frontline complaint handling and early resolution of complaints	<12 hours
Level 2 – Internal review of complaints and/or complaint handling (may include further investigation of issues raised and use of Alternative Dispute Resolution options.)	<24 hours
Level 3 – External review of complaints and/or complaint handling by external organisations.	<48 hours

Early resolution

Where possible, complaints will be resolved at first contact with Atlas.

Responsiveness

We will promptly acknowledge receipt of complaints.

We will assess and prioritise complaints in accordance with the urgency and/or seriousness of the issues raised. If a matter concerns an immediate risk to safety or security the response will be immediate and will be escalated in the following order

1. Niresh Gopichand - Director, then
2. Russel Krawitz – Guardrisk Arbitrator, then
3. Regulatory bodies (shown in 4.6 below).

We are committed to managing people’s expectations, and will inform them as soon as possible, of the following:

- the complaints process
- the expected time frames for our actions
- the progress of the complaint and reasons for any delay
- their likely involvement in the process, and
- the possible or likely outcome of their complaint.

We will advise people as soon as possible when we are unable to deal with any part of their complaint and provide advice about where such issues and/or complaints may be directed (if known and appropriate).

We will also advise people as soon as possible when we are unable to meet our time frames for responding to their complaint and the reason for our delay.

Objectivity and fairness

We will address each complaint with integrity and in an equitable, objective and unbiased manner.

We will ensure that the person handling a complaint is different from any staff member whose conduct or service is being complained about.

Conflicts of interests, whether actual or perceived, will be managed responsibly.

Responding flexibly

Our staff are empowered to resolve complaints promptly and with as little formality as possible. We will adopt flexible approaches to service delivery and problem solving to enhance accessibility for people making complaints and/or their representatives.

We will assess each complaint on its merits and involve people making complaints and/or their representative in the process as far as possible.

Confidentiality

We will protect the identity of people making complaints where this is practical and appropriate.

Personal information that identifies individuals will only be disclosed or used by Atlas as permitted under the relevant privacy laws, secrecy provisions and any relevant confidentiality obligations.

Empowerment of staff

All staff managing complaints are empowered to implement our complaint management framework as relevant to their role and responsibilities.

Staff are encouraged to provide feedback on the effectiveness and efficiency of all aspects of our complaint management framework.

Managing unreasonable conduct by people making complaints

We are committed to being accessible and responsive to all people who approach us with feedback or complaints. At the same time our success depends on:

- our ability to do our work and perform our functions in the most effective and efficient way possible
- the health, safety and security of our staff, and
- our ability to allocate our resources fairly across all the complaints we receive.

When people behave unreasonably in their dealings with us, their conduct can significantly affect the progress and efficiency of our work. As a result, we will take proactive and decisive action to manage any conduct that negatively and unreasonably affects us and we will support our staff to do the same in accordance with this policy. This may involve rejecting a complaint subject to providing the full explanation or that the complaint has been resolved and no further action will be taken to resolve the complaint. We may also reject a complaint due to any fraudulent action or misrepresentation or excessive aggressive behaviour from the complainant. These people must be referred to senior management immediately in order to finalise the complaint, if this is still not acceptable to the complainant then we must refer the matter to the Guardrisk Arbitrator.

3.3 Manage the parties to a resolution

Clarify exactly what the complaint is.

Clarifying involves getting to the heart of the complaint. The goal is to get both sides to agree on what the complaint is. To do this, you need to discuss what needs are not being met on both sides of the conflict and ensure mutual understanding. During the process, obtain as much information as possible from both sides. Continue to ask questions until you are certain that all parties involved (you and those on either side of the conflict) understand the issue.

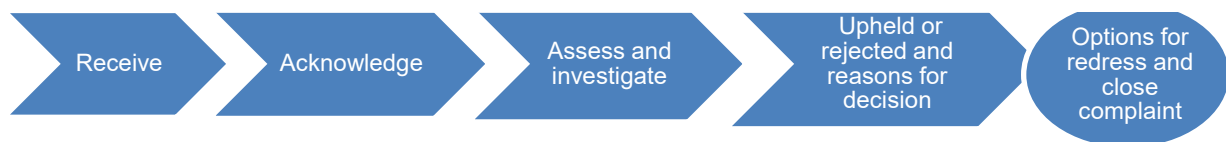
Agree on the best way to resolve the complaint.

Both parties need to come to a conclusion on the best resolution. Start by identifying solutions that both sides can live with. Ask both sides and see where there is common ground. Then start to discuss the responsibility each party has in maintaining the solution. It's also important to use this opportunity to get to the root cause to ensure this conflict will not come up again

Acknowledge the agreed upon solution and determine the responsibilities each party has in the resolution.

Both sides need to understand their responsibility in the resolution of the complaint and express verbally and in writing what they have agreed to.

4. Complaint process flow



When responding to complaints, staff should act in accordance with our complaint handling procedures as well as any other internal documents providing guidance on the management of complaints. Staff should also consider any relevant legislation and/or regulations when responding to complaints and feedback.

The five key stages in our complaint management framework are set out below.

4.1 Receipt of complaints

We will record the complaint and its supporting information, this will include:

- the contact information of the person making a complaint
- issues raised by the person making a complaint and the outcome/s they want
- any other relevant and
- any additional support the person making a complaint requires.

4.2 Acknowledgement of complaints

We will acknowledge receipt of each complaint promptly within 8 hours.

Consideration will be given to the most appropriate medium (e.g. email, letter, sms) for communicating with the person making a complaint.

4.3 Initial assessment and addressing of complaints

Initial assessment

After acknowledging receipt of the complaint, we will confirm whether the issue/s raised in the complaint is/are within our control. We will also consider the outcome/s sought by the person making

a complaint and, where there is more than one issue raised, determine whether each issue needs to be separately addressed.

When determining how a complaint will be managed, we will consider:

- how serious, complicated or urgent the complaint is,
- whether the complaint raises concerns about people's health and safety,
- how the person making the complaint is being affected,
- the risks involved if resolution of the complaint is delayed, and
- whether a resolution requires the involvement of other organisations.
- providing all assistance and co-operation to Guardrisk in order to defend any legal proceedings, claims, potential claims, complaints or potential complaints.
- that within 24 hours of receipt we need to lodge all complaints that have been referred to the relevant Ombudsman, insurance regulators or from any legal source directly with Guardrisk, using the necessary internal referral guideline and providing all the relevant documentation for review, adjudication and resolution.

Addressing complaints

After assessing the complaint, we will consider how to manage it. To manage a complaint we may:

- Give the person making a complaint information or an explanation,
- Gather information from the product, person or area that the complaint is about, or
- Investigate the claims made in the complaint.

We will keep the person making the complaint up to date on our progress, particularly if there are any delays. We will also communicate the outcome of the complaint in a detailed written letter issued via the most appropriate medium. Which actions we decide to take will be tailored to each case and take into account any statutory requirements.

4.4 Providing reasons for decisions

Following consideration of the complaint and any investigation into the issues raised, we will contact the person making the complaint and advise them:

- the outcome of the complaint whether it is upheld or not and any action we took,
- the reason/s for our decision,
- the remedy or resolution/s that we have proposed or put in place, and
- any options for review that may be available to the complainant, such as the referral to the relevant Ombudsman for appeal.

4.5 Closing the complaint, record keeping, redress and review

We will keep comprehensive records about:

- How we managed the complaint,
- The outcome/s of the complaint (including whether it or any aspect of it was substantiated, any recommendations made to address problems identified and any decisions made on those recommendations, and
- Any outstanding actions that need to be followed up.

We will ensure that outcomes are properly implemented, monitored and reported to the complaint handling manager and/or senior management.

4.6 Alternative avenues for dealing with complaints

We will inform people who make complaints to or about us about any internal or external review options available to them (including any relevant Ombudsman or oversight bodies).

In our disclosure notice on our policies we advise that the Intermediary noted is always the first point of contact in the event that the policyholder has a query or complaint. Guardrisk is a cell captive insurance company, they partner with other financial service providers to provide our customers with different insurance and risk solutions to suit their specific needs.

If you are dissatisfied with the feedback received from your Intermediary, or your complaint remains unresolved, feel free to contact the **Guardrisk Complaints Department**:

Telephone: 0860 333 361
Email: complaints@guardrisk.co.za

In the event that this result is not satisfactory then the complainant may contact:

Long Term Ombudsman (For claims/service related matters)

Postal address: Private Bag X45, Claremont, Cape Town, 7700
Telephone: +27-21- 657-5000
Fax number: +27-21- 674 0951
Sharecall: +27-860 103 236
Email: info@ombud.co.za

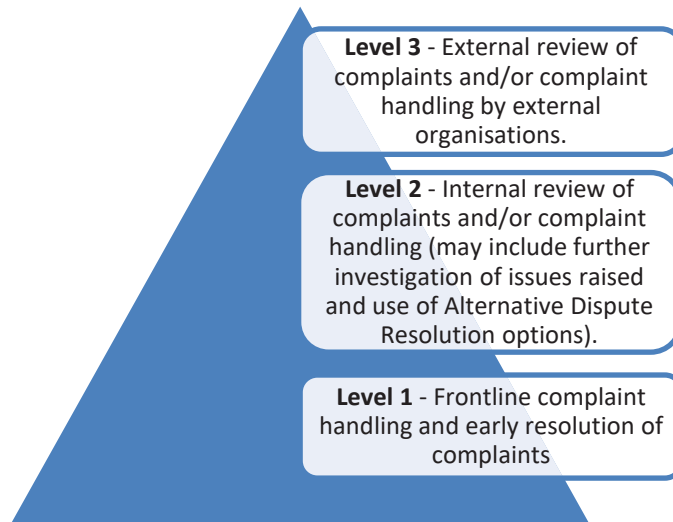
Registrar of Long-Term Insurance (For market conduct matters)

Postal address: PO Box 35655, Menlo Park, 0102
Telephone: +27-12- 428-8000
Fax number: +27- 12- 347- 0221
Email: info@fsca.co.za

FAIS Ombudsman (For advice/policy related matters)

Postal Address: PO Box 74571, Lynnwood Ridge, 0040
Telephone: +27- 12- 470- 9080
Fax number: +27- 12- 348- 3447
Email: info@faisombud.co.za

4.8 The three levels of complaint handling



We aim to resolve complaints at the first level, the frontline. Wherever possible staff will be adequately equipped to respond to complaints, including being given appropriate authority, training and supervision.

Where this is not possible, we may decide to escalate the complaint to a more senior officer within Atlas. This second level of complaint handling will provide for the following internal mechanisms:

- assessment and possible investigation of the complaint and decision/s already made, and/or
- facilitated resolution (where a person not connected with the complaint reviews the matter and attempts to find an outcome acceptable to the relevant parties).

Complaints that cannot be addressed at the second level will be escalated to level three which will require the external review of complaints and/or complaint handling by external organisations.

5. Accountability and learning

5.1 Analysis and evaluation of complaints

We will ensure that complaints are recorded in a systematic way so that information can be easily retrieved for reporting and analysis.

Regular reports will be run on:

- the number of complaints received
- the outcome of complaints, including matters resolved at the frontline
- issues arising from complaints
- systemic issues identified, and
- the number of requests we receive for internal and/or external review of our complaint handling.

Regular analysis of these reports will be undertaken to monitor trends, measure the quality of our customer service and make improvements.

Both reports and their analysis will be provided to management for review.

5.2 Monitoring of the complaint management framework

We will annually review our complaint management framework to:

- ensure its effectiveness in responding to and resolving complaints, and
- identify and correct deficiencies in the operation of the system.
- Monitoring may include the use of audits, complaint satisfaction surveys, reviews by the Insurer.

5.3 Continuous improvement

We are committed to improving the effectiveness and efficiency of our complaint management framework. To this end, we will:

- support the making and appropriate resolution of complaints,
- implement best practices in complaint handling,
- recognise and reward exemplary complaint handling by staff,
- regularly review the complaints management framework and complaint data, and
- implement appropriate system changes arising out of our analysis of complaints data and continual monitoring of the system.

Atlas Finance Directors, Management and staff are committed to the success of the above Complaints Management Framework