

NMS Insurance Services (SA) Limited	Document Number	
Trivio modifice del vices (OA) Emilited	MCG-NMS-OPS-CPP-024	
MICROINSURANCE	Rev. No.	Rev. Date
	3	02/11/2021
Complaints Management Framework, Policy and	Page Number Page 1 of 11	
Procedures		

COMPLAINTS MANAGEMENT FRAMEWORK, POLICY AND PROCEDURES

NMS INSURANCE SERVICES (SA) LIMITED

("the Company")



NMS Insurance Services (SA) Limited	Document Number	
Trivio modifice del vices (OA) Emilited	MCG-NMS-OPS-CPP-024	
MICROINSURANCE	Rev. No.	Rev. Date
	3	02/11/2021
Complaints Management Framework, Policy and	Page Number Page 2 of 11	
Procedures		

Table of contents

1.	Purpose	3
2.	Applicability	3
3.	Overview	3
4.	Transparency, visibility and accessibility of the complaints procedures	4
5.	Administration and resolution	5
6.	Escalation procedure	7
7.	Ombudsman and third-party resolution procedures	7
8.	Monitoring	8
9.	Complaints relating to the Company's service providers	9
10.	Reporting	9
11.	Deviation	10
12.	Policy review process	10
13.	Non-compliance with the policy	11
14.	Document properties	11



NMS Insurance Services (SA) Limited	Document Number	
Tribio misurance services (SA) Emilited	MCG-NMS-OPS-CPP-024	
MICROINSURANCE	Rev. No.	Rev. Date
MICROINSURANCE	3	02/11/2021
Complaints Management Framework, Policy and	Page Number Page 3 of 11	
Procedures		

1. Purpose

The purpose of this policy is to provide guidelines for the effective and efficient management and resolution of complaints to ensure regulatory and service level compliance as well as to treat customers fairly.

The objective when dealing with policyholders on a day-to-day basis is to avoid the incidence of complaints as far as possible by ensuring that all processes that touch the policyholder directly or indirectly are performed in line with regulatory requirements, including Treating Customers Fairly outcomes, the FAIS General Code of Conduct and the Policyholder Protection Rules.

2. Applicability

This policy shall apply to all functions, outsourced partners and directors.

The board is responsible for this policy as well as the related procedures, methodologies and guidelines for the implementation of this policy.

3. Overview

Careful complaints management can save the company unwanted costs. Management's responsibility begins with the preparation of written policies and procedures for speedy and fair complaints resolution.¹

All persons who are responsible for making decisions or recommendations in respect of complaints shall be:

- adequately trained;
- have an appropriate mix of experience, knowledge and skills in complaints handling, fair treatment of customers, the subject matter of the complaints concerned and relevant legal and regulatory matters;
- not subject to a conflict of interest; and

 $^{\mathrm{1}}$ iSight, Handling Customer Complaints: A Best Practice Guide.



NMS Insurance Services (SA) Limited	Document Number	
THIO ITISUITATICE DEL VICES (OA) ETITILE	MCG-NMS-OPS-CPP-024	
MICROINSURANCE	Rev. No.	Rev. Date
	3	02/11/2021
Complaints Management Framework, Policy and	Page Number Page 4 of 11	
Procedures		

adequately empowered to make impartial decisions or recommendations.

Complaints will be allocated to persons based on the complaint subject matter as follows:

- Reportable complaints:
 - Regulatory non-compliance Head of Control: Compliance
 - Governance structures and/or processes CEO
 - All other reportable complaints FAIS key individual (the FAIS key individual ("FAIS KI") will further allocate reportable complaints for resolution in line with the below procedures)
- Non-reportable complaints FAIS representatives

Non-reportable complaints will be managed and resolved within the Company's ordinary processes for handling policyholder queries.

Reportable complaint means any complaint other than a complaint that has been:

- upheld immediately by the person who initially received the complaint; or
- upheld within the Company'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
- submitted to or brought to the attention of the Company in such a manner that the Company does not have a reasonable opportunity to record such details of the complaint as may be prescribed in relation to reportable complaints.

4. Transparency, visibility and accessibility of the complaints procedures

The Statutory and FAIS disclosures detail the procedures to follow in the event of a complaint and are published on the DStv website.

The Statutory and FAIS disclosures are included in the correspondence pack sent to the policyholders.



NMS Insurance Services (SA) Limited	Document Number	
Timo madrance del vides (OA) Emilica	MCG-NMS-OPS-CPP-024	
MICROINSURANCE	Rev. No.	Rev. Date
WIICKOINSOKANCE	3	02/11/2021
Complaints Management Framework, Policy and	Page Number Page 5 of 11	
Procedures		

Complainants must submit their complaints in writing to the Company in one of the following ways:

- Handed in at any of the MultiChoice Walk-in-Centres (the Walk-in-Centre staff will scan and escalate the complaint to the Customer Care Financial Services team via the electronic correspondence system)
- Faxed to (011) 577 4908 (linked to the electronic correspondence system)
- E-mailed to dcc@multichoice.co.za (linked to the electronic correspondence system)

However, if the complainant contacts the Company telephonically and is unable to submit his / her complaint in writing, a FAIS representative will do so on the complainant's behalf via the electronic correspondence system.

5. Administration and resolution

The FAIS KI checks the electronic correspondence system complaints folder on a daily basis for reportable complaints. The FAIS KI logs the available details of the reportable complaints in the reportable complaints register.

The FAIS KI electronically assigns the logged reportable complaint to the complaints handler or appropriate person to resolve the reportable complaint. The FAIS KI will prioritise the resolution of the reportable complaints with the complaints handlers where needed.

The FAIS KI or complaints handler acknowledges receipt of the reportable complaint via email or telephonically within five business days of receipt and provides the complainant with the following information:

- Contact details of the complaints handler or department that will be handling the reportable complaint (the assigned complaints handler is copied in on the email);
- Indicative timelines for addressing the reportable complaint;
- Details of the internal reportable complaints' escalation and review process if the complainant is not satisfied with the outcome of the resolution; and
- Details of escalation of reportable complaints to the office of a relevant ombud where applicable.



NMS Insurance Services (SA) Limited	Document Number	
THIO ITISUITATICE DEL VICES (OA) ETITILEU	MCG-NMS-OPS-CPP-024	
MICROINSURANCE	Rev. No.	Rev. Date
	3	02/11/2021
Complaints Management Framework, Policy and	Page Number Page 6 of 11	
Procedures		

Reportable complaints will be resolved by the complaints handler or appropriate person within ten business days from the date of receipt of the reportable complaint. This time frame is extended where reportable complaints are escalated by either the complainant or complaints handler. The maximum extended period of time may not be longer than six weeks from the date of receipt of the reportable complaint to final resolution.

Complainants must be kept adequately informed of:

- The progress of the reportable complaint;
- Causes of any delay in the finalisation of a reportable complaint and revised timelines;
- The Company's decision in response to the reportable complaint; and
- Where the Company rejects the reportable complaint, the reasons for the decision, the applicable escalation process and the relevant time frames.

The complaints handler logs the following information in the reportable complaints register during the reportable complaints resolution process and uploads copies of all relevant evidence, correspondence and decisions:

- All relevant details of the complainant not logged initially by the FAIS KI;
- The subject matter of the reportable complaint;
- The reportable complaint findings;
- The reportable complaint categorisation;
- Received date, first and final communication dates;
- Escalation details where applicable;
- The outcome of the reportable complaint including reasons where applicable; and
- The progress and status of the reportable complaint.

Reportable complaints are categorised into the following categories:

- Policy or related product design;
- Information provided to policyholders;
- Advice;
- Policy performance;
- Service:
- Policy accessibility, changes or switches;



NMS Insurance Services (SA) Limited	Document Number	
THING ITISCITATION OCT VICES (OA) ETITICA	MCG-NMS-OPS-CPP-024	
MICROINSURANCE	Rev. No.	Rev. Date
	3	02/11/2021
Complaints Management Framework, Policy and	Page Number Page 7 of 11	
Procedures		

- Complaints handling;
- Claims;
- Other; and
- Additional categories needed to further support the effectiveness of this complaints management framework, better manage conduct risks and effect improved outcomes and processes for the Company's policyholders.

The progress of the reportable complaints and turnaround times are electronically tracked in the reportable complaints register.

The FAIS KI or the Senior FAIS KI or the CEO, where applicable, reviews responses to complex reportable complaints prior to the complaints handlers communicating these to the complainants.

The FAIS KI reviews the logged reportable complaints and supporting documentation for completeness prior to closing the reportable complaint in the reportable complaints register.

6. Escalation procedure

In the event that the complaints handler is unable to resolve the reportable complaint him / herself, the complaints handler may escalate the reportable complaint to the appropriate senior person to assist with the resolution.

In the event that a complainant is not satisfied with the response to his / her reportable complaint or the progress of the reportable complaint or the complaints handler, the complainant may escalate the reportable complaint to the FAIS KI or Senior FAIS KI or CEO, where applicable, for further resolution.

7. Ombudsman and third-party resolution procedures

A complainant may at any stage refer a complaint to the office of the relevant Ombud or take such other steps as he / she may be advised. Such referral must be done in accordance with the provisions of relevant regulations and rules.

Any complaint not resolved internally by the Company within six weeks after receipt of the complaint, can be referred to the applicable Ombud by the complainant.



NMS Insurance Services (SA) Limited	Document Number	
Timo madrance del vices (OA) Emilied	MCG-NMS-OPS-CPP-024	
MICROINSURANCE	Rev. No.	Rev. Date
	3	02/11/2021
Complaints Management Framework, Policy and	Page Number Page 8 of 11	
Procedures		

The Company provides documentation to the Ombud via email when requested, in a timely manner.

The Company monitors determinations, publications and guidance issued by any relevant Ombud with a view to identifying failings or risk in its own policies, services or practices.

Best practice states that if complaints cannot be resolved directly between the customer and the Company, they should be referred to a third-party dispute resolution process. Third-party mechanisms use the services of unbiased individuals or panels to resolve disputes through conciliation, arbitration and mediation.

Conciliation

A neutral conciliator brings the parties together and encourages a resolution of a mutually acceptable nature to the dispute.

Mediation

A neutral mediator becomes actively involved in negotiations between the parties. The mediator can propose a resolution but cannot dictate a settlement of dispute.

Arbitration

An independent panel or individual hears the facts on both side of a dispute and reaches a decision. Usually both parties have previously agreed to abide by the decision. In some systems only the business agrees in advance to abide by the outcome of the arbitration.

8. Monitoring

The Senior FAIS KI reviews the electronic correspondence system complaints folder on a weekly basis for reportable complaints not yet logged and follows up where needed.

The Senior FAIS KI checks the progress timelines on a daily basis and follows up with the complaints handlers where needed.

Quality checks are performed by the Senior FAIS KI or, where applicable, by the CEO on a monthly basis in line with the risk tolerances. The Senior FAIS KI or CEO, where applicable, randomly selects a sample of reportable complaints from the reportable complaints register to assess logged detail, turnaround times and supporting information for policy compliance and for,



NMS Insurance Services (SA) Limited	Document Number	
Trible modifice del vices (OA) Elimited	MCG-NMS-OPS-CPP-024	
MICROINSURANCE	Rev. No.	Rev. Date
	3	02/11/2021
Complaints Management Framework, Policy and	Page Number Page 9 of 11	
Procedures		

validity, accuracy and completeness. The Senior FAIS KI or CEO, where applicable, ensures that discrepancies are resolved in a timely manner.

9. Complaints relating to the Company's service providers

Management of complaints relating to the Company's service providers, insofar as such complaints relate to services provided in connection with the Company's policies or related services:

- The Company administers and resolves all MSS and MultiChoice related complaints as part of its complaints management process;
- The Senior FAIS KI has regular meetings with the Company's third parties, and complaints are discussed at these meetings;
- The Senior FAIS KI or responsible FAIS KI performs third-party checks in line with the risk tolerances; and
- The third parties refer complaints via email to the Company and vice versa where needed.

10. Reporting

Reportable complaints are further monitored and discussed by senior management at the Management Steercom.

The reportable complaints information discussed includes the following:

- Number of reportable complaints received;
- Number of reportable complaints per category;
- Number of reportable complaints upheld;
- Number of reportable complaints rejected and reasons for the rejection;
- Number of reportable complaints escalated by complainants to the internal complaints escalation process;
- Number of reportable complaints referred to an Ombud and outcomes;
- Number and amounts of compensation payments made;
- Number and amounts of goodwill payments made;
- Service levels: and



NMS Insurance Services (SA) Limited	Document Number	
THIO ITISUITATICE DEL VICES (OA) ETITILE	MCG-NMS-OPS-CPP-024	
MICROINSURANCE	Rev. No.	Rev. Date
	3	02/11/2021
Complaints Management Framework, Policy and	Page Number Page 10 of 11	
Procedures		

Total number of reportable complaints outstanding.

The reportable complaints information recorded are scrutinised and analysed by the senior management and Management Steercom on an ongoing basis and utilised to manage conduct risks and effect improved outcomes and processes for the policyholders, and to prevent recurrences of poor outcomes and errors.

The material results of this analysis and resulting management action are reported to the board. The board provides the necessary oversight.

Reportable complaints information is reported to the Regulators within the prescribed timeframes.

11. Deviation

Any deviation from this policy must be discussed with the NMSIS CEO and senior management. Such discussion should be documented, detailing the reason for the deviation as well as the alternative process to be followed. The approver of this policy or designated person is to approve the alternative process and the requestor and owner of the policy must maintain a copy of the approved deviation, for record-keeping and auditing purposes.

12. Policy review process

The Company regularly (at least annually) reviews this complaints management framework and documents any changes thereto.

The Company is required to attest on an annual basis that there were no significant changes within the operating environment, legislation or regulation impacting on the risk management function, and where changes were made or are required; this policy needs to be amended and re-submitted for final approval by the board.

The board shall review and approve this policy on an annual basis.



NMS Insurance Services (SA) Limited	Document Number	
Timo madrance del vices (OA) Emilied	MCG-NMS-C	PS-CPP-024
MICROINSURANCE	Rev. No.	Rev. Date
	3	02/11/2021
Complaints Management Framework, Policy and	Page Number Page 11 of 11	
Procedures		

13. Non-compliance with the policy

Any group, company or business area, including individuals who are subject to this policy found not to comply with the provisions as set out in this policy or any amendment thereto, shall be subjected to appropriate disciplinary and legal action.

14. Document properties

Rev. No.	Rev. Date	Section/s	Description of Change
1	11/12/2019	All	Microinsurance Conversion
2	02/11/2020	All	Annual Review
3	02/11/2021	All	Annual Review

Originated By:	Reviewed By:	Approved By:
Zelda van Heerden	Robyn Rose	Board
Risk and Compliance Manager	CEO	Board