

Insurance Complaints Management Framework

for

RCS Cards (Pty) Limited

**An authorised Financial Services
Provider**

FSP44481

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1. Introduction:

In terms of legislation governing the financial services industry in South Africa, anybody who is authorised as a financial services provider (FSP) must provide financial customers with a formal process to resolve complaints in a timeous manner.

RCS Cards (Pty) Limited (RCS) is an authorized financial services provider and licensed in terms of the Financial Advisory and Intermediary Services Act 37 of 2002 (FAIS Act) as amended, with license no FSP44481.

The FAIS General Code of Conduct Part XI requires that a FSP must establish, maintain and operate an adequate and effective Complaints Management Framework to ensure the effective resolution of insurance complaints and the fair treatment of complainants.

Rule 18 of the Policyholder Protection Rules provides the guidelines of the Complaints Management Framework that must be put in place by Insurers.

In addition, Treating Customers Fairly (TCF) which is an outcome based regulatory and supervisory approach legislated under Rule 1 of the Policyholder Protection Rules, is designed to ensure that regulated financial institutions deliver specific, clearly set out fairness outcomes for financial customers, requires that FSP's deliver on the 6 (six) TCF outcomes to their financial customers throughout the product life cycle.

RCS is committed to providing our financial customers with quality service and use the guiding principles of TCF as well as the requirements of legislation.

This framework document provides a complaints procedure in conformance with legislative requirements and sets out the process that RCS will follow in order to process and resolve an insurance complaint. This framework document is in addition to the internal Insurance Complaints Management Procedure as well as Escalation Procedure.

2. Purpose:

The purpose of this framework is to:

- list and explain the requirements of the legislation governing insurance complaints management and how RCS satisfies these requirements
- explain how a financial customer can lodge an insurance complaint
- list the complaint categories in relation to TCF outcomes
- outline the insurance complaints management process including the need for supporting documents
- outline the communication process with complainants
- provide an escalation process for complainants who are not satisfied with the outcome of an insurance complaint
- document the necessity for record keeping, monitoring and analysis of insurance complaints

3. Scope of Application:

This framework is applicable to RCS as an FSP and anybody involved in the management of insurance complaints.

Any non-compliance with the framework will be viewed in a severe light. Non-compliance will be subject to disciplinary procedures in terms of FAIS and employment conditions and can ultimately result in debarment or dismissal as applicable.

4. General information about RCS:

RCS Cards (Pty) Limited (RCS), company registration number 2000/017891/07 is an authorized financial services provider, FSP license no 44481.

Physical Address:

Mutual Park, Jan Smuts Drive

Pinelands, 7430

Postal Address: PO Box 111, Goodwood, 7459

Telephone Number: 021-597 4000 & 0861 729 727

External Compliance Officer: 021-555 4121 (Mr P Kotze, Masthead)

RCS performs binder and intermediary services (non-mandated intermediary) as contemplated in the Short-Term and Long-Term Insurance Acts and the Financial Advisory and Intermediary Services Act, in respect of the following product categories:

- Long Term Insurance sub-category A
- Long Term Insurance sub-category B1
- Long Term Insurance sub-category B1-A

- Short Term Insurance Personal Lines
- Short Term Insurance Personal Lines A1

RCS has a binder and intermediary agreement with Guardrisk Insurance Co Ltd (Guardrisk), a licensed non-life insurer FSP75, and Guardrisk Life Limited (Guardrisk), a licensed life insurer FSP76 – both are authorized financial services providers. RCS earns binder and intermediary fees as per regulation. Guardrisk and RCS have concluded a shareholder and subscription agreement that entitles RCS to place insurance business with Guardrisk. The shareholder and subscription agreement entitles RCS to share in the profits and losses generated by the insurance business. Guardrisk may distribute dividends, at the sole discretion of its Board of Directors, to RCS during the existence of the Policy.

Products underwritten by Guardrisk Insurance Company Limited:

- Card Protection Plan
- Accidental Death Plan

Products underwritten by Guardrisk Life Limited:

- Customer Protection Insurance Plan
- Funeral Plan
- Personal Accident Plan
- Comprehensive Protection Plan
- Critical Illness Plan
- Income Protection Plan
- Accidental Death Insurance

5. RCS Insurance Complaints Management Mission

RCS undertakes to provide financial customers with quality service, integrity and commitment. However, should it happen that a financial customer does have a complaint, we undertake to:

- Resolve insurance complaints in such a way that is fair to our financial customers, our business and our staff;
- Undertake to inform all our financial customers of the procedures established for the internal resolution of their insurance complaints, details of which will be given to them in writing;
- Undertake to ensure easy access to our insurance complaints resolution process on our website at www.rcs.co.za, or by way of post, e-mail or telephone;
- Empower and properly train the people in our business to deal with insurance complaints, as well as with the escalation of non-routine complaints;
- Ensure that the RCS insurance complaints handling process is reviewed on a regular basis by senior management and that overall improvement/s are actioned as a consequence of feedback received from policyholders;
- If necessary, appoint an independent mediator to resolve the insurance complaint to the benefit of both the complainant and RCS;

- Deal with insurance complaints in a timely and fair manner, with every complaint receiving proper consideration in a process that is managed appropriately and effectively by the responsible appointed staff member(s);
- Offer appropriate remedy in all cases where an insurance complaint is resolved in favour of a complainant;
- Inform complainants of their right to refer their insurance complaints to the Guardrisk or to the relevant OMBUD, should a complaint not be resolved to their satisfaction within 15 days from the date on which the complaint is received;
- Maintain records of all insurance complaints received for a period of 5 years, which will specify the outcome of all the complaints lodged; and
- Implement follow-up procedures to:
 - Implement remedial actions to prevent similar insurance complaints from occurring
 - Improve services and procedures where necessary in the business

6. Key Definitions:

The following key definitions are important to note:

Complainant

A person who submits a complaint and includes a:

- Policyholder or the policyholder's successor in title;
- Beneficiary of the beneficiary's successor in title;
- Person that pays a premium in respect of a policy;
- Member;
- 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 above.

Complaint

An expression of dissatisfaction by a RCS financial customer to RCS or, to the knowledge of RCS, to RCS's service supplier relating to a financial product or financial 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 client query, that -

- 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 provider or to which it subscribes;
- the provider or its service supplier's maladministration or wilful or negligent action or failure to act, has caused the person harm, prejudice, distress or substantial inconvenience; or
- the provider or its service supplier's has treated the person unfairly;

Compensation payment

A payment, whether in monetary form or in the form of a benefit or service, by or on behalf of RCS to a complainant to compensate the complainant for a proven or estimated financial loss incurred as a result of RCS's contravention, non-compliance, action, failure to act, or unfair treatment forming the

basis of the complaint, where RCS accepts liability for having caused the loss concerned, but excludes any -

- Goodwill payment;
- payment contractually due to the complainant in terms of the financial product or financial service concerned; or
- refund of an amount paid by or on behalf of the complainant to the provider where such payment was not contractually due;

And includes any interest on late payment of any amount referred to in (b) or (c);

Goodwill payment

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

Member in relation to a complainant means a member of a:

- pension fund as defined in section 1(1) of the Pension Funds Act, 1956 (Act 52 of 1956);
- friendly society as defined in section 1(1) of the Friendly Societies Act, 1956 (Act 25 of 1956);
- medical scheme as defined in section 1(1) of the Medical Schemes Act, 1998 (Act 131 of 1998); or
- group scheme as contemplated in the Policyholder Protection Rules made under section 62 of the Long-term Insurance Act, 1998, and section 55 of the Short-term Insurance Act, 1998;

Rejected

In relation to a complaint means that a complaint has not been upheld and RCS 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 RCS as unjustified or invalid, or where the complainant does not accept or respond to RCS's proposals to resolve the complaint;

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

- upheld immediately by the person who initially received the complaint;
- upheld within the provider's ordinary processes for handling client queries in relation to the type of financial product or financial 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 provider in such a manner that the provider does not have a reasonable opportunity to record such details of the complaint as may be prescribed in relation to reportable complaints; and

Upheld

A complaint that has been finalised wholly or partially in favour of the complainant and that:

- the complainant has explicitly accepted that the matter is fully resolved; or
- it is reasonable for RCS to assume that the complainant has so accepted; and all undertakings made by RCS 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 RCS within a time acceptable to the complainant.

7. Legislative requirements:

The following legislative requirements are applicable to complaints management in South Africa:

Rule 18 of the Policyholder Protection Rules of the Long Term Insurance Act 52 of 1998

RCS must establish, maintain and operate an adequate and effective complaints management framework to ensure the fair treatment of complainants that:

- is proportionate to the nature, scale and complexity of RCS's business and risks;
- is appropriate for the business model, policies, services, policyholders, and beneficiaries of RCS;
- 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;
- must address and provide for, at least, the matters provided for in this rule; and
- RCS must regularly review its complaints management framework and document any changes thereto.

The complaints management framework must at least, provide for

- relevant objectives, key principles and the proper allocation of responsibilities for dealing with complaints across the RCS business;
- appropriate performance standards and remuneration and reward strategies (internally and where any functions are outsourced) for complaints management to ensure objectivity and impartiality;
- documented procedures for the appropriate management and categorisation of complaints, including expected timeframes and the circumstances under which any of the timeframes may be extended;
- documented procedures which clearly define the escalation, decision making, monitoring and oversight and review processes within the complaints management framework;
- appropriate complaint record keeping, monitoring and analysis of complaints, and reporting (regular and ad hoc) to executive management, the board of directors and any relevant committee of the board on:
 - identified risks, trends and actions taken in response thereto; and
 - the effectiveness and outcomes of the complaints management framework;
- appropriate communication with complainants and their authorised representatives on the complaints and the complaints processes and procedures;
- appropriate engagement between RCS, Guardrisk and a relevant OMBUD;
- meeting requirements for reporting to the Authority and public reporting in accordance with this rule;
- a process for managing complaints relating to RCS's service providers, insofar as such complaints relate to services provided in connection with RCS's policies or related services, which process must
 - enable RCS to reasonably satisfy itself that the service provider has adequate complaints management processes in place to ensure fair treatment of complainants;

- provide for monitoring and analysis by RCS of aggregated complaints data in relation to complaints received by the service provider and their outcomes;
- include effective referral processes between RCS and the service provider for handling and monitoring complaints that are submitted directly to either of them and require referral to the other for resolution; and
- include processes to ensure that complainants are appropriately informed of the process being followed and the outcome of the complaint; and
- regular monitoring of the complaints management framework generally
- Any person that is responsible for making decisions or recommendations in respect of complaints generally or a specific complaint must:
 - 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 be subject to a conflict of interest; and
 - be adequately empowered to make impartial decisions or recommendations.

Treating Customers Fairly

Treating Customers Fairly (TCF) is an outcomes based regulatory and supervisory approach designed to ensure that regulated financial institutions deliver specific, clearly set out fairness outcomes for financial customers. Regulated entities are expected to demonstrate that they deliver the following six TCF Outcomes to their customers throughout the product life cycle, from product design and promotion, through advice and servicing, to complaints and claims handling:

- Financial customers can be confident they are dealing with firms where TCF is central to the corporate culture
- Products & services marketed and sold in the retail market are designed to meet the needs of identified financial customer groups and are targeted accordingly
- Financial customers are provided with clear information and kept appropriately informed before, during and after point of sale
- Where advice is given, it is suitable and takes account of financial customer's circumstance
- Products perform as firms have led customers to expect, and service is of an acceptable standard and as they have been led to expect
- Financial customers do not face unreasonable post-sale barriers imposed by firms to change product, switch providers, submit a claim or make a complaint.

8. How to lodge an insurance complaint with RCS:

Financial customers can lodge insurance complaints through the following channels, however, if lodged telephonically the complainant will be requested to provide the information in writing thereafter:

- Email to complaints@rcsgroup.co.za
- Telephone – contact the RCS Insurance team on 0861 729 727 or 021- 597 4000

- Underwriters – Guardrisk Insurance Company Limited and Guardrisk Life Limited
- Compliance Officer – Masthead
- National Financial OMBUD Scheme
- FAIS OMBUD
- Financial Sector Conduct Authority – FSCA
- Information Regulator

9. Complaints categories:

Complaints are categorised as follows in line with the TCF outcomes:

- Complaints relating to the design of a financial product, financial service or related service (including the fees, premiums or other charges related to that financial product or financial service);
- Complaints relating to information provided to policyholders;
- Complaints relating to advice;
- Complaints relating to financial product or financial service performance;
- Complaints relating to service to policyholders including complaints relating to premium collection or lapsing of a financial product;
- Complaints relating to financial product accessibility, changes or switches;
- Complaints relating to complaints handling;
- Complaints relating to insurance claims, including non -payment of claims;
- Other complaints.

Reminder of TCF Outcomes

Outcome 1 - Financial customers can be confident they are dealing with firms where TCF is central to the corporate culture

Outcome 2 - Products & services marketed and sold in the retail market are designed to meet the needs of identified financial customer groups and are targeted accordingly

Outcome 3 - Financial customers are provided with clear information and kept appropriately informed before, during and after point of sale

Outcome 4 - Where advice is given, it is suitable and takes account of financial customer's circumstance

Outcome 5 - Products perform as firms have led customers to expect, and service is of an acceptable standard and as they have been led to expect

Outcome 6 - Financial customers do not face unreasonable post-sale barriers imposed by firms to change product, switch providers, submit a claim or make a complaint

10. Complaints management process:

Step 1	<p>RCS will acknowledge receipt of a complaint within 48 (forty-eight) hours to the complainant</p> <p>The acknowledgement must contain the following details:</p> <ul style="list-style-type: none"> • What the period will be for the complaint to be resolved
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	<ul style="list-style-type: none"> • Who the complaints handler is • What the complaints handler contact details are (email address should be sufficient) • That if RCS requires additional time, the complainant will be notified with reasons for the delay • Details on the adjudication process and what it will entail • Claims escalation process
Step 2	The complaints handler will load the complaint on the system
Step 3	<p>The complaints handler will collect all evidence on which to adjudicate the complaint</p> <p>Evidence to be submitted may include the following:</p> <ul style="list-style-type: none"> • Sales and upgrade calls • Upgrade calls • Policy document + proof of issuance • Email correspondence between RCS and complainant • Affidavits • New medical information • Additional feedback obtained from the complainant
Step 4	<p>The complaints handler will review all the evidence</p> <p>Once all the evidence is on record, the complaint handler must review the complaint and work through all the evidence to fully assess the matter</p>
Step 5	<p>The complaints handler will clarify any issues with the complainant</p> <ul style="list-style-type: none"> • Should the complaint handler have any questions, these must be clarified • The complaint handler must ensure any questions are answered and all issues are resolved in order to make a clear and concise decision • If further clarity is required, this must be obtained
Step 6	<p>The complaints handler will adjudicate the complaint</p> <ul style="list-style-type: none"> • The adjudication process must be objective, honest and based on fact • The evidence at hand will be the basis for the adjudication • The outcome of a complaint will be entrenched in fairness principles
Step 7	<p>The complaints handler will escalate the complaint to the Underwriter if required</p> <ul style="list-style-type: none"> • This step is only used in the following instances: <ul style="list-style-type: none"> • When the complaint handler is uncertain how to make a ruling • When the complaint is complex • When the complaint handler requires a second opinion
Step 8	<p>The complaints handler will make a determination</p> <ul style="list-style-type: none"> • Once the complaint handler has worked through all evidence (or obtained feedback from the Underwriter), a determination must be made • A determination will have one of the following outcomes: <ul style="list-style-type: none"> • Upheld – ruled wholly in favour of the insurer • Partial – ruled partially in favour of the complainant • W/P – ruled wholly in favour of the complainant • Compensation – used when a Compensation Award is awarded due to poor service or prejudice to a complainant • When ruling in favour of a complainant, the following must be noted: <ul style="list-style-type: none"> • A full claim payment • A Goodwill claim payment • A refund of premiums • Compensation Award* <p>*Compensation Award will not always be awarded and depends on the merits of each case.</p>
Step 9	The complaints handler will respond to complainant with a formal written response

	<ul style="list-style-type: none"> Once the complaint handler has made a determination, this needs to be formally communicated to the complainant A full detailed response must be drafted Where a payment is being made, a Settlement Form must be included with the response which needs to be signed by the complainant and returned to RCS The Settlement Form must provide for full acceptance of the offer in full and final settlement of the complaint. Must also confirm the waiving of a right to escalate the matter to an OMBUD or regulatory scheme
Step 10	<p>Facilitate any queries from a complainant after receipt of formal written response</p> <ul style="list-style-type: none"> Once the formal response has been issued, any comeback by the complainant must be addressed The complainant must be informed of the escalation process
Step 11	<p>Close the complaint and update the system</p> <ul style="list-style-type: none"> Once the formal response has been issued, if no comeback within 2 (two) weeks, the complaint can be closed

OMBUD complaints and complaints that are made to FSCA, will have the following process:

Step 1	<p>Acknowledge receipt of a complaint within 48 (forty-eight) hours to the sender of the correspondence</p> <p>The acknowledgement must contain the following details:</p> <ul style="list-style-type: none"> What the period will be to revert with information Who the complaints handler is What the complaints handler contact details are (email address should be sufficient) That if RCS requires additional time, the sender will be notified with reasons for the delay
Step 2	Load the complaint on the system
Step 3	Collect all additional evidence requested by the sender
Step 4	Respond to the sender with a formal written response
Step 5	<p>Wait for a determination from the sender</p> <ul style="list-style-type: none"> A determination will have one of the following outcomes: <ul style="list-style-type: none"> Upheld – ruled wholly in favour of the insurer Partial – ruled partially in favour of the complainant W/P – ruled wholly in favour of the complainant Compensation – used when a Compensation Award is awarded due to poor service or prejudice to a complainant When ruling in favour of a complainant, the following must be noted: <ul style="list-style-type: none"> A full claim payment A Goodwill claim payment A refund of premiums Compensation Award* Where a payment is being made, a Settlement Form must be included with the response which needs to be signed by the complainant and returned to RCS The Settlement Form must provide for full acceptance of the offer in full and final settlement of the complaint. *Compensation Award will not always be awarded. Will depend on the merits of each case
Step 6	Close the complaint and update the system

11. Communication process with complainants:

There are several communication points during the complaints process as per RCS internal Insurance Complaints Management procedure, as follows:

- **Acknowledge receipt of complaint**

Explanatory note:

The General Code of Conduct requires that an FSP must promptly acknowledge receipt of a complaint in writing with particulars of the staff involved in the resolution of the complaint.

- **Requesting additional information from complainant**

- **Letter where outcome is not in favour of the complainant**

Explanatory note:

The General Code of Conduct requires that where the complaint cannot be resolved in favour of the complainant, the complainant must be informed in writing of the full reasons for not resolving the complaint. The complainant must be informed that he/she may refer the matter to the FAIS OMBUD within 6 months of this notification. Full details of the reasons why the complaint could not be settled will be provided as this letter will be considered by the relevant OMBUD if the matter is referred to such office. A copy of this correspondence will be kept for record purposes.

- **Letter where outcome is in favour of the complainant**

Explanatory note:

The General Code of Conduct requires that where the complaint is resolved in favour of the complainant, the FSP must ensure that a full and appropriate redress is offered to the customer without any further delay.

It is suggested that if the offer is acceptable to the complainant, he or she acknowledges in writing that the complaint has been resolved to his or her satisfaction.

12. Escalation process:

Should a complainant be dissatisfied with the outcome of a complaint, RCS will use the following process for the escalation and review of complaints:

- Where the complaint is of a complex or unusual nature, the initial complaint handler will escalate this to a senior person, namely the Insurance Administration Manager
- Where the Insurance Administration Manager is unable to reach a determination, the complaint will be escalated to the Head of Insurance (HOI). The Administration Manager will provide the HOI with a summary of the complaint as well as supporting documents

- The HOI will review the circumstances and provide feedback to the Insurance Administration Manager – in some instance the HOI will request that the complaint be escalated to the underwriter for guidance
- Once the HOI reaches a determination based either on their own investigation or from guidance provided by the underwriter, the complaint handler will communicate the decision to the complainant

Should a complainant not accept the outcome of the complaint, there is a further escalation avenue available to them to follow:

Should RCS not resolve the complaint to the satisfaction of the complainant, the complainant can then approach the Underwriter. Contact details of the underwriters involved are below:

Guardrisk Insurance Company Limited and Guardrisk Life Limited, on email address complaints@guardrisk.co.za, or by phoning 011-6691000

Should the underwriter not resolve the complaint to the satisfaction of the complainant, the complainant can then approach the applicable OMBUD.

The objective of the applicable OMBUD is to consider and dispose of complaints in a procedurally fair, informal, economical and expeditious manner and by reference to what is equitable. The applicable OMBUD is independent and impartial.

The following contact information is relevant for each OMBUD and Regulatory authority:

National Financial OMBUD Scheme – for claims and service related matters

Physical Address Cape Town: 6th Floor
 Claremont Central Building
 6 Vineyard Road
 Claremont, 7708

Physical Address Johannesburg: 110 Oxford Road
 Houghton Estate
 Illovo
 2198

Tel: 0860-800-900
 Email: info@nfosa.co.za
 Website: www.nfosa.co.za

The FAIS Ombudsman – for product/advice related matters

Postal Address: P.O. Box 41
 Menlyn Park, 0063
 Tel: (012) 762 5000
 Share call: 0860 663 274
 E-mail: info@faisombud.co.za
 Website: www.faisombud.co.za

Financial Sector Conduct Authority – for market conduct related matters

Postal Address: P.O. Box 35655, Menlo Park, 0102
 Tel: (012) 428 8000

Fax: (012) 346 6941
Email: info@fsca.co.za
Website: www.fsca.co.za

The Information Regulator – for complaints relating to the use of personal information

Postal Address: P.O. Box 31533
Braamfontein
Johannesburg, 2017
Tel: +27-10-023-5200
Email: POPIAComplaints@infoeregulator.com

13. Record keeping and reporting:

RCS must maintain a register of complaints received and records must be kept for a minimum of 5 (five) years in terms of requirements of legislation. Records to be kept:

- customer's name and surname
- ID and/or account number
- nature of the complaint
- including the complaint categorisation
- all relevant evidence, correspondence and decisions must be retained
- progress and update status of complaints (including whether such progress is within or outside the set timelines).

The following data must be maintained and reported on:

- Number of complaints received;
- Number of complaints upheld;
- Number of rejected complaints and reasons for the rejection;
- Number of complaints escalated by customers to the internal complaints escalation process;
- Number of complaints referred to a Regulator/OMBUD and their outcome;
- Number and amounts of compensation payments made;
- Number and amounts of goodwill payments made; and
- Total number of complaints outstanding.

14. Monitoring and analysis of complaints in line with TCF:

Complaints Information that has been recorded, must be scrutinised and analysed by RCS on an ongoing basis. RCS must use this information to manage conduct risks and implement improved outcomes and processes for its clients, and to prevent recurrences of poor outcomes and errors.

RCS must on a monthly basis conduct root cause analysis by analysing the complaints report for the past month and by looking at the cause of the complaint as it relates to the various TCF outcomes.

The person responsible for doing the root cause analysis from the system report is the Insurance Administration manager who will report on this to the Head of Insurance (HOI) on a monthly basis.

The report will include:

- Information on the categorisation of complaints
- What risks have been identified since the last report
- What trends have been identified
- What actions will be taken to manage risks and implement improved outcome

The HOI will analyse the results from the root clause analysis and request the Insurance Administration Manager to execute the actions identified in the report to improve the outcome.

15. Consequences of non-Compliance

RCS will follow its relevant performance management and/or disciplinary processes for non-compliance to this procedure.

RCS could also be subject to regulatory fines should legislative requirements not be complied with.

16. Review

This framework will be reviewed every 24 (twenty-four) months for relevance. This framework can, however, be reviewed on an ad-hoc basis when considered necessary by management or when required by changes in legislation.