
ALPHA
INSURE
COMPLAINTS
MANAGEMENT POLICY
UNDERWRITTEN BY
GUARDRISK
TAILORED RISK SOLUTIONS

PREVIOUS VERSION

Version	1/2024
Review date	20/06/2024
Policy owner	General Legal & Compliance Manager

CURRENT VERSION

Version	1/2025
Review date	08/11/2024
Policy owner	General Legal & Compliance Manager
Notes	Amended company branding.

Haley Herbst	General Legal & Compliance Manager	08/11/2024	
Full name	Capacity	Date	Signature

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COMPLAINTS MANAGEMENT POLICY

1. INTRODUCTION

Alpha Insure is an authorised Financial Services Provider (FSP), and as such we have certain specific duties towards our valued brokers and Clients. One of these duties is the establishment of a formal Complaints Management Policy, which will enable the broker and/ or Client to exercise their rights as provided for in the Financial Advisory and Intermediary Services Act (FAIS Act), the PPRs as well as all other applicable laws to lodge a Complaint (as defined) against any of Alpha Insure's service levels or alike whilst performing the applicable financial services.

The purpose of this document is to inform our brokers and Clients of the procedure which will be followed in order to provide a resolution for a Complaint submitted to Alpha Insure.

2. DEFINITIONS

2.1 "**Advice**"

means, subject to Section (3)(a) of the FAIS Act, any recommendation, guidance or proposal of a financial nature furnished, by any means or medium, to any Client or group of Clients:

2.1.1 in respect of the purchase of any financial product; or in respect of the investment of any financial product; or on the conclusion of any other transaction, including a loan or cession, aimed at the incurring or any liability or the acquisition of any right or benefit in respect of any financial product; or

2.1.2 on the variation of any term or condition applying to a financial product, on the replacement of any such product, or on the termination of any purchase of or investment in any such product, and irrespective of whether or not such Advice furnished in the course of or incidental to financial planning in connection with the affairs of the Client; or

2.1.3 results in any such purchase, investment, transaction, variation, replacement or termination, as the case may be, being affected; or

2.1.4 results in the purchase by the Complainant of any product based on the Advice.

2.2 "**Arbitration**"

means the process by which the parties to a dispute submit their differences to the judgement of an impartial person or group appointed by mutual consent or statutory provision.

2.3 "**Client**"

means a specific person or group of persons (including companies and juristic entities), including the general public, who is or may become the subject to whom a financial service is rendered by Alpha Insure intentionally, or is the successor in title of such person or the beneficiary of such service.

2.4 "**Client Query**"

means a request to Alpha Insure or Alpha Insure's service providers by or on behalf of a Client, for information regarding Alpha Insure's financial products, financial services or related processes, or to carry out a transaction or action in relation to any such product or service.

2.5 "**Complaint**"

means an expression of dissatisfaction by a person to Alpha Insure or, to the knowledge of Alpha Insure, to Alpha Insure's own service supplier relating to a financial product or financial service provided or offered by Alpha Insure which indicates or alleges, regardless of whether such an expression of dissatisfaction is submitted together with or in relation to a Client Query, that –

2.5.1 Alpha Insure 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 Alpha Insure or to which it subscribes;

2.5.2 Alpha Insure or its service supplier's maladministration or willful or negligent action or failure to act, has cased the person harm, prejudice, distress or substantial inconvenience; or

2.5.3 Alpha Insure or its service supplier has treated the person or Client unfairly.

2.6 "**Complainant**"

means a person who submits a Complaint and includes a –

2.6.1 Client;

2.6.2 Beneficiary or successor in title;

2.6.3 Person who pays a premium; or

2.6.4 Potential Client whose dissatisfaction related to the relevant application, approach, solicitation, advertising or marketing material.

2.7 "**Complaints Management System ("Brilliance")**"

means the set of electronic applications and related case management software used by Alpha Insure for recording, classifying, routing, escalating and resolving individual Complaints received by the business. In relation to the Complaints management function as a whole the system is used by the business to monitor, analyse and report on Alpha Insure's performance in relation to Complaints management.

2.8 "**Complaints Handling**"

means the process of attending to and resolving Complaints including ongoing interaction with Complainants. The Complaints handler is adequately trained, they have an appropriate mix of experience, knowledge and skills in TCF Complaints handling.

2.9 "**Compensation Payment**"

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

2.9.1 Goodwill Payment;

2.9.2 Payment contractually due to the Complainant in terms of the financial product or financial service concerned; or

2.9.3 Refund of an amount paid by or on behalf of the Complainant to Alpha Insure where such payment was not contractually due; and includes any interest on late payment of any amount referred to in (b) or (c).

2.10 "**Enquiry**"

means any query and/or question relating to a late claims payment, an amount paid, non-receipt of a premium, etc. Simple queries that are not material in nature do not necessarily constitute a Complaint but forms part of non-reportable Complaints.

2.11 "**Evidence**"

means the information Guardrisk has obtained in order to review, adjudicate and resolve a Complaint and shall include all information submitted by an entity as well as from the complainant and shall be stored and recorded on the Complaints management system or other repositories for storing and recording information.

2.12 "**FAIS Ombud**"

means the Ombudsman for Financial Services Providers referred to in section 20(2) of the FAIS Act.

2.13 "**FAIS Ombud Complaint**"

means a specific Complaint, submitted by a Complainant to the FAIS Ombudsman relating to a financial service rendered by Alpha Insure's representatives to the Complainant on or after the date of commencement of the FAIS Act, and in which Complaint it is alleged that Alpha Insure or its representative:

2.13.1 Has contravened or failed to comply with a provision of the FAIS Act and that as a result thereof the Complainant has suffered or is likely to suffer financial prejudice or damage;

2.13.2 Has willfully or negligently rendered a financial service to the Complainant which has caused prejudice or damage to the Complainant or which is likely to result in such prejudice or damage;

2.13.3 Has treated the Complainant unfairly.

2.14 "**Goodwill Payment**"

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

2.15 "**Guardrisk**"

means Guardrisk Insurance Company Limited.

2.16 "**Intermediary Service**"

means, subject to Subsection (3)(b) the FAIS Act, any act other than the furnishing of Advice, performed by a person for or on behalf of a Client or product supplier;

2.16.1 The result of which is that a Client may enter into, offers to enter into or enters into any transaction in respect of a financial product with a product supplier;

2.16.2 Or with a view to buying, selling or otherwise dealing in (whether in a discretionary or non-discretionary basis);

2.16.3 Managing, administering, keeping in safe custody, maintaining or servicing a financial product purchased by a Client from a product supplier or in which the Client has invested;

2.16.4 Collecting or accounting for premiums or other moneys payable by the Client to a product supplier in respect of a financial product;

2.16.5 Receiving, submitting or processing the claims of a Client against a product supplier.

2.17 "**Internal Complaints Resolution System and Procedures**"

means:

2.17.1 The system, procedures and internal policies established and maintained by Alpha Insure in accordance with the General Code of Conduct for the resolution of Complaints by clients;

2.17.2 The process of resolving a Complaint in accordance with Alpha Insure's internal Complaint resolution system and procedures throughout the entire lifecycle of a Complaint;

2.17.3 The process for the Client to lodge Complaints and any other associated communication to Alpha Insure.

2.17.3.1 It includes the way Complaints are handled;

2.17.3.2 It includes the way Complaints are recorded;

2.17.3.3 It includes the way Complaints are resolved; and

2.17.3.4 It includes the way Complaints are quality controlled;

2.17.3.5 The way people involved in Complaints resolution processes are managed and trained;

2.17.3.6 The way decisions are made;

2.17.3.7 The way clients trust is restored;

2.17.3.8 The way the reports are compiled and analysed; and

2.17.3.9 The way business learns from the feedback gleaned from Complaints and takes corrective and proactive action accordingly.

2.18 "**National Financial Ombudsman Scheme South Africa**"

means the National Financial Ombudsman Scheme South Africa ("NFOSA") and their accompanying Rules and Memorandum of Incorporation which mandates their authority.

2.19 "**NFOSA Complaint**"

means for the purpose of this policy, a Complaint submitted to the NFOSA in relation to any other matter other than the application of a policy relating to Advice rendered.

2.20 "**Policyholder Protection Rules ("PPR")**"

means the Policyholder Protection Rules made under section 55 of the Act.

2.21 "**POPIA**"

means the Protection of Personal Information Act, 4 of 2013.

2.22 "**Rejected**"

means that a Complaint has not been Upheld and Alpha Insure regards the Complaint as finalised after advising the Complainant that it does not intend to take any further action to resolve the Complaint and includes Complaints regarded by the provider as unjustified or invalid, or where the Complainant does not accept or respond to Alpha Insure's proposals to resolve the Complaint.

2.23 "**Reports**" or "**Reporting**"

means any periodic or ad-hoc reporting (and related documents) obtained from the Complaints Management System and other sources in the business which shall be used for analysis, monitoring, submissions to regulatory authorities, and the making of recommendations to the business.

2.24 "**Reportable Complaint**"

means any Complaint other than a Complaint that has been –

2.24.1 Upheld immediately by the person who initially received the Complaint;

2.24.2 Upheld within Alpha Insure'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

2.24.3 Submitted to or brought to the attention of Alpha Insure in such a manner that Alpha Insure does not have a reasonable opportunity to record such details of the Complaint as may be prescribed in relation to Reportable Complaints.

2.25 "**Rules**"

means the Rules on proceedings of the office of the Ombud for financial services providers, as published in the Government Gazette from time to time.

2.26 "**Treating Customers Fairly ("TCF")**"

means 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 6 (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:

2.26.1 Customers can be confident they are dealing with firms where TCF is central to the corporate culture.

2.26.2 Products and services marketed and sold in the retail market are designed to meet the needs of identified customer groups and are targeted accordingly.

2.26.3 Customers are provided with clear information and kept appropriately informed before, during and after point of sale.

2.26.4 Where advice is given, it is suitable and takes account of customer circumstance.

2.26.5 Products perform as firms have led customers to expect, and service is of an acceptable standard and as they have been led to expect.

2.26.6 Customers do not face unreasonable post-sale barriers imposed by firms to change product, switch providers, submit a claims or make a Complaint.

2.27 "**Upheld**"

means that a Complaint has been finalised wholly or partially in favour of the Complainant and that –

2.27.1 The Complainant has explicitly accepted that the matter is fully resolved; or

2.27.2 It is reasonable for Alpha Insure to assume that the Complainant has so accepted; and

2.27.3 All undertakings made by Alpha Insure 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 Alpha Insure within a time acceptable to the Complainant.

3. PURPOSE OF A COMPLAINTS POLICY

In terms of Section 17(1)(a) of the General Code of Conduct for Authorised Financial Services Providers and Representatives ("the General Code of Conduct"), and furthermore in terms of PPR (Rule 18), Alpha Insure must establish, maintain and operate an adequate and effective Complaints Management Framework, in order to ensure the effective resolution of Complaints and the fair treatment of Complainants.

The Complaints Management Framework must be based on the following outcomes:

3.1 Is proportionate to the nature, scale and complexity of Alpha Insure's business and risks;

3.2 Is appropriate for the business model, policies, services and Clients of Alpha Insure;

3.3 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;

3.4 Does not impose unreasonable barriers to Complainants; and

3.5 Must address and provide for the matters as contained in Part XI of the General Code of Conduct.

In order to achieve the abovementioned outcomes, Alpha Insure has adopted a Complaints policy which outlines Alpha Insure's commitment towards the fair, transparent and effective resolution of Complaints in line with TCF and applicable laws. Alpha Insure will also ensure that the Complaints Management Framework is regularly reviewed (at least annually) in order to ensure the effectiveness of same.

4. ALLOCATION OF RESPONSIBILITIES

4.1 The executive committee of Alpha Insure is ultimately responsible for effective Complaints management. In the absence of the executive committee, the key individuals of Alpha Insure will be responsible.

4.2 The executive committee and the key individuals of Alpha Insure will therefore oversee and approve the effectiveness and implementation of Alpha Insure's Complaints management framework.

4.3 The internal Complaint review and escalation process may be delegated to the compliance officer, and any queries relating to the process must be directed to same.

4.4 Please see below Alpha Insure's compliance officer details in order to submit a Complaint:

4.4.1 Haley Herbst 010 045 3415

haley@alpha.co.za

5. RESPONSIBLE AND ADEQUATE DECISION-MAKING

Any person in Alpha Insure that is responsible for making decisions or recommendations in respect of Complaints generally or a specific Complaint must –

5.1 Be adequately trained;

5.2 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;

5.3 Not be subject to a conflict of interest; and

5.4 Be adequately impowered to make impartial decisions or recommendations.

6. CATEGORIES OF COMPLAINTS

Alpha Insure categorises Reportable Complaints in accordance with the following 9 (nine) categories:

Design	Product and services sold to you did not meet your needs.
Information Provided	You were not provided with information that was clear or easy to understand.
Advice	You were not provided with suitable and correct advice.
Performance	The policy did not perform as per your understanding.
Service	You did not receive good or sufficient service from us.
Accessibility	You found it difficult to communicate with us.
Complaints Handling	You found it difficult when lodging a Complaint.
Claims Handling	You were not kept updated with your dealings with us, when lodging a claim, you were not satisfied with the outcome, you found it difficult to communicate with us.
Other	

Should Alpha Insure consider adding additional categories relevant to its financial products, financial services and/or Client base, it will do so in order to support the effectiveness of Alpha Insure's Complaints management framework, and by doing so enhancing improved outcomes and processes for our Clients. Alpha Insure will categorise, record and report on Reportable Complaints by identifying the category of Complaint to which the Complaint most closely related and group Complaints accordingly.

7. INTERNAL COMPLAINT ESCALATION AND REVIEW PROCESS

Alpha Insure is committed to ensuring that the procedures within the Complaints escalation and review process is not overly complicated and does not impose unduly burdensome paperwork or other administrative requirements on Complainants as per PPR Rule 18: Complaints Management.

The internal Complaints escalation and review process:

7.1 Follows a balanced approach, which bears in mind the legitimate interests of all parties involved, including the fair treatment of Complainants (TCF);

7.2 Provides for the internal escalation of complex or unusual Complaints at the request of the initial Complaint handler;

7.3 Provides for Complainants to escalate Complaints not resolved to their satisfaction;

Alpha Insure's internal Complaints resolution process is intended to provide for the fair and effective resolution of Complaints. The time periods set in this procedure will be adhered to as strictly as possible but may be varied if necessary. The following step by step guideline sets out the procedures we will adopt and demonstrates how a Complaint will be dealt with, once received by us:

7.4 Furnish the complainant with a copy of the Complaints management procedures.

7.5 Where the complainant has previously communicated the grievance verbally, instruct the complainant to resubmit the Complaint in writing and confirmation of Complaint will be confirmed in writing within 3 (three) working days of the communication.

7.6 Please indicate the following information:

7.6.1 Name, surname and contact details;

7.6.2 A complete description of your Complaint and the date on which the financial service which led to your Complaint was rendered;

7.7 All Complaints received via any means of communication is forwarded to complaints@alpha.co.za/haley@alpha.co.za and the Complaint will be entered into our Complaint register on the same day that it is made, and written confirmation of receipt will be forwarded within 48 (forty-eight) hours of having received the Complaint by the designated Complaints handler by way of:

7.7.1 Email;

7.7.2 Telephonically;

7.7.3 Social Media;

7.7.4 Hello Peter; and/or

7.7.5 Facebook.

7.8 Complaints are acknowledged by Alpha Insure's Complaint dispute facilitator/compliance officer within 24 (twenty-four) hours of receiving notification of the Complaint, and further response and information is to be addressed to complaints@alpha.co.za/haley@alpha.co.za.

7.9 If a Complaint is "not reportable" or "Upheld":

7.9.1 The Complaint is directed to the departmental Complaints handler of Alpha Insure;

7.9.2 Information regarding the Complaint is directed and escalated to the relevant department manager/executive manager/ human resources department;

7.9.3 Where the matter is capable of being resolved the Complainant is contacted within 48 (forty-eight) hours and a formal response that the matter is resolved is sent to the Complainant. The relevant update will be done on the system.

7.9.4 Where there is more information required, the Complainant will be contacted within 7 (seven) days of having receipt of the Complaint with formal response and advise of the reasons thereof. The central internal Complaints register will be updated to reflect "pending".

7.9.5 Should further investigation be necessary, and a reasonable solution has not been achieved, Alpha Insure will continue to update the Complainant every 14 (fourteen) days.

7.9.6 In this instance the matter will be escalated to the compliance department and (if and is correct) to our Compliance and Legal Manager who will make a final decision.

7.9.7 In this instance, 21 (twenty-one) working days is allowed to provide formal feedback regarding the Complaint. The relevant updates will be done on the system and the file will be closed as resolved.

7.9.8 We will keep record of the Complaint and maintain such record for 5 (five) years as required by legislation.

7.10 Where the matter is a "Reportable Complaint":

7.10.1 The Complaint will be directed to the compliance officer at complaints@alpha.co.za/haley@alpha.co.za;

7.10.2 The Complaint will be logged onto the Complaints Management System;

7.10.3 The Complaint will be acknowledged in writing within 48 (forty-eight) hours and confirmed with a formal response via email or directly on the social media platform;

7.10.4 Where there is more information or further investigation required, contact with the Complainant will be within 7 (seven) days of having receipt of the Complaint with formal response and advise of the reasons thereof. The system will be updated to reflect the Complaint status as "pending".

7.10.5 Should further investigation be necessary, and reasonable solution not be achieved, Alpha Insure will continue to update the Complainant every 14 (fourteen) days.

7.10.6 In this instance where the matter has been escalated to the compliance department and (if and is correct) to our Compliance and Legal Manager, who will make a final decision.

7.10.7 Your Complaint status will remain "pending", with the necessary update being made on the system.

7.10.8 Should the Complainant not be satisfied with the outcome of the matter, it will be escalated to our Executive Committee. However, the Compliance and Legal Manager will make the final decision and final representations may be required. The status will remain as "pending".

7.10.9 In this instance 21 (twenty-one) working days is allowed to provide formal feedback regarding the Complaint.

7.10.10 Where the Complainant is satisfied with the outcome our internal Complaints register will be updated with "resolved" and our file closed as well as the Brilliance system updated, and matter resolved and closed.

7.10.11 Should the Complainant still not be satisfied with the outcome once the matter has been reviewed by the Executive Committee and Legal and Compliance Manager, then the matter may be referred to the Insurer: Guardrisk Insurance at 011 669 1000 or Complaints@guardrisk.co.za.

7.10.12 Should the Complainant still not be satisfied with the outcome you may inform the complainant of his/her right to escalate the matter to the Ombud, and where the Complaint has not been resolved to the satisfaction of the complainant.

7.10.13 In this instance we will close our file on our side and same will be updated on the Brilliance system and our central Complaints register, until and/or if we receive notification from the office of the Ombudsman of a claim being logged with the above office, we will proceed to log a new complaint on our internal NFOSA complaint register.

7.10.14 Should the Complaint be in respect of a rejection of a claim, you have 90 (ninety) days from when your rejection letter is received to make representations of your dissatisfaction, please then allow us a period of 45 (forty-five) days to provide you with formal feedback.

7.10.15 This will again be resolved, and the relevant systems will be updated, and we will close our file.

7.10.16 Should the matter still not be resolved the Complainant has 180 (one hundred and eighty) days from the date of rejection of claim to lodge the matter with the NFOSA.

8. ENGAGEMENT WITH THE NFOSA

Alpha Insure is committed to transparent engagement with any relevant Ombud in relation to its Complaints. The NFOSA is a non-profit industry Ombud scheme that provides:

8.1 The insuring public with a free, efficient and fair dispute resolution mechanism through an alternative dispute resolution process short-term insurance disputes including disputes relating to:

8.1.1 Motor Insurance;

8.1.2 Homeowners Insurance (buildings);

8.1.3 Household Insurance (contents);

8.1.4 Cellphone Insurance;

8.1.5 Travel Insurance;

8.1.6 Disability Insurance;

8.1.7 Credit Protection Insurance:

8.1.8 Commercial Insurance for businesses and sole proprietors (even in excess of R35million annual turn-over from 01 September 2019 onwards – as per OSTI's industry circular dated 10 July 2019);

8.2 NFOSA does not cover/entertain the following non-life insurance products:

8.2.1 Construction;

8.2.2 Engineering;

8.2.3 Marine;

8.2.4 Business Interruption.

8.3 The NFOSA jurisdiction to consider Complaints from policyholders are as follows: (Please take note these limits do change)

8.3.1 General Complaints relating to all types of cover, except for homeowners: R5 000 000.00 (Five Million Rand);

8.3.2 Complaints arising from homeowners cover: R10 000 000.00 (six point five million Rand);

8.4 The office of the NFOSA is not a court of law that operates independently of both the Financial Sector Authority and the Prudential Authority in the adjudication process and dispute resolution process. National Financial Ombud Scheme South Africa (NFOSA):

Physical Address:	110 Oxford Road, Houghton Estate, Johannesburg, Gauteng
	6th Floor, Claremont Central Building, 6 Vineyard Road, Claremont, Cape Town
Telephone:	0860 800 900
	(066) 473 0157
Website Address:	www.nfosa.co.za
Email Address:	info@nfosa.co.za

9. ENGAGEMENT WITH THE FAIS OMBUD

The main objective of the FAIS Ombud is to investigate and resolve Complaints in terms of the FAIS Act and the Rules promulgated under this Act.

9.1 The FAIS Ombud deals with Complaints submitted to the office by a specific Client against a financial services provider.

9.2 The Complaint must relate to a financial service rendered by a financial services provider or the representative of the provider.

9.3 A further function of the FAIS Ombud is to resolve Complaints in terms of the Financial Services Ombud Scheme Act (Act No. 37 of 2004) (FSOS Act) that is not covered by any of the other voluntary Ombud schemes or where there is uncertainty over jurisdiction.

9.4 Should a Client be unhappy with the outcome of a Complaint, you can approach the Ombudsman for assistance as mentioned above, you must do so within 180 (one hundred and eighty) days of being advised that your representations to the internal Complaints department of Guardrisk and/or Alpha Insure has been unsuccessful.

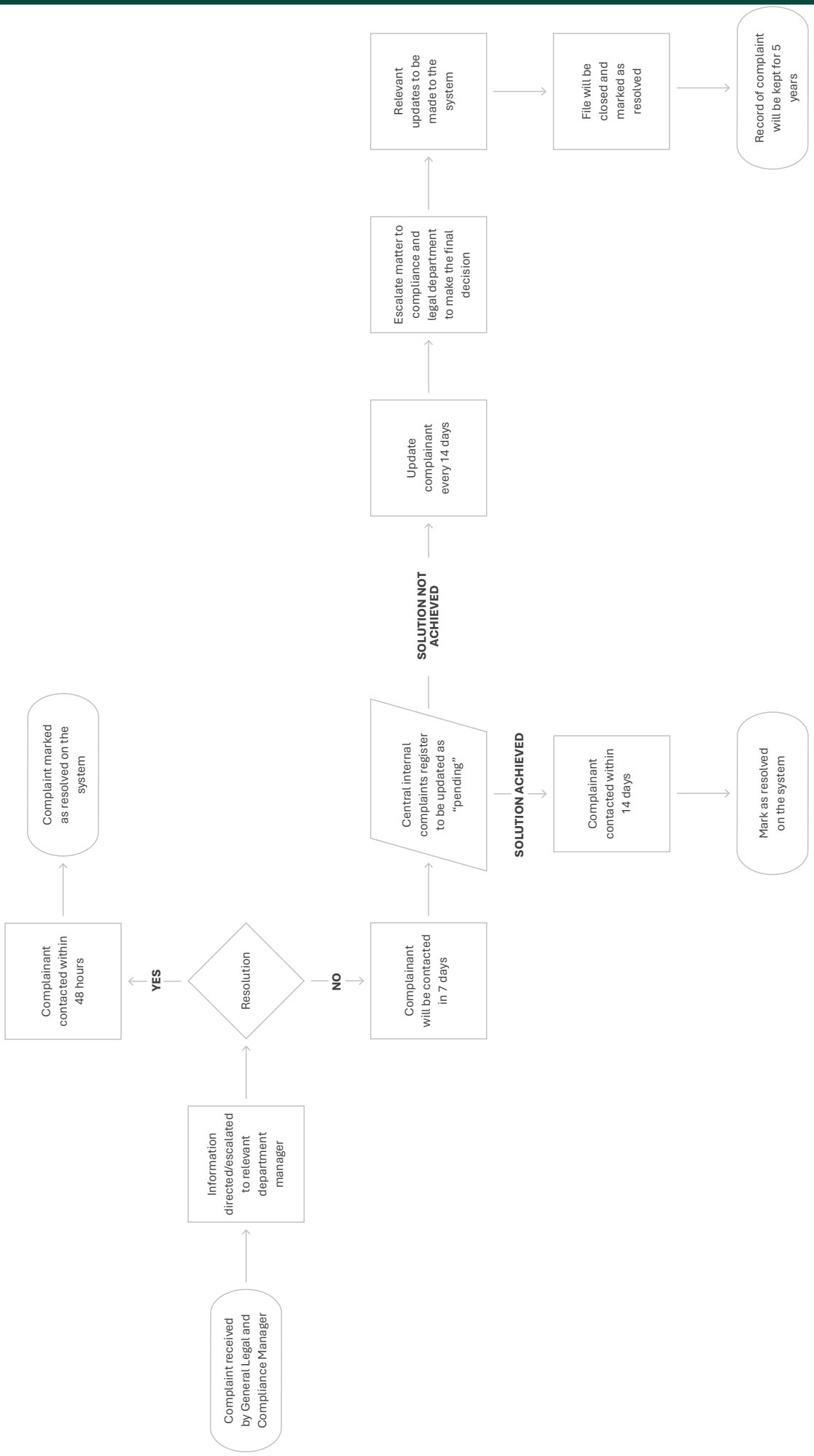
FAIS Ombud:

Physical Address:	125 Dallas Avenue, Menlyn Central, Waterkloof Glen, Pretoria, 0010
Postal Address:	PO Box 74571, Lynnwood Ridge, 0040
Telephone:	(012) 762 5000 (Share call Number: 086 066 3247)
Website Address:	www.faisombud.co.za
Email Address:	info@faisombud.co.za

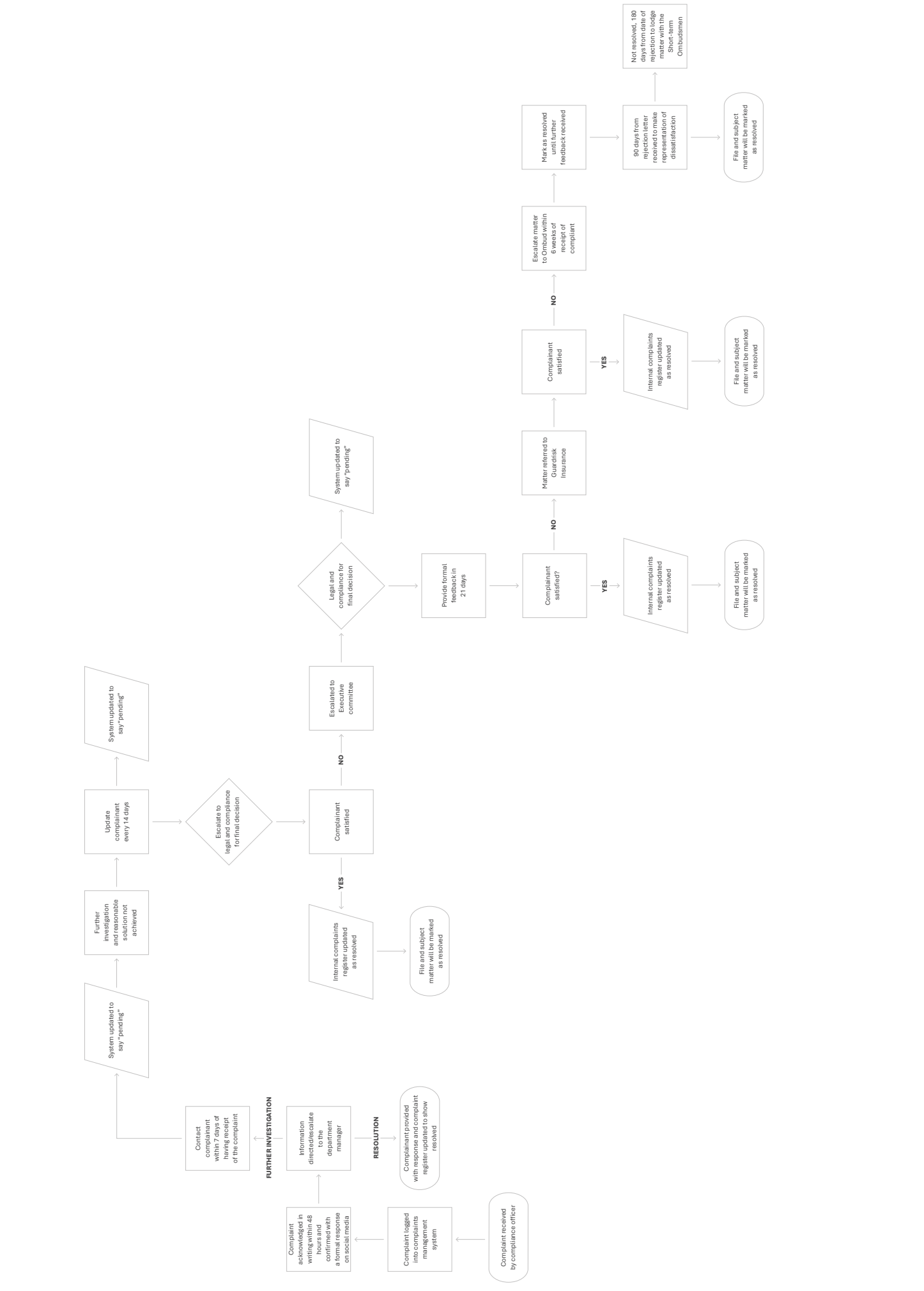
10. RECORD KEEPING, MONITORING AND ANALYSIS

Records of all Complaints and responses are maintained on Guardrisk's Complaints Management System for a minimum of 5 (five) years until finalisation of the matter. We are TCF (Treat Customers Fairly) driven and one of the responsibilities of our TCF Committee to monitor and analyse trends and patterns of Complaints that may be reported to and addressed by our Executive Committee.

ANNEXURE A: NOT REPORTABLE OR UPHELD COMPLAINT



ANNEXURE B: REPORTABLE COMPLAINT



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