

COMPLAINTS POLICY

Rodel Administration Services is committed to:

- Resolving client complaints in a manner which is fair to our clients, our business and our staff.
- Ensuring that clients have full knowledge of the procedures established for internal resolution of their complaints.
- Ensuring that clients can submit complaints through the postal services, telephonically or electronically via e-mail and social media messages.
- Employing and empowering properly trained people in our business to deal with complaints, and where justified, the escalation of serious non-routine complaints for appropriate intervention.
- Dealing with complaints in a timely and fair manner, with each complaint receiving proper consideration in a process that is managed appropriately and effectively.
- Offering full and appropriate redress in all cases where a complaint is resolved in favour of a client – without delay.
- Informing clients of their right to refer their complaints to the relevant external forum for an independent adjudication of any complaint should a complaint not be resolved to their satisfaction within four weeks from the date on which the complaint is registered.
- Maintaining records of all complaints received for a period of 5 years, together with the outcome thereof and the reasons in support of the decision.
- Implementing follow-up procedures to:
 - Ensure a proactive approach in preventing the reoccurrence of any cause for any complaint received, and
 - Improve services, complaint systems and procedures where necessary.

Definitions

Complainant – is a person/ someone acting on their behalf, who has a direct interest in the agreement, policy or service, and includes a –

- policyholder or their successor in title;
- beneficiary or their successor in title;
- person whose life is insured under a policy;
- person that pays a premium;
- member of a group scheme or; and
- potential policyholder or potential member of a group scheme - whose dissatisfaction relates to the relevant application, approach, solicitation, advertising or marketing material.

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Rodel Administration Services (Pty) Ltd is an authorised financial services provider - FSP 5431
VAT Nr. 4420210264 Reg Nr. 1997/013419/07

A proud member of the Financial Intermediaries Association of Southern Africa (FIA)

Complaint – is an expression of dissatisfaction to an insurer / their service provider (to the knowledge of the insurer) relating to a policy or service which indicates / alleges, that –

- the insurer or their service provider failed to comply with an agreement, a law, a rule, or a code of conduct;
- The insurer or their service provider’s maladministration or wilful / negligent action or omission, caused the person harm, prejudice, distress or substantial inconvenience;
- the insurer or its service provider has treated the person unfairly;
- regardless whether submitted together with or in relation to a policyholder query.

Rejected - means that a complaint 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.

Compensation payment - to compensate a complainant for a proven or estimated financial loss incurred as a result of the insurer’s wrongdoing - insurer accepts liability for having caused the loss concerned – excluding –

- goodwill payment;
- payment contractually due in terms of a policy; or
- refund of an amount which was not contractually due.

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.

Reportable complaint - any complaint (as per the definition above) unless–

- 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.

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Upheld - that a complaint has been finalised wholly or partially in favour of the complainant and –

- 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
- all undertakings made by the insurer to resolve the complaint have been met or the complainant has explicitly indicated its satisfaction with any arrangements.

Complaints Procedure

The process that will apply is as follows:

- 2.1 We shall log the date and contents of the complaint in the Complaints Register.
- 2.2 We shall acknowledge receipt of the complaint in writing within 5 days of receipt and give the complainant the name(s) and contact details of the staff member responsible for the resolution of the complaint.
- 2.3 We shall investigate the complaint to ascertain whether the complaint can be resolved immediately.
- 2.4 If the complaint can be resolved immediately, we shall take the necessary action and advise the complainant accordingly.
- 2.5 If the complaint cannot be resolved immediately, we shall send the complainant a written summary of the steps to be taken to resolve the matter and the expected date of resolution.
- 2.6 If we are unable to resolve the complaint within 4 weeks after the date of logging the complaint in the Complaints Register, we shall notify the complainant accordingly and advise the complainant of his / her right to:
 - Proceed in terms of Rule 6(a) and 6(b) of the Rules on Proceedings of the Office of the Ombudsman for Financial Services Providers (see Annexure A); or
 - Seek legal redress in any other appropriate forum.
- 2.7 We shall update the register with all developments/activities and ensure that a proper paper trail (record) is maintained at all times.

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1. Rules

Rule 6(a) and 6(b) of the Rules on Proceedings of the Office of the Ombudsman for Financial Services Providers (FAIS Ombudsman) state that:

- 6(a) where a complaint cannot in a reasonable time be addressed by the responding party [provider], the responding party must as soon as reasonably possible send to the complainant a written acknowledgement of the complaint with contact references of the responding party.
- 6(b) if within four weeks of receipt of a complaint the responding party has been unable to resolve the complaint to the satisfaction of the client, the responding party must inform the complainant that:
- the complaint may be referred to the Insurer

Complaints process flow

- Complainant lodges complaint using the following avenues:
 - Telephonically 011 100 1999
 - Email: info@rodelsa.co.za
 - Social media -
 - Facebook: <https://www.facebook.com/RodelSA/>
 - Twitter: <https://twitter.com/RodelSA>
- Complaint received, validated and logged as a new complaint in the complaints register
- Acknowledge receipt to the complainant in writing or telephonically within 2 days after registration of the complaint.
- Investigate the complaint and gather all relevant information. Resolve the complaint immediately or take the necessary action and advise the complainant of steps taken and expected date of resolution. Update the complaints register with all developments/activities. Inform complainant in writing of the resolution of the complaint and the outcome thereof.
- Notify the complainant if complaint is not resolved within 4 weeks with reason why it was not upheld and advise complainant of further rights, e.g. refer to Ombudsman or seek legal redress.



Rochelle De Lucia
Chief Executive Officer

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