

CUSTOMER COMPLAINT MANAGEMENT PROCESSES AND PROCEDURES

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CUSTOMER COMPLAINT MANAGEMENT PROCESS AND PROCEDURES

1. Purpose

Effective management of customer complaints is a vital component of treating customers fairly. The purpose of this document is to provide AXXIS and partners with a consistent and comprehensive understanding of how to handle customer complaints successfully in order to improve the services and status of our business and overall customer experience. It is important to record all complaints not only because this is a legislative requirement but also to ensure that we learn from the outcomes when we analyse complaints.

The document recommends practical procedures and processes for reviewing and resolving customer complaints in a courteous, timely, effective and fair manner; standards of which are aligned to the Complaints Management Discussion Document which forms part of the TCF Regulatory Framework. This document has been approved and endorsed by the AXXIS Board of Directors and will be reviewed on an annual basis.

In line with the TCF ('treating customer fairly') principle aims, we strive to raise standards in the way we operate, by introducing changes that will benefit our customers and increase their confidence in our brand.

Complaints management is a key component of TCF outcome 6 which provides that:

"Customers do not face unreasonable post-sale barrier imposed by firms to change product, switch providers, submit a claim or make a complaint."

This document serves as a guideline to achieve the following throughout the complaint management process:

- 1.1 To understand what constitutes a complaint (regulatory definition) so that there is a consistent understanding across the AXXIS complaints spectrum. This is especially important when capturing complaints onto the system
- 1.2 To set consistent standards and requirements for AXXIS to implement internal complaints management processes, including record keeping, monitoring and analysis
- 1.3 To thoroughly investigate the complaint
- 1.4 To identify possible service breakdowns
- 1.5 To ensure fair treatment of customers in line with the TCF principles
- 1.6 To make informed decisions
- 1.7 To ensure timely resolution
- 1.8 To verify the root cause of the problem
- 1.9 To put forward and manage possible solutions through corrective action improvements
- 1.10 To ensure that our complaints process is fair, transparent, accessible and visible to our customer
- 1.11 To ensure that adequate communication is provided to the customer about how to complain, where to complain and to whom they can complain and that this is performed in clear and understandable language

2. Axxis's approach

AXXIS has adopted a decentralised approach for dealing with customer complaints, i.e. a central complaints team with representatives within the business units handling complaints for that specific environment or within the partner space. The responsibility for handling specific complaints must be appropriately delegated to ensure efficient handling. Delegation should be to staff who are adequately trained and have an appropriate mix of experience, knowledge and skill in complaints handling, in the relevant complaints subject matter, in the principles of TCF, and in relevant legal and regulatory provisions. The business unit (BU) will always own the customer complaint and the resolution thereof. This document is informed by the TCF Complaints Management Discussion document as well as the following existing regulatory requirements:

- 2.1 TCF (Treating Customers Fairly)
- 2.2 FAIS Act and GCOC requirements (Financial Advisory and Intermediary Services Act 37 of 2002 and General Code of Conduct)
- 2.3 STIA (Short Term Insurance Act 53 of 1998)
- 2.4 PPR (Policyholder Protection Rules)
- 2.5 SAIA Code of Conduct requirements

3. Scope of Application

This document is a high level, governance-based document which sets out the minimum standards and requirements for compliant and effective complaint management. Based on these requirements, each BU is expected to formulate their own standard operating procedures for their environment which must align itself to these requirements.

This document applies to all AXXIS service providers (see definition) and includes arrangements AXXIS has with the following entities:

- 3.1 Brokers/Intermediaries/Administrators
- 3.2 Binder Holders
- 3.3 Juristic representatives
- 3.4 Call centres
- 3.5 Other outsourced service providers

4. Important Definitions

4.1 Important AXXIS definitions:

"BU"	<i>means</i>	a business unit of AXXIS
"Product"	<i>means</i>	any AXXIS product including long-term insurance, short-term insurance products, collective investment scheme products, and retirement funds
Complaint Management Resolution ("CMR")	<i>means</i>	the central complaints system within AXXIS
"GCMP"	<i>means</i>	the Group Complaint Management Policy
"GCM"	<i>means</i>	the Group complaint management team dealing with the escalated complaints and responsible for complaint governance
"RCA"	<i>means</i>	the root cause analysis to determine the cause of customer complaint in order to identify the most appropriate corrective action so that the risks of the same type of complaints resurfacing are mitigated

"Escalated complaints" *means* complaints dealt with by the GCM team.

"Escalated complaints process" *means* The requirement of an escalated complaint dispute process is dealt with in section 6 of this document. This is the process where the complainant is not happy with the initial outcome reached by the BU and wants an independent review of the complaint outcome

4.2 Important Financial Services Conduct Board (FSCA) definitions

"Complaint" *means* an expression of dissatisfaction by a complainant, relating to a product or service provided or offered by a financial institution, or to an agreement with the financial institution in respect of its products or services and indicating that:

1. the financial institution or its service provider has contravened or failed to comply with an agreement, a law, a rule, or a code of conduct which is binding on the financial institution or to which it subscribes
2. the financial institution or its service provider's maladministration or wilful or negligent action or failure to act, has caused the complainant harm, prejudice, distress or substantial inconvenience; or
3. the financial institution or its service provider has treated the complainant unfairly and regardless of whether such an expression of dissatisfaction is submitted together with or in relation to a customer query

Summary:

A complaint is an expression of dissatisfaction by a complainant which is sales, policy or service related and includes any alleged breach of law, rule or code by the insurer.

"Customer" of a financial institution *means* any user, former user or beneficiary of one or more of the financial institution's financial products or services, and their successors in title

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

1. upheld immediately by the person who initially received the complaint; i.e. all complaints need to be recorded on CMR, even though the matter is upheld immediately. It can be closed immediately on the system but needs to be captured
2. upheld within the financial institution's ordinary processes for handling customer queries in relation to the type of agreement, product or service complained about, provided that such process does not take more than five business days to complete from the date the complaint is received; o

3. submitted to or brought to the attention of the financial institution in such a manner that the financial institution does not have a reasonable opportunity to record such details of the complaint as may be prescribed in relation to reportable complaints

Summary:

The FSCA requires insurers to report (regulatory or publicly) on complaints received that are not upheld immediately or within five days of receipt. Therefore a grace period of five days has been provided to encourage early resolution of complaints. Should a complaint be upheld within this time frame, then it would not be reportable to the FSCA. However, the complaint still needs to be captured by the complaints representatives within the relevant BU on CMR. AXXIS's aim is therefore to encourage resolution of most complaints within this timeframe where possible. Refer to section 5.2 for the expected actions within these timeframes.

"Customer query"	<i>means</i>	a request to the financial institution by, or on behalf of a customer or prospective customer, for information regarding the financial institution's products, services or related processes, or to carry out a transaction or action in relation to any such product or service. Please note that there is no expectation to capture queries onto CMR unless the query has become a complaint
"Complainant"	<i>means</i>	a person who has submitted a specific complaint to a financial institution or, to the knowledge of the financial institution, to the financial institution's service provider and who: <ol style="list-style-type: none"> 1. is a customer or prospective customer of the financial institution concerned and has a direct interest in the agreement, product or service to which the complaint relates; or 2. has submitted the complaint on behalf of a person mentioned in 1., provided that a prospective customer will only be regarded as a complainant to the extent that the complaint relates to the prospective customer's dissatisfaction in relation to the application, approach, solicitation or advertising or marketing material contemplated in the definition of "prospective customer"
"Service provider"	<i>means</i>	another person with whom the financial institution to whose products or services the complaint relates has an arrangement in relation to the marketing, distribution, administration or provision of such products or services, regardless of whether or not such other person is the agent of the financial institution
"Prospective customer" of a financial institution	<i>means</i>	a person who has applied to or otherwise approached the financial institution in relation to becoming a customer of the financial institution, or a person who has been solicited by the financial institution to become a customer or has received marketing or advertising material in relation to the financial institution's products or services

AXXIS views a third party customer as a potential or prospective customer and therefore these complaints will also be recorded and acted on. An example of a third party is when one of our customers has an accident with another party, or third party.

- "Goodwill payment"** *means* a payment by a financial institution to a complainant as an expression of goodwill aimed at resolving a complaint, but where the financial institution does not accept liability for any financial loss to the customer as a result of the matter complained about
- "Compensation payment"** *means* a payment, other than a goodwill payment, by a financial institution to a complainant to compensate the complainant for a proven or estimated financial loss incurred as a result of the financial institution's contravention, non-compliance, action, failure to act, or unfair treatment forming the basis of the complaint, where the financial institution accepts liability for having caused the loss concerned
- "Compensation payment"** *excludes*
1. payment of amounts contractually due to the complainant in terms of the financial product or service concerned; or
 2. refunds of amounts paid by or on behalf of the complainant to the financial institution where such payments were not contractually due but includes interest on late payment of amounts or refunds referred to in 1. or 2.
- "Upheld"**
in relation to a complaint *means* that the complaint has been finalised in such a manner that the complainant has explicitly accepted that the matter is fully resolved or that it is reasonable for the financial institution to assume that the complainant has so accepted. A complaint should only be regarded as upheld once any and all undertakings made by the financial institution to resolve the complaint have been met

5. Processes and Service level agreements

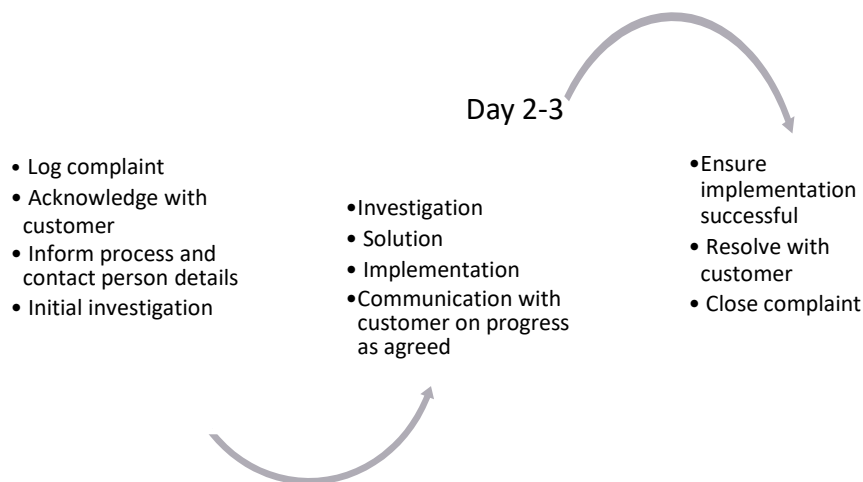
5.1 Acknowledgement and response time

A basic service level agreement must be created for initial contact with the customer who submits a complaint. The BU is responsible for acknowledging the complaint with the customer as well as providing them with regular feedback. The maximum time for acknowledgement of a complaint is two days. Where the complaint is urgent (i.e. the risk of reputational impact is high), the timeframe is 1 day. This could be in instances of social media or MD complaints. Please refer to the diagram below:



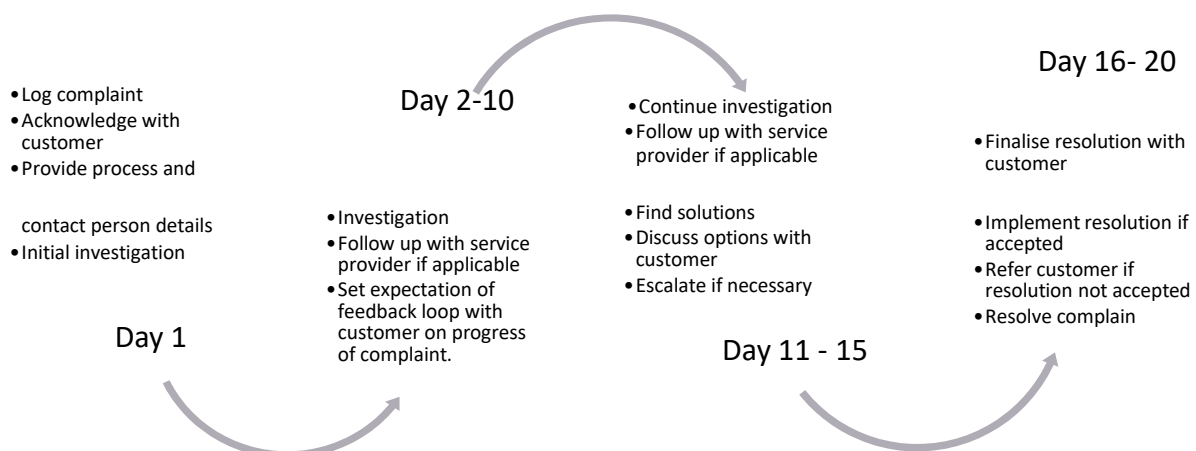
5.2 Early complaints resolution

All complaints received that have not been upheld immediately or within five days of receipt, will need to be reported (FSCA requirement). There is currently an intention to report complaints in the public domain in which industry comparisons will be made and therefore it is essential to ensure that we deal with the majority of our complaints within the required five-day grace period, where possible. The diagram below reflects guidelines on acknowledgement and feedback turn-around times.



5.3 Standard BU complaints resolution

The process below is applicable to any complaint that cannot be resolved in the five-day turnaround time stipulated above. We have adopted the ASISA/SAIA code of conduct requirement which allows a maximum of 21 days to resolve a complaint. Even though this is just a guideline, we should be driven to resolve all complaints in the shortest period possible. A detailed process for complaint handling and the expected steps is available in GCMP Annexure section 6.



5.4 Escalated complaint resolution

Escalated complaints are all complaints submitted via platforms such as social media, print media (newspaper) and AXXIS website. These complaints are received and distributed to the relevant BU by the GCM team.

For complaints received in the public domain like social or print media, a quicker response time is crucial. Failure to respond efficiently to these complaints may lead to an escalation to other platforms within the public arena. For social media, a general response is added with a promise to contact the customer and deal with the complaint directly. There are instances where more detail is required to respond accordingly where the complaint may be damaging to our brand by only having a generic response. As much as the customer may distort the complaint, we still have an onus to educate the public but not invade any privacy of our customers.

5.5 Escalated dispute process

An appropriate internal complaints escalation process must be created within BU's in order to provide complainants an alternate platform or mechanism to escalate their complaint should the initial complaint not be upheld to their satisfaction.

The escalation must be allocated to an impartial, i.e. senior person or forum independent of the initial decision made so that conflict of interest may be avoided.

- 5.5.1 When an outcome of a complaint is reached and the customer is advised of the outcome, the complaint handler must inform the customer of the escalation process if they are unhappy or if resolution with the complainant is not obtained
- 5.5.2 From a transparency perspective, we recommend that the escalation process is placed on the policy schedule for customer awareness and compliance purposes
- 5.5.3 If at any point in the process, the BU is unable to reach resolution on a complaint, they may escalate the matter as a dispute to an independent person or forum for review
- 5.5.4 The complainant needs to be informed of the escalation process for further review and the contact name and details of the person handling the escalation needs to be given to the customer
- 5.5.5 The independent person/s or forum (BU appointed) will review the complaint and a recommendation or final decision will be provided to the customer. A decision should be reached within five working days of receipt of all information
- 5.5.6 The BU will then provide feedback to the customer in writing with the reasons for the decision, information taken into consideration and details for further recourse with the relevant Ombudsman, if the customer is still unhappy

5.6 Partner complaints resolution

The partner/service provider may in some instances hold the relationship with the customer and therefore all communication may occur directly with the customer. This means that if the customer is dissatisfied and wants to complain, the initial channel of complaint will be directly with the partner/service provider. The partner/service provider will therefore need to ensure that:

- 5.6.1 Complainants are promptly informed of the process that will be followed in handling the complaint (for example, indicative timelines; availability of escalation or ombudsman options in the event of an outcome not in the complainant's favour; contact details of the person who will be handling the complaint in order to follow up on progress)
- 5.6.2 If the partner/service provider is unable to resolve the complaint, there should be clear processes to escalate to a contact person within AXXIS. This contact person must be provided by the BU
- 5.6.3 The partner/service provider must record all complaints received and keep a register of the resolution of the complaints relating to AXXIS.

- 5.6.4 The complaints register needs to be given to the BU on a monthly basis to record on the AXXIS central complaints system (CMR) should the partner/service provider not be linked to CMR
- 5.6.5 When the partner/service provider makes a final decision on a complaint and is informed by the customer that they are unhappy with the outcome of their complaint, the partner/service provider must escalate the complaint to AXXIS. The partner must exhaust their internal complaints process first before advising the customer of the escalation procedures. The contact details for these referrals need to be provided by the BU dealing with the partner. These details must appear on the customer's policy schedule

For the recording of partner complaints, there are a few options available. If the partner has their own complaint system or is able to capture the information on an excel spreadsheet, a facility to download this data by means of electronic transfer through a XML stream will be made available. Where the partner/service provider does not have a complaints system to record complaints on, a template has been made available to use for this purpose. This is captured on an excel spreadsheet and will need to be captured by the BU onto CMR.

5.7 Ombudsman minimum requirements

Ombudsman complaints are managed by a dedicated ombudsman team within AXXIS. Therefore any complaints referred to the ombudsman where a customer still engages with AXXIS, must only be dealt via the appropriate ombudsman complaints handler. Although National Treasury is currently reviewing the final ombudsman model, there are still minimum requirements that need to be adhered to. AXXIS must clearly and transparently communicate the availability and contact details of the relevant ombudsman services to customers and prospective customers at relevant stages of the customer relationship. Relevant stages include point of sale, relevant periodic communications, on receipt of a complaint, and when a complaint (or a claim) is rejected.

- 5.7.1 Where appropriate, obligations are on AXXIS to display and/or make available information regarding the availability and contact details of the relevant ombudsman services at AXXIS premises and/or on websites
- 5.7.2 AXXIS should maintain specific records and carry out specific analysis of complaints referred to them by the ombudsman and their outcomes
- 5.7.3 AXXIS should monitor determinations (whether involving their own firm or others), publications and guidance issued by relevant ombudsmen with a view to identifying failings or risks in their own products or practices

5.8 Incorrectly routed/received complaints

Due to the nature of our business, you may find that a complaint is incorrectly referred to a particular BU for handling. In these instances, the recipient of such complaint (BU) must refer the complaint to the GCM team for assistance. If the customer calls in directly to a BU, please obtain as much information to ensure we trace the customer without any further delay. As soon as you receive a complaint that has been incorrectly routed to you, please forward the complaint immediately to the GCM team for assistance to avoid any further delays.

6. AXXIS Complaints Management Structure

Within the AXXIS structure, there are various role players that assist with the resolution of complaints. The respective roles have been defined below.

6.1 Role of Group central complaints team (GCM)

The complaints team is responsible for:

- 6.1.1 Maintenance and enhancements of the central complaints system (CMR)

- 6.1.2 Drafting, maintaining and distributing the Group Complaints Management Policy (GCMP). The GCMP will be reviewed annually unless new requirements are added from the various legislative bodies. All changes to the document will be signed off by the Board. The policy will be made available on the intranet
- 6.1.3 Providing to training for the BU to key staff as identified by the BU.
- 6.1.4 Ongoing guidance and affirmation to BU's of what the expectations are of the complaints process
- 6.1.5 Statutory reporting regarding complaints
- 6.1.6 Providing the framework for effective complaint management processes
- 6.1.7 The facilitation of complaints from escalated platforms such as social and print media and AXXIS website complaints
- 6.1.8 Trends and analysis methodology and providing a template to the BU to perform root cause analysis with a view to managing market conduct risks and improving outcomes and processes
- 6.1.9 Providing required tools to ensure Root Cause Analysis (RCA) and ensuring continuous improvement is implemented after a complaint is received.
- 6.1.10 Conducting a follow up call to the customer on all escalated complaints that they refer to the BU for resolution once the business has upheld the complaint to ensure the customer is satisfied with the outcome. If the customer is unhappy with the outcome, the complaint will be referred to management within the BU to address the issue further
- 6.1.11 Conducting annual reviews/audits of BUs to ensure they comply with the GCMP. The audits will be conducted by using a list of compliance requirements and the findings will be shared with compliance and the relevant BU

6.2 Role of the business unit

The BU is ultimately responsible for managing all customer complaints that stem from their environment. The complaint can come from various sources but will need to be upheld within the BU.

They will need to ensure that the following requirements are met:

- 6.2.1 **Complaints are acknowledged** on receipt and complainants must be promptly informed of the process that will be followed in handling the complaint (for example, indicative timelines; availability of escalation or ombudsman options in the event of an outcome not in the complainant's favour; contact details of the person who will be handling the complaint in order to follow up on progress)
- 6.2.2 **All complaints are system recorded** that are received from direct customer contact or through partners by capturing the complaint (as defined in terms of the regulation) onto CMR as soon as the complaint is received
- 6.2.3 **Complaints are resolved** that are received from customers, partners and the Group complaints team according to the processes agreed on and within the agreed SLA's as set out in section 4
- 6.2.4 An **oversight function** will be performed for all partner complaints. The BU must embed a process to ensure their partners/service providers have adequate complaints management structures in place. BU's must have mechanisms in place for monitoring and analysing all aggregated complaints data in relation to complaints received by the service provider. SLA's must be put in place with the partner/service provider to ensure that the complainant is appropriately informed of the process being followed and that business is able to monitor the outcome of the complaint. These should form part of the agreements in place with the partner
- 6.2.5 **Responsible for closing complaints** logged directly by the BU, once they are satisfied that the complaint is completely upheld and all resolutions have been implemented. All complaints sent to the BU by the GCM team will be changed to resolved status and not closed until the complaint is upheld. The GCM team will do a follow up call to the customer and then close the call

- 6.2.6 Driving Root Cause Analysis (RCA) for complaints received in their area from any source
- 6.2.7 Taking preventative action or implementing continuous improvement from findings on received complaints
- 6.2.8 Ensuring improvements implemented are suitable to address the matter raised by the complainant. Ongoing monitoring to ensure the solution is suitable
- 6.2.9 Ensuring that all complaints that need to be escalated from a partner/service provider, have clear contact details and that a contact person/s exists to field these escalations and deal with them efficiently. This needs to be recorded on the customers' schedule for compliance
- 6.2.10 Ensuring all complaints data received from the partner/service provider have been received and uploaded to CMR as agreed on a monthly basis
- 6.2.11 Agreeing on robust SLA's with the partner/service provider as set out in the guidelines provided by the Group Complaints Team and the FSCA requirements
- 6.2.12 Compiling a compensation policy for customers for poor service received. This can include methods of compensation such as extended car hire, excess waived in the short-term section of the business if not a monetary value. For the life section, this could possibly only be in terms of a monetary value. To ensure consistency in how we pay compensation from one customer to the next, the compensation policy is essential for each BU. This can only be defined by the BU according to their business. The CMR has a facility to capture a monetary value for compensation. Whether the compensation is in a benefit, for example car hire, it can be converted into a monetary value. The definition of compensation is found in the definitions in section 4
- 6.2.13 Ensuring that they have a clear complaints process in place which is communicated to the customer and accessible for when they want to complain. This means that an e-mail address and direct telephone number has to be set up for each BU where their customer can access the complaints process if required
- 6.2.14 The BU will ensure that the partner is made aware of the complaints handling processes and trained on the requirements

7. Complaints record keeping

In addition to the FAIS record keeping requirements, the following minimal standards are a requirement. All complaints must be captured on the central complaints system (CMR) within AXXIS and need to adhere to the minimum requirements listed below.

7.1 Complaints system

The complaints system (CMR) has been adapted to accommodate the requirements listed below from the FSCA. It is therefore crucial that this information forms part of the minimum requirements for capturing complaints from any source. The following information must be captured on the system:

- 7.1.1 All relevant details of the complainant and the subject matter of the complaint, including copies of all relevant evidence, correspondence and decisions
- 7.1.2 Appropriate TCF aligned categorisation of complaints (system has been updated to include the nine minimum required categories)
- 7.1.3 Progress and status of the complaint, including whether such progress is within or outside any relevant prescribed timelines or internal service levels
- 7.1.4 Details of numbers of complaints received, complaints upheld, rejected complaints, complaints escalated by complainants to the internal review function (where applicable), complaints referred to an Ombudsman, compensation payments and goodwill payments.

7.2 Complaint capturing

One of the main requirements from the FSCA is that insurers are required to record all complaints from all sources on a central complaints system. AXXIS has a central complaint system known as CMR which is located on the intranet under the shortcut "Complaint Management". In order to ensure consistency, the FSCA has provided a minimum of nine categories of complaints which have been catered for on the system. The approach AXXIS has taken is to track complaints by categorising them according to the insurance value chain.

7.3 Complaints categories

The categories for complaints have been captured according to the value chain. Below is a grid of the main complaint reasons per value chain category to ensure accurate and aligned capturing. These complaint categories can then be condensed into the nine complaint types, as prescribed by the FSCA.

Product design and pricing	Lead generation	Sales and onboarding	Fulfillment	Premium collection
Premium too high	No response to lead	No consent to policy	Documents not received	Debited incorrect date
Insufficient cover limit	Unsolicited SMS/e-mail	Incorrect inception date	Tax certificate not received	Debited incorrect amount
Inadequate cover type	DNC list – opt out	Misrepresentation of cover		Unauthorised debit
Unclear/misleading wording	DMASA registered	No or poor response		Naedos
	Multiple contacts	Incorrect premium		Banking details not updated
		Staff unprofessional/rude		Debit after cancellation
		Policy not loaded		Debit order not collected
		Data capture errors		
		Incomplete declaration given		

Policy maintenance	Underwriting	Claims	Cancellations	Retention
Data capture errors	Premium increase	Time to process claim too long	Policy lapsed	Unable to reinstate cover
Inspection	Cover limited	Incorrect beneficiary paid	Continuation option not offered	Unable to re-issue cover
Tracker	Refund not processed	Incorrect amount paid	Cancellation not actioned	Premium higher
Drive mate	Staff unprofessional/rude	Misleading claims info		Staff unprofessional/rude
No or poor response	Inconsistent feedback	No or poor response		No or poor response
Call hold time long	No or poor response	Staff unprofessional/rude		Policy not reinstated/reissued
Misrepresentation of cover		Settlement dispute		Third Party and Recoveries
Staff unprofessional/rude		Claims decision dispute		Excess recovery taking too long
No consent to changes		Car hire		No or poor response
Refund not processed		Dispute on assessment		Misleading claims info
Inconsistent feedback		Excess dispute		Staff unprofessional/rude
Incomplete declaration given		Unhappy with service provider		Time to process claim too long
Emergency assistance		Poor workmanship		Settlement dispute
Premium increase		Repairs taking too long		
Payment not allocated		Emergency assistance		
Policy not reinstated/re-issued				

TCF aligned complaint categories

The categories for TCF outcomes are listed below with possible examples of the type of complaints that will form part of each category. These reasons are not fixed to a specific outcome and the outcome selected may differ according to the circumstances of the complaint, for example 'Inadequate cover type' – this could be due to the design of the product or it could be a sales error where the incorrect cover level was sold or offered. The complaint system accommodates the manual capture of the outcome breached based on the complaint received. Often, more than one outcome is breached and therefore provision has been made to capture more than one outcome per complaint.

Examples of complaint reasons into the various TCF outcomes

Outcome 2	Outcome 3	Outcome 4	Outcome 5a
Premium too high	Unsolicited SMS	Insufficient cover limit	Insufficient cover limit
Insufficient cover limit	Misrepresentation of cover	Inadequate cover type	
Inadequate cover type	Data capture errors	Misrepresentation of cover	
Premium increase	Incomplete declaration given	Incomplete declaration given	
Cover limited	Documents not received	Inconsistent feedback	
Claims decision dispute	Inconsistent feedback	Misleading claims info	
Unable to reinstate cover	Claims decision dispute		
Unable to re-issue cover	Misleading claims info		

Outcome 5b	Outcome 6a	Outcome 6b	Outcome 6c
Staff unprofessional/rude	Notice period too long	Incomplete declaration given	Time to process claim too long
No or poor response	Penalties applied	Complaint procedure not given	Incorrect beneficiary paid
No consent to policy		No or poor response	Incorrect amount paid
DMASA registered			Misleading claims info
DNC list – opt out			No or poor response
			Staff unprofessional/rude
			Settlement dispute
			Claims decision dispute
			Dispute on assessment
			Excess dispute
			Unhappy with service provider
			Poor workmanship
			Repairs taking too long

8. Monitoring and Analysis

Effective monitoring and analysis of complaints is a key tool to identify, manage and mitigate TCF related and market conduct risks. Proper monitoring and analysis will maximise business value through the learnings created from analysis of complaint outcomes.

The recording, monitoring and analysis process must provide for an adequate level of regular reporting to senior management levels (see definition of reportable complaint in definitions above).

BU’s need to embed a qualitative and quantitative analysis which can be used to identify positive and negative trends for complaints received.

Ongoing monitoring and analysis of adherence to the Complaints Management Process document will be provided by AXXIS’s internal governance and control processes. Risk management, internal audit and compliance functions will provide management reporting on the effectiveness and compliance with the requirements from the FSCA.

8.1 Reporting

The FSCA are in the process of developing a more detailed proposal regarding regulatory complaints reporting which will be in a prescribed format. Proposed reporting templates are currently being considered by the FSCA.

The FSCA believes that the reputational impact of meaningful public disclosure can act as a deterrent to unfair customer treatment, and an incentive for companies to compete over the quality of the customer experiences they deliver. This could mean that we, as AXXIS, will be required to report on our complaints in a public forum in a format prescribed by the FSCA. The report will consist of the requirements given by the FSCA for all insurers to abide by. In the interim, and to enable a more streamlined process for reporting, the central complaint system has been adjusted to ensure that the relevant fields are available for capture and reporting.

8.1.1 GCM Reporting

From a complaints perspective, all complaints directed to the escalated platforms such as print and social media and AXXIS' website, will be reported on per BU. These reports are available on a quarterly basis and will be shared with the BU heads. Another combined report will be drafted bi-annually for Board members. For operational reporting, reports will be available per area as requested with a detailed breakdown of some of the trends picked up to share some insight into the day to day operational challenges. We will be able to extract all data for reporting as recorded by the BU or partners for analysis by the BU

8.1.2 BU

The BU should do monthly operational reports on all complaints received in their environment. This means all complaints received and recorded directly by them. The report can include some of the findings from a Group complaints perspective, based on the findings for escalated complaints. Furthermore, the BU is responsible for doing root cause analysis on their complaints. The findings from this root cause analysis also needs to be reported on and the action plan to address these findings to ensure continuous improvement (as set out in 9.3 below). The facility to capture the outcomes for root cause analysis will be made available on the CMR system, where it must be captured for record keeping and reference

8.2 Root Cause Analysis

For every complaint received, it is required that we do a root cause analysis to understand the reason for the complaint and put measures in place to mitigate these risks posed and the generation of the complaints. To ensure a consistent approach to perform the root cause analysis, the template in CMP Annexure section 4 will be used by the BU's to derive at the reason for the complaint. In 8.3 below, the approach for implementing improvements is discussed in further detail.

8.3 Continuous Improvement

When recording complaints, the BU or GCM may pick up trends for the same type of complaints or numerous complaints relating to a certain area of the business. Once the root cause analysis is done, any concerns raised or risks identified will need to be corrected within the business. This is known as continuous improvement. There may be situations where we proactively identify gaps in our processes, systems, training or product without a customer lodging a complaint. This can follow the same process to highlight the risks and action can be taken to remedy the situation.