

COMPLAINTS PROCEDURE

The following are the procedures to be followed by Robin Baird Insurance Brokers (Pty) Ltd (RBIB) in the handling of all Complaints received by us.

We view complaints as a serious issue and all interactions with a complainant, be they our existing clients or third parties, are to be conducted with the highest possible level of courtesy and professionalism.

Internally all complaints will be managed by RBIB with the full involvement of our Compliance Officers – Associated Compliance. Between us, we will be responsible for ensuring the complaint is brought to an effective, speedy and fair resolution. The primary objective of these procedures are to:

- Resolve the matter at hand,
- Avoid escalation to the Ombudsman or litigation,
- Identify the aspects that led to the complaint and ensure procedures are improved or established to prevent a reoccurrence.

We anticipate that the major areas that will lead to a complaint are:

1. Representations made regarding the product or service being factually incorrect and or fraudulent,
2. Inappropriate administration of the product (this would include the claim),
3. Benefits of the product to the customer and or cost thereof to the customer,
4. A breach of any relevant legislation,
5. A breach of the customer mandate,
6. Any complaint of bad faith, malpractice, impropriety, repetition or recurrence of any matter about which there has been a recent complaint.

The people responsible for complaints resolution

David Baird	david@rbib.co.za
Jeremy Wright	jeremy@rbib.co.za
Steven Greasley	steven@rbib.co.za

The final responsibilities to deal with all complaints rests with Steven Greasley

The procedure to finalise a complaint is as follows:-

- If any initial complaint whether telephonic or in writing is not easily resolved, it should be reduced to writing and submitted with any documentation we might not have in our possession.
- We will acknowledge your complaint within 24 hours and advise who will be dealing with the complainant and their contact details
- All documentation relating to the complaint will be thoroughly investigated and you will be informed in writing of the outcome including reasons and actions.
- Where necessary the appropriate insurers will be informed of the complaint.
- Any offer to rectify a complaint will also be made in writing and a formal response will be required.
- We undertake to finalise complaints within 7 working days
- Should you feel that we have prejudiced you financially and the offer to rectify is not appropriate, you may request mediation and we will notify our compliance officer.
- Should mediation not resolve the complaint within 30 days, then the matter can be referred to the short term insurance ombudsman for a ruling.
- If the Ombudsman's ruling does not satisfy you and providing we give leave to appeal, the matter can be referred to the appeal board.
- A ruling by the Ombudsman or a final decision of the appeal board is regarded as a civil judgment
- The party held liable in the ruling is obligated to give effect to the ruling without delay.
- The Ombudsman can accept a complaint for investigation if an incident arose on or after 30 September 2004 and the amount involved is R800 000 or lower and if submitted in the required format

The contact details of the Ombudsman are:-

Telephone : +27 11 726 8900

Facsimile : +27 11 726 5501

Share Call : 0860 726 890

Postal Address : P. O. Box 32334, Braamfontein, 2017

Email : info@osti.co.za

Website : www.osti.co.za