



COMPLAINTS RESOLUTION POLICY

Viva Cover (PTY) Ltd (“Viva Cover”)

Version 5.0

| Complaints Resolution Policy | |
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| Definitions/abbreviations | Complaint |
| Policy ownership and review | <p>Policy approval and review roles</p> <p>Policy administrative roles</p> <ul style="list-style-type: none"> • Policy Owner: Head: Risk and Compliance • Policy approvers: Audit and Risk Committee • Document owner: Head: Risk and Compliance • Review and approval schedule <p>The complaints resolution policy must be reviewed each year by the Risk and Compliance Committee ("RCC").</p> |
| Policy control | <p>Control history</p> <ol style="list-style-type: none"> 1. Complaints Resolution Policy v5.0 |
| Objective of the policy | The purpose of the Complaint Resolution policy is to inform clients of how you can make use of our complaints resolution system, to their advantage. |
| Principles of Policy | <p>The policy should set out:</p> <ul style="list-style-type: none"> • The roles and responsibility of those affected • What reporting and governance structures that are required |
| Scope of application | All Viva Cover staff, representatives and clients |
| Roles and responsibilities | <ul style="list-style-type: none"> • It is the role of the RCC to set the Complaints Resolution Policy • It is the role of the RCC ultimately to ensure the Policy is being followed • It is the role of the Head of Operations and the compliance officer to track and manage the process. |
| Policy standards and/or requirements | Regular MIS is required to monitor whether the policy is being upheld. |

**COMPLAINTS RESOLUTION POLICY FOR
VIVA COVER (PTY) LTD
("Viva Cover")
FSP number 42787**

1. Purpose of this policy:

We are a licensed Financial Services Provider with the authority to provide financial advice and intermediary services in terms of the Financial Advisory and Intermediary Services Act. As such we have certain specific duties to you, our clients. One of these duties is to offer you a formal complaints resolution system, which will enable you to exercise your rights as provided for in the Financial Advisory and Intermediary Services Act and the Short-term Insurance Act where applicable. The purpose of this document is to inform you of how you can make use of our complaints resolution system, to your advantage.

2. Policy Statement:

Viva Cover is committed to providing its clients with quality service and undertakes to manage the affairs of its clients in such a way that it would not be necessary to have a complaint about our service, integrity and commitment. However, should it happen that a client does have a complaint, we undertake to:

- 2.1 Resolve client complaints in such a way that is fair to our clients, our FSP and our staff;
- 2.2 We undertake to inform all our clients of the procedures established for the internal resolution of their complaints, details of which will be given to them in writing;
- 2.3 We undertake to ensure easy access to our complaints resolution process at our offices. Complaints can be submitted by e-mail, telephone, Helopeter portal and via the complaints inbox portal.
- 2.4 The departments responsible for resolving complaints are the Policy Holder Services department (PHS) and Compliance department.
- 2.5 Empower and properly train our people to deal with complaints, as well as with the escalation of complaints;
- 2.6 If necessary, appoint an independent mediator to resolve the complaint to the benefit of both the client and our FSP;
- 2.7 Deal with 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 staff member;
- 2.8 Offer appropriate remedy in all cases where a complaint is resolved in favour of a client;
- 2.9 Inform clients of their right to refer their complaints to the FAIS Ombud, should a complaint not be resolved to their satisfaction within six weeks from the date on which the complaint is received.
- 2.10 Maintain records of all complaints received for a period of 5 years, which will specify the outcome of all the complaints lodged
- 2.11 If so required, implement follow-up procedures to:
 - (a) Implement remedial actions to prevent similar complaints from occurring.
 - (b) Improve services and procedures where necessary by resolving the complaints within a reasonable time before the six-week period.

3. Definition of a complaint:

An expression of dissatisfaction by a person to an insurer or to the knowledge of the insurer, to the insurer's service provider relating to a policy or service provided or offered by that insurer, which indicates, regardless of whether such an expression of dissatisfaction is submitted together with or in relation to a policyholder query, that –

- a) the insurer 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 insurer or to which it subscribes;
- b) the insurer or its service provider's maladministration or willful or negligent action or failure to act, has caused the person harm, prejudice, distress or substantial inconvenience; or
- c) the insurer or its service provider has treated the person unfairly.

4. Submitting your complaint:

| Please | Then | Or | Please Note |
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| <p>Give us a chance to resolve the matter. To ensure our focused attention, please use the following contact details:</p> <p>Viva Cover Head Office</p> <p>Postnet Suite 33, Private Bag X75, Bryanston, 2021 Call: 0860 109 529 Email:complaints@vivacover.co.za Fax: 086 154 9541</p> | <p>If complaints about our service are not resolved, we are accountable to the FAIS Ombud. Their contact details are as follows:</p> <p>Office of the FAIS Ombud</p> <p>Postnet Suite 33, Private Bag X75, Bryanston, 2021 Call: 0860 109 529 Email:complaints@vivacover.co.za Fax: 086 154 9541</p> | <p>If complaints about our products don't get resolved, we are accountable to the Short-Term Insurance Ombud. Their contact details are:</p> <p>Ombudsman for Short-Term Insurance</p> <p>Private Bag X 32334, Braamfontein, 2017 Call: 011 726 8900 Email:info@osti.co.za Fax: +27 11 726 5501</p> | <p>We are also accountable to the Long-Term Insurance Ombud. Their contact details are:</p> <p>Ombudsman for Long Term Insurance</p> <p>Private Bag X45, Claremont, 7735 Call: 0860 103 236 Email:info@ombud.co.za Fax: +27 21 674 0951</p> |

Should you wish to lay a complaint with us please follow the procedure as outlined below:

If any of our representatives:

- 4.1 did not comply with the Financial Advisory and Intermediary Services Act and that you suffered financial prejudice as a result;
- 4.2 intentionally or negligently gave financial advice or rendered an intermediary service to you which caused prejudice or damage or is likely to cause damage;
- 4.3 treated you unfairly,

The Complaint can either be made verbally or in writing and forwarded to our complaints department. Please include the following details with your complaint:

- (a) Your name, surname and contact details;
- (b) A complete description of your complaint;
- (c) The name of the person who provided you with financial advice or an intermediary service;
- (d) The date on which the matter complained about occurred;
- (e) All documentation relating to your complaint;
- (f) How you would prefer to receive communication from us regarding your complaint i.e. by e-mail, fax and post. Please provide us with the e-mail address, fax number or address where you would prefer to receive such communication.

5. Our Complaints Procedure:

To ensure a quick and appropriate response to complaints, the following process has been implemented:

- 5.1 The complaint can either be made verbally or in writing, provided that you clearly state the reason for the complaint and any loss/damage suffered. Include any relevant supporting documentation (if any). The complaint can be submitted to us via e-mail, telephone, PHS and HelloPeter portal and via the complaint's inbox portal.
- 5.2 On receipt of the complaint, the complaints department will acknowledge receipt to the complainant in writing within 3 (three) working days.
- 5.3 The complaint will then be forwarded to the relevant department to investigate the complaint to ascertain whether the complaint is legitimate and if need be, a specific staff member will be assigned responsibility for the resolution of the complaint.
- 5.4 If further information is required, the staff member will request clarity or supporting (additional) documentation from the complainant. The request for information/ clarity will also include the expected number of days to resolve the complaint following the receipt of the information/ documentation and the name and contact details of the staff member responsible for the resolution of the complaint.
- 5.5 Where additional information/ documents have been requested from the complainant and the information is not forthcoming, a reminder will be sent in writing 5 (five) working days following the initial request.
- 5.6 Response to a complaint will be done within 21 (twenty-one) days, provided that all information required and or an investigation has been completed. The maximum turn-around time for any complaint is 30 (thirty) days from receipt of the initial complaint, if all the necessary documentation and or information have been received. The complainant will be kept informed of the progress of the complaint on a regular basis.

- 5.7 Once the investigation is concluded the decision will be communicated by means of a letter stating all the facts and conclusion of the complaint to the complainant.
- 5.8 In the case where the complainant is not fully satisfied with the conclusion of the complaint, the objection should be in writing and additional information or documents should be attached (if any) and the objection referred to the Head: Risk and Compliance for further investigation.
- 5.9 The Head will reinvestigate the complaint considering new documentation or information provided. The complaint will then be referred to the Risk and Compliance Committee who will perform a reassessment of the complaint and either endorse or denounce the conclusion. A detailed written correspondence on the conclusion of the reinvestigation will be communicated to the complainant within 5 (five) working days of receipt of the objection with full details of the evidence at hand and the basis to reach such a conclusion.
- 5.10 The Risk and Compliance Committee reserves the right to consult or refer the matter for further investigation. The complainant will be kept informed of all possible delays and the expected date of resolution.
- 5.11 If unable to resolve the complaint within 6 (six) weeks of logging the complaint in the Complaints Register or where Viva Cover has been unable to resolve the complaint to the full satisfaction of the complainant, then the Head: Risk and Compliance will notify the complainant accordingly and advise the complainant of their right to:
 - 5.11.1 Refer the complaint to the Ombudsman's Office if the complainant wishes to pursue the matter; and
 - 5.11.2 That the complainant should do so within 6 (six) months of receipt of such notification.

6. Risk and Compliance Committee Approval:

The Risk and Compliance Committee has approved the Viva Cover Complaints Resolution Policy.