



Complaints Procedure

This Complaints Procedure applies to Click2Sure Intermediaries Proprietary Limited, company registration no. 2015/130344/07 & FSP no. 46838 (hereinafter referred to as "Click2Sure"). Click2Sure is committed to implementing the regulatory requirements governing Complaints and ensuring that complaints are appropriately resolved and reported.

Introduction

Click2Sure believes in providing excellent service to our clients. We value client feedback, which we use to improve our offering to you. We have implemented a complaints handling procedure for clients who are not satisfied with the products, benefits, service or advice that they have received. This complaints handling procedure sets out the procedure for lodging a complaint and how Click2Sure will attempt to resolve your complaint.

Definitions

Here are some important definitions:

"Complaint" means an expression of dissatisfaction by a person to Click2Sure and/or the relevant Insurer relating to a policy or service provided or offered that:

- (a) Click2Sure and/or the relevant Insurer has contravened or failed to comply with an agreement, a law, a rule or a code of conduct that is binding on us;
- (b) Click2Sure and/or the relevant Insurer has conducted maladministration, has acted willfully or negligently, has failed to act or has caused the person harm, prejudice, distress or substantial inconvenience; or
- (c) Click2Sure and/or the relevant Insurer have treated the person unfairly.

"Compensation payment" means a payment by an insurer to a complainant to compensate the complainant for a proven or estimated financial loss incurred as a result of the insurer's contravention, non-compliance, action, failure to act, or unfair treatment forming the basis of the complaint, where the insurer accepts liability for having caused the loss concerned, but excludes any –

- (a) Goodwill payment;
 - (b) Payment contractually due to the complainant in terms of a policy;
 - (c) Refund of an amount paid by or on behalf of the complainant to the insurer where such payment was not contractually due;
- and includes any interest on late payment of any amount referred to in (b) or (c);

"Goodwill payment" means a payment by an insurer to a complainant as an expression of goodwill aimed at resolving a complaint, where the insurer does not accept liability for any financial loss to the complainant as a result of the matter complained about;

"Policyholder query" means a request to the insurer or the insurer's service provider by or on behalf of a policyholder, for information regarding the insurer's policies, services or related processes, or to carry out a transaction or action in relation to any such policy or service;

"Rejected" in relation to a complaint means that a complaint has not been upheld and the insurer 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 insurer as unjustified or invalid, or where the complainant does not accept or respond to the insurer's proposals to resolve the complaint;

“Reportable complaint” means any complaint other than a complaint that has been –

- (a) Upheld immediately by the person who initially received the complaint;
- (b) Upheld within the insurer’s ordinary processes for handling policyholder queries in relation to the type of policy 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;
- (c) 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 as may be prescribed in relation to reportable complaints;

“Upheld” means that a complaint has been finalised in that –

- (a) The complainant has explicitly accepted that the matter is fully resolved; or
- (b) It is reasonable for the insurer to assume that the complainant has so accepted; and
- (c) All undertakings made by the insurer to resolve the complaint have been met.

What is a complaint?

Here are some examples of complaints:

- Complaints about the Click2Sure sign up process for your policy
- Complaints about the Click2Sure service you received in signing up or administering for your policy
- Complaints about the process for lodging a claim under your policy
- Any other complaint about the administration of your policy
- Any complaint about the intermediary service which Click2Sure provides to you
- Any complaint relating to the Insurer rejecting or repudiating your claim
- If you have a complaint about the product itself for example any of the exclusions or other terms and conditions
- Anything else that meets the definition of a complaint above.

Who may lodge a complaint?

You may lodge a complaint with us if you are:

- A policyholder or a policyholder’s successor in title
- A potential policyholder who’s dissatisfaction relates to the relevant application, approach, solicitation, advertising or marketing material
- A beneficiary under a policy or a beneficiary’s successor in title
- A person whose life is insured under a policy
- A person who pays a premium in respect of a policy
- A person acting on behalf of a person referred to as a policyholder, beneficiary and potential policyholder

To lodge a complaint, you must have a direct interest in the agreement, policy or service to which the complaint relates or act on behalf of someone who does.

How to lodge a complaint

You can reach out to us at any time to discuss any matter on your policy. Click2Sure can be reached at:



Via email: hello@click2sure.co.za



Via our website: Use the [Contact Us](#) tab at www.click2sure.co.za



Via telephone: +27 21 202 9590

If you would like to escalate your matter by lodging a complaint, you can submit your complaint to Click2Sure by using any of the following methods:



Via email: complaints@click2sure.co.za



Via telephone: +27 21 202 9590



By post: Click2Sure
4th Floor
38 Hout Street
Cape Town
8000

How we will resolve your complaint and the responsible person(s)

We will do everything we can to resolve your complaint ourselves. If it is necessary, we might refer your complaint to the relevant Insurer but we'll keep you fully informed about this process. Once you lodge a complaint, you can expect the complaints process to run as follows:

The Click2Sure Complaints Manager will acknowledge receipt of your complaint within 24 hours.

The Click2Sure Complaints Manager will review your complaint and work together with the Click2Sure team to resolve your complaint. If the Complaint falls within the scope of complaints which the Insurer needs to resolve, the Click2Sure Complaints Manager will immediately refer the matter to the Insurer for feedback.

When considering a complaint, Click2Sure is committed to demonstrating objectivity and decisions will be made on fact. The principles of fairness and treating customers fairly will be applied at all times. Applying these principles, you will receive response within 2 working days informing you about the outcome of your complaint.

Please note that if, after consideration, the Click2Sure Complaints Manager is unable to resolve your complaint and feels that the complaint should be escalated to the Insurer, the Click2Sure Complaints Manager may refer the matter to the Insurer for feedback. Click2Sure will keep you informed of this process and you can expect a response within 10 days informing you about the outcome of your complaint.

If your complaint has not been resolved to your satisfaction, you can refer the matter to the FAIS Ombudsman. The FAIS Ombud's details are included below.

Complaints escalation and review process

If your claim has been rejected, you will receive a letter within 10 days of submitting your claim setting out the reasons for repudiation.

If you do not agree with the reasons for repudiation or any other decision made by the Insurer, you have a period of 90 days in which to request that the Insurer review a decision. You may do this by contacting Click2Sure using the contact details set out above and we will immediately escalate your request by sending it to the Insurer. Alternatively, you may contact the Insurer directly as follows:

GUARDRISK INSURANCE COMPANY

Telephone: (011) 669 1000

Address: PO Box 786015, Sandton, 2146

Email: claimsrejection@guardrisk.co.za (this email should be used where your policy is a short term policy)

info@guardrisk.co.za (this email should be used where your policy is a long term policy)

Thereafter, the respective business unit at the Insurer which made the decision on your policy will be required to provide written reasons for its decision to a Complaints Arbitrator within 15 working days. If additional days are required, this will be communicated to you.

The Complaints Arbitrator will review the decision and respond to you with the final decision no later than 45

days after the receipt of your representations.

If you are not satisfied with the final outcome of the review, you may refer the matter to Internal Arbitration. The Internal Arbitrator assigned to your complaint will inform you of his/ her decision. Depending on the complexity of the complaint, the Internal Arbitrator may request that the complaints handling committee to meet, in which event you will be notified. The committee will come to a conclusion and the response will be communicated to you by the Internal Arbitrator.

If you are not satisfied with the final outcome of the Internal Arbitration you may contact the Ombudsman for Short-term Insurance or Long-Term Insurance (depending on the product in question) or take legal action.

We draw your attention to the fact that if you wish to institute legal action against the Insurer, you need to do so within 3 years after the expiry of the 90 day time period for making representation referred to above, failing which you will be prevented from instituting such legal action. This is in accordance with the Prescription Act 68 of 1969 as amended.

You can read more about Guardrisk's complaints procedure [here](#).

Ombud for Short Term Insurance

The Ombud for Short Term Insurance can be contacted at:

Physical Address: Sunnyside Office Park, 5th Floor, Blok D, 32 Princess of Wales Terrace, Parktown
Postal Address: PO Box 32334 Braamfontein, 2017
Telephone: 011 726-8900
Facsimile: 011 726-5501
E-mail Address: info@osti.co.za
Website: www.osti.co.za

Ombud for Long Term Insurance

PARTICULARS FOR THE OMBUDSMAN FOR LONG TERM INSURANCE

Telephone: 021 657-5000
Facsimile: 021 674-0951
Sharecall: 0860 103 236
E-mail: info@ombud.co.za
Physical address: 3rd Floor, Sunclare Building, 21 Dreyer Street, Claremont, 7700
Postal address: Private Bag X45, Claremont, 7735
Website: www.olti.co.za

Ombud for FAIS

The FAIS Ombud can be contacted at:

Physical Address: Sussex Office Park Ground Floor, Block B 473 Lynnwood Road Cnr Lynnwood Road & Sussex Ave, Lynnwood, 0081
Postal Address: PO Box 74571 Lynwood Ridge 0040 Other
Telephone: +27 12 762 5000 / +27 12 470 9080
Facsimile: +27 86 764 1422 / +27 12 348 3447
E-mail Address: info@faisombud.co.za
Website: www.faisombud.co.za

Registrar of the Financial Services Board

The Registrar of the FSB can be contacted at:

Telephone: 012 428 8000
Facsimile: 012 346 6941
E-mail: info@fsb.co.za

Physical address: Riverwalk Office Park, Block B, 41 Matroosberg Road, Ashlea Gardens, Ext 6,
Menlo Park, Pretoria, 0081
Postal address: PO Box 35655, Menlo Park, 0102
Website: www.fsb.co.za