

## **HOLISTIC RISK SERVICES (PTY) LTD COMPLAINTS PROCEDURE**

At Holistic Risk Services (Pty) Ltd, we value every customer and are committed to providing fair, prompt, and respectful service at all times. We take all complaints seriously and ensure a thorough investigation upon receiving any complaint. We aim to resolve issues quickly, effectively and positively. If we resolve your complaint in your favour, we will ensure appropriate compensation is provided without delay.

### Definitions and Terminology

“Complainant” means a person or someone acting on their behalf, who has a direct interest in the agreement, policy or service. This includes:

- Policyholders or their successors;
- Beneficiaries or their successors;
- Insured persons under a policy;
- Persons that pays the premium;
- Member of a group scheme; and/or
- Potential policyholder or member of a group scheme dissatisfied with related marketing or application materials.

“Complaint” means an expression of dissatisfaction related to a policy or service, where it is alleged that:

- The insurer or their service provider failed to comply with an agreement, law, rule, or code of conduct;
- Maladministration, negligence, or intentional misconduct caused harm, distress or inconvenience;
- The insurer or service provider treated the person unfairly; and
- This applies regardless of whether it is submitted together with or in relation to a policyholder query.

“Rejected” means that a complaint was not upheld, where the Insurer considers the complaint resolved after informing the complainant that it does not intend to take any further action to resolve the complaint. This includes complaints that are unjustified, invalid, or unresolved after proposals for resolution.

“Compensation payment” means to compensate a complainant for proven or estimated financial loss incurred as a result of the insurer’s wrongdoing, excluding goodwill payment, payments contractually due in terms of a policy, or refunds not owed.

“Goodwill payment” means a non-liability payment made to resolve a complaint, and where the insurer does not accept liability for any financial loss to the complainant.

“Reportable complaint” means a complaint not immediately upheld, or resolved within five business days, or submitted in a way that prevents the insurer from having a reasonable opportunity to record the details of the complaint.

“Upheld” means that a complaint has been finalised wholly or partially in favour of the complainant and the complainant has agreed that the matter is fully resolved, it is reasonable to assume that they accept the resolution, and all undertakings made by the insurer to resolve the complaint have been met or the complainant has explicitly indicated its satisfaction with the arrangements.

#### Complaint management process

All complaints must be submitted as follows:

By email: [info@hrsinsurance.co.za](mailto:info@hrsinsurance.co.za)

On our website: [www.hrsinsurance.co.za](http://www.hrsinsurance.co.za) by completing a complaint form

By telephone: 010 447 9800

We prefer that serious complaints be submitted to us in writing.

Our external compliance officer is:

The Compliance Toolbox (Pty) Ltd

By email: [jp@cbt.co.za](mailto:jp@cbt.co.za)

#### Expected response time periods

Complaints are required to be acknowledged within 24 hours and assessed within 48 hours.

Routine or non-complex complaints are required to be resolved within 5 working days of receipt, or not exceeding 3 weeks.

More complex complaints are planned and investigated within 30 days of receipt.

Ongoing feedback is communicated to complainants on at least a weekly basis, during the complaint processing period.

Response to complex complaints are required to be made within 6 weeks from date of receipt of the complaint.

#### Decision of a complaint

Should your complaint be rejected, our responsible personnel will provide you with a clear decision and thorough explanation of the reasons for the rejection and any further remedies available to you as a consumer of financial products and services.

In the event that your complaint is upheld and we have committed to a compensation payment, we will ensure that such payment be settled within 10 working days from the date that we have informed you of the outcome of the complaint, in your favour.

#### Escalation and review process

If we are unable to resolve your complaint within six weeks, or in the event that you are dissatisfied with the resolution of the complaint or feel that you have not received a satisfactory response from us, you have the right to escalate your complaint to the National Financial Ombud Scheme.

#### **National Financial Ombud Scheme (NFO)**

Tel: 0860 800 900

WhatsApp: 066 473 0157

Email: [info@nfosa.co.za](mailto:info@nfosa.co.za)

Website: [www.nfosa.co.za](http://www.nfosa.co.za)

NFO Johannesburg  
110 Oxford Road  
Houghton Estate  
Johannesburg  
Gauteng  
2198

NFO Cape Town  
6<sup>th</sup> Floor, Claremont Central Building  
6 Vineyard Road  
Claremont  
Cape Town  
7700