**Purpose**


Willis South Africa Pty Ltd (“WSA”), part of the Willis Towers Watson (“WTW”) group, is an authorised financial services provider (“FSP”) registered with the Financial Sector Conduct Authority (“Regulator”) in South Africa and is therefore required to implement this policy together with procedures to provide guidance to Colleagues on WSA’s way to address Client complaints.

**Context**

At WSA, we provide a professional service to our clients in satisfying their insurance broking requirements. As part of our professional and quality approach, we have procedures in place to handle complaints promptly, fairly, and consistently.

Our procedures also aim to:

- Help our Colleagues understand how they should react when they receive a complaint.
- Enable WSA to benefit under our errors and omissions policy should a financial loss occur.
- Help management identify and manage errors, which we can rectify to avoid a repetition and improve our best practices;
- Ensure that potential error & omissions i.e. circumstances likely to give rise to such a claim must be immediately referred to the Legal Department, whether or not it is reported as a complaint and
- Satisfy our regulatory obligations.

**Scope**

This policy and procedures apply to all Colleagues including WSA Representatives and Key Individuals.
Definitions

Complaint means an expression of dissatisfaction by a person to a provider or, to the knowledge of the provider, to the provider's service supplier relating to a financial product or financial service provided or offered by that provider which indicates or alleges, regardless of whether such an expression of dissatisfaction is submitted together with or in relation to a client query, that -

(a) the provider or its service supplier has contravened or failed to comply with an agreement, a law, a rule, or a code of conduct which is binding on the provider or to which it subscribes.

(b) the provider or its service supplier's maladministration or wilful or negligent action or failure to act, has caused the person harm, prejudice, distress, or substantial inconvenience; or

(c) the provider or its service supplier has treated the person unfairly.

Complainant means a person who submits a complaint and includes a -

(a) client;

(b) person nominated as the person in respect of whom a product supplier should meet financial product benefits or that persons' successor in title;

(c) person whose life is insured under a financial product that is an insurance policy;

(d) person that pays a premium or an investment amount in respect of a financial product;

(e) member;

(f) person whose dissatisfaction relates to the approach, solicitation marketing or advertising material or an advertisement in respect of a financial product, financial service or related service of the provider,

(g) who has a direct interest in the agreement, financial product or financial service to which the complaint relates, or a person acting on behalf of a person referred to in (a) to (f).

Compensation payment means a payment, whether in monetary form or in the form of a benefit or service, by or on behalf of a provider to a complainant to compensate the complainant for a proven or estimated financial loss incurred as a result of the provider's contravention, non-compliance, action, failure to act, or unfair treatment forming the basis of the complaint, where the provider accepts liability for having caused the loss concerned, but excludes any -

(a) goodwill payment;

(b) payment contractually due to the complainant in terms of the financial product or financial service concerned; or

(c) refund of an amount paid by or on behalf of the complainant to the provider 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, whether in monetary form or in the form of a benefit or service, by or on behalf of a provider to a complainant as an expression of goodwill aimed at resolving a complaint, where the provider does not accept liability for any financial loss to the complainant as a result of the matter complained about.
**Member** in relation to a complainant means a member of a -

(a) pension fund as defined in section 1(1) of the Pension Funds Act, 1956 (Act 52 of 1956);

(b) friendly society as defined in section 1(1) of the Friendly Societies Act, 1956 (Act 25 of 1956);

(c) medical scheme as defined in section 1(1) of the Medical Schemes Act, 1998 (Act 131 of 1998); or


**Rejected** in relation to a complaint means that a complaint has not been upheld and the provider 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 provider as unjustified or invalid, or where the complainant does not accept or respond to the provider’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 provider’s ordinary processes for handling client queries in relation to the type of financial product or financial service complained about, provided that such process does not take more than five business days from the date the complaint is received; or

(c) submitted to or brought to the attention of the provider in such a manner that the provider 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 wholly or partially in favour of the complainant and that--

(a) the complainant has explicitly accepted that the matter is fully resolved; or

(b) it is reasonable for the provider to assume that the complainant has so accepted; and

(c) all undertakings made by the provider to resolve the complaint have been met or the complainant has explicitly indicated its satisfaction with any arrangements to ensure such undertakings will be met by the provider within a time acceptable to the complainant.

**Complaints Officer**

Ryck Genis is the Complaints Officer and the single point of contact for any complaints as per the details below:

Ryck Genis  
PO Box 55509, Northlands, 2116  
Tel: (021) 681 3700  
Fax: (021) 7616677  
E-mail address: ryck.genis@willistowerswatson.com  
Website: www.willistowerswatson.com

The Complaints officer is responsible for ensuring that there is open communication with the Complainant.
The Complaints Officer will communicate with Complainants in the following manner:

- Acknowledge Complaint within five business days of receipt of a complaint.
- Keep the client informed of the process if we are unable to send our final response letter within six weeks of the complaint being received.
- Issue final letter no later than six weeks after first notification of a complaint.
- Where the complaint is also an E&O notification, all communications will be addressed to the Assistant Legal Counsel - Pasha Karodia mail address: pasha.karodia@willistowerswatson.com
- Where the Complainant is being referred to the Office of the Ombudsman for Financial Service Providers (FAIS Ombud) the complaints Officer will provide the Complainant with the following details:

  The FAIS Ombud can be contacted as per the details below:

  FAIS Ombud
  PO Box 74571
  Lynwood Ridge
  0040
  Telephone: +27 12 470 9080
  Facsimile: +27 12 348 3447
  E-mail address: info@faisombud.co.za
  Website: www.faisombud.co.za

**Procedure**

**General**

Always be sure that your client is in fact making a complaint as defined before applying this procedure.

Ensure also that any complaint is not likely to be subject to a statutory time bar i.e. a legal time limit within which a claim must be submitted.

If there is any doubt as to whether a comment or communication amounts to a complaint, you should seek advice from your line manager or Complaints Officer.

Complaints received from the markets or third parties about Willis service should also be addressed in accordance with these procedures.

All complaints must be handled in accordance with these procedures and notified to the Complaints Officer as well as the Compliance Business Partner.

**Receipt of a complaints**

All complaints must be received in writing and be referred to the Complaints Officer.

In the case of complaints which involve more than one business unit or Willis Towers Watson office, it is the responsibility of the area receiving first notification of the complaint to deal with first acknowledgement. Thereafter, responsibility for handling the complaint is to be determined between line managements and or the Complaints Officers of the areas concerned.
Once a complaint is received the Complaints Officer will ensure that the nature of the complaint is fully understood and ensure where applicable that it is recorded in the complaints register.

If the complaint is about (re)insurer’s product or service, we must determine whether we will respond or pass it to the (re)insurer.

**Time frames for Acknowledgement and Responses to the Complainant**

- The Complaints Officer will acknowledge receipt of the complaint within five business days of receipt. The acknowledgement should advise how the complaint is being handled and by whom and, if available, details of the action to be taken and an indication of when the matter will be resolved.

- When acknowledging an oral complaint, the Complaints Officer will provide the complainant with a written summary of the issues raised and advise the client that all further communication is to be in writing. In the event of an oral complaint being resolved immediately without any written acknowledgement being sent, a file note must be prepared and filed in the relevant Client file setting out details of the complaint and how it was resolved.

- All reportable complaints will be recorded in the complaints register.

- The Complaints Officer and the relevant department will investigate and respond to all types of complaints, where senior management is required it will be escalated based on the complexity of the complaints in order to achieve a fair outcome.

- If the complaint has not been resolved within four weeks of receipt the complainant must be advised in writing of the reason for the delay and when the final response can be expected.

- The final response should be provided within six weeks of our receipt of the complaint, should either be to:
  - accept the complaint and offer compensation or redress, where appropriate and obtain confirmation from the complainant that the matter has been resolved to their satisfaction; or
  - reject the complaint with full reasons for doing so; and advise the complainant that they can refer the matter to the office of the FAIS Ombud and that the referral should be done within six months of the notification.

- Business unit line management will ensure any corrective action required and determine preventive measures to avoid repetitions. These measures are to be recorded in the complaints register together with the name of the Colleague(s) responsible for its implementation.

**Categorisation of complaints**

Willis SA will establish if the complaint is in relation to a claim, service, advice, administration or any other, after which a full investigation will be conducted.

All complaints will be addressed and categorised in accordance with the following treating customers fairly objectives:

- Complaints relating to the design of a financial product, financial service or related service, including the fees, premiums or other charges related to that financial product or financial service.

- Complaints relating to information provided to clients.

- Complaints relating to advice.
Complaints relating to financial product or financial service performance.

Complaints relating to service to clients, including complaints relating to premium or investment contribution collecting or lapsing of a financial product.

Complaints relating to financial product accessibility, changes or switches, including complaints relating to redemptions of investments.

Complaints relating to complaints handling.

Complaints relating to insurance risk claims, including non-payment of claims; and

Other Complaints.

Willis SA will categorise, record and report on reportable complaints by identifying the category of complaint to which the complaint most closely relates and group complaints accordingly.

Where Willis SA considers it necessary to add additional categories relevant to its financial products, financial services and/or client base, it will do so to support the effectiveness of the this Complaints Management Policy and Procedures to enhance improved outcomes and processes for its clients.

Complaints which may be potential Errors & Omissions (E&Os)

The Complaints Officer receiving the complaint will consider whether the complaint is to be referred to the Legal Department as a potential Errors and Omissions circumstance and, if not, how the complaint is to be handled. If referred to the Legal Department, it will determine whether the complaint is notifiable as an E&O incident.

Complaints received by WSA about a Third-Party product or service

In the event we receive a complaint about a third-party product or service (e.g. insurer or reinsurer) it must be referred to the third party in writing within 5 business days of receipt.

WSA will record the details of the complaint into the complaints register and assign it according to the relevant category.

Monitoring, Reporting and Recording

The Complaints Officer responsible for complaint handling and will report the circumstances and conclusions of all complaints, including preventive action to be taken regularly to the Compliance Business Partner and Senior Management.

Senior Management will review the complaints reported to identify systemic problems. Changes in procedures as detailed in the Placement Control Framework may be necessary to correct such problems. A record of reviews and changes implemented will be maintained by the Compliance Business Partner.

Records of complaints will be retained indefinitely.

Records of complaints should be included in the WSA Complaints Register and correspondence with the complainant, including details of any compensation or redress must be provided to the Compliance Business partner for record purposes.
• Details of complaints and lessons to be learned will be shared with Senior Management part of our policy to improve best practice

• Complaints statistics will be reported to the Senior Management and the relevant governance committees.

**Decisions relating to complaints**

Where a complaint is upheld, any commitment by WSA to make a compensation payment, goodwill payment or to take any other action WSA will carry this out without undue delay and within the agreed timeframes.

Where a complaint is rejected, WSA will provide the complainant with clear and adequate reasons for the decision and will also inform the complainant of the organisation’s escalation or review process. WSA will also inform the complainant of any time limits relevant to the escalation or review process.

WSA will clearly and transparently communicate the availability and contact details of the relevant Ombud to complainants at the start of the relationship, and in relevant periodic communications.

**Closure of a complaint**

The Compliance Business Partner is responsible within each office for complaints handling and will sign-off the closure of a complaint once satisfied it has been successfully resolved. A complaint can be closed after the final response is sent to the complainant.

**Engagement with the Ombud & Reporting**

An ombudsman was established in terms of Financial Services Ombud Schemes Act, to assist short-term insurance consumers with the resolution of disputes relating to personal or commercial short-term insurance. Although the focus is on short-term insurers, the Office can, at its discretion, mediate on matters between short-term insurance brokers and consumers.

Such complaints by Clients require special attention, as, they have the right to refer a complaint that they feel was not satisfactorily resolved to the FAIS Ombud.

The types of complaints that can be referred to the FAIS Ombud must satisfy the following criteria:

(i) the complaint must fall within the ambit of the Act and Rules on Proceedings of the office of the Ombud for Financial Services Providers, 2003.

(ii) the person against whom the complaint is made must be an authorised financial services provider (hereafter referred to as “the respondent”);

(iii) the act or omission complained of must have occurred after August 2003; and

(iv) the respondent must have failed to address the complaint satisfactorily within six weeks of its receipt.

WSA is committed to transparent engagement with the relevant Ombud in relation to complaints and will ensure that the following is continued:

• Monitor determinations, publications and guidance issued by any relevant Ombud with a view to identifying weaknesses in WSA’s policies, services or practices;

• Maintain open and honest communication and co-operation between itself and any Ombud it deals with.
Commit to resolving a complaint before a final determination or ruling is made by an Ombud, or through WSA’s internal escalation process, without impeding or unduly delaying a complainant’s access to an Ombud.

Have the appropriate processes in place to ensure compliance with any prescribed requirements for reporting complaints related information to any designated authority, or to the public as may be required by the Ombud.

Policy Owner: Rae Lutchman

Review Date: May 2021

Next Review Date: May 2022