Complaints Procedure

The following are the procedures to be followed by Phoenix Insurance Brokers North (PIBN) 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 are to be referred to senior management with the full involvement of our Compliance Officers – Associated Compliance. Between them they will be responsible for ensuring the complaint is brought to an effective, speedy and fair resolution. The primary objective of these procedures is to:

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

We will always endeavour to deliver a service offering that achieves and incorporates the six Treating Customers Fairly (TCF) outcomes. Where complaints are received, we will categorise these according to the most applicable TCF outcome and attempt to resolve the complaint in a manner most suited to the particular outcome.

The six TCF outcomes are as follows:

1. Customers can be confident they are dealing with firms where TCF is central to the corporate culture
2. Products & services marketed and sold in the retail market are designed to meet the needs of identified customer groups and are targeted accordingly
3. Customers are provided with clear information and kept appropriately informed before, during and after point of sale
4. Where advice is given, it is suitable and takes account of customer circumstances
5. Products perform as firms have led customers to expect, and service is of an acceptable standard and as they have been led to expect
6. Customers do not face unreasonable post-sale barriers imposed by firms to change product, switch providers, submit a claim or make a complaint

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 actual procedure we will be following is as follows:

- All verbal complaints are to be reduced to writing immediately by the person who handles the client.
- If the complaint is received in writing it must immediately be passed to senior management.
- A separate file has been created for ongoing control and subsequent retention of the complaint.
- The complaint is to be entered on the Complaints Register.
- The underlying file, be it a claims or underwriting file, should be suitably noted that a complaint has been registered and a reference to the complaint number included in the file.
- PIBN will immediately advise our Compliance Officers of the incident with a classification whether the complaint warrants immediate Compliance Officer intervention or simple monitoring.
- A formal written acknowledgement is to be sent to the complainant within 2 working days. If the complaint was verbal a request should be made to the complainant to confirm the details in writing, however;
- If the complaint is such that a simple investigation into the matter will resolve the problem e.g. an assessor has not been appointed there will be no need to ask the complainant to put the details in writing if the complaint was verbal, however the incident must still be logged as a formal complaint and all other aspects of this procedure are to be followed.
- The specific incident is to be investigated by senior management (unless the complaint involves PIBN - in which case the Compliance Officer will conduct the investigation)
- Where appropriate the insurer involved should be formally notified in writing as to the nature and extent of the complaint. Any insurer not licensed under FAIS will still be subject to the Policy holder Protection Rules. Those licensed will be bound by a similar complaints procedure.

- If the incident is minor and quickly resolved, to the satisfaction of the complainant, a formal written note is to be sent to the complainant confirming the action taken. A file note is to be drawn up on the nature of the complaint, what the cause was and how the matter was resolved.
- Any offer to rectify the complaint must be made formally in writing and a formal written response should be asked for in return to close the file.
- If the matter is investigated and the complaint is found to be without foundation or based on incorrect or poor facts a formal response is to be sent to the complainant detailing that we will not be taking the matter further and most importantly – why. This report should be submitted within a reasonable time taking into consideration the complexity of the matter. Should resolution not be reached internally within 7 working days the complainant should be contacted and advised of the situation.
- If the complainant does not accept the decision we should make an offer of mediation. This mediation should initially involve our Compliance Officer. Other interested parties may also need to be involved depending upon the nature of the complaint.
- Should mediation not achieve resolution then the complainant must be advised that they have the right to escalate the matter to the relevant Ombud. This right must be communicated in writing.
- Once totally resolved the complaints register is to be completed as required.
- Once a month or quarterly the Compliance Officer shall submit a full report of all complaints received in the past period and the status of any unresolved ones. This will form part of the Compliance Officers report as well.
- All filing is to be filed alphabetically in the complaints file, ie separate to the underwriting and claims files, by year of complaint to facilitate the 5 year retention of these records.