



Claims Management Framework

Claims can be sent to us by:

Telephone number: 087 286 1070

Email: claims@nttgroup.co.za ;

supportsure@nttgroup.co.za

1. **Purpose**

NTT Motor Investments (Pty) Ltd, NTT Motors East London (Pty) Ltd, NTT Motors Worcester (Pty) Ltd, NTT Motors Lowveld (Pty) Ltd, Moneybox Investments 23 (Pty) Ltd trading as the NTT Motor Group understand the need to ensure good corporate governance as part of our integrity as a group and to ensure the wellbeing and fair treatment of all our clients. Our claims procedures are integrated as part of our management framework and as a requirement in terms of our duties as a binder holder or FSP with outsource duties. The process is a requirement in terms of the Regulations that are being promulgated into the Conduct of Financial Institutions Act (COFI) that will soon revoke the Long- and Short-Term Insurance Act and as well as the FAIS Act. Along with our policy wordings, we have adopted the following policy in order to facilitate this requirement.

We will ensure that we maintain this document, review it annually and have it accessible to our policyholders at all times.

We will ensure that we have an internal claims management policy that will provide for:

- relevant objectives and the proper allocation of responsibilities for dealing with claims;
- documented procedures for the appropriate management of the claims process from the time the claim is received until it is finalised, including the expected timeframes for each of the stages and the circumstances under which any timeframes may be extended;
- information required from the Claimant to support a claim and the manner in which it must be submitted;

- documented procedures which clearly define the escalation and decision-making, monitoring and oversight and review processes for claims, including the details of the applicable Guardrisk arbitrator noted below.

2. Internal Claims Process

We will:

- 2.1 ensure that all claims are recorded correctly and will at the same time, within a day of notification, make contact in acknowledgement and request any further information if necessary.
- 2.2 weekly update the Claimant on status of the claim
- 2.3 keep records of all claims and report monthly to management –
 - identified risks, trends and actions taken
 - the outcome of claims
- 2.4 keep accurate and secure records of all claims received, irrespective whether a claim is relevant or not.
- 2.5 keep a claims committee with at least two members in order to keep appropriate performance standards for claims management and to prevent –
 - Conflict of interest
 - Ensure objectivity and impartiality
- 2.6 ensure that we accept, repudiate or dispute a claim or the value of a claim for a benefit under a policy within a reasonable period after receipt of a claim.
- 2.7 ensure that we notify the Claimant in writing of our decision within 5 days of making any decision referred to in 2.6 above.
- 2.8 ensure that we refer all repudiations to Guardrisk for approval and drafting of such letters

3. Communication with clients

We will:

- 3.1 ensure that all communication with Claimants are in plain language
- 3.2 disclose to any Claimant that;
 - claims need to be reported within 90 days to the NTT claims department by phone 087 286 1070 or by email claims@nttgroup.co.za
 - that the Claimant must provide information pertinent to the claim
 - we need a fully completed claim form

- claim forms can be obtained from our Finance and Insurance managers at our dealership or by calling us on number provided or mailing us on mail address provided
- the relevant supported documents must be submitted within 180 days of event as failure to do so could result in the benefit being forfeited
- copies must be certified
- they will receive acknowledgement of receipt of a claim within a reasonable period but no later than 48 hours after submitted. This communication will include –
 - Contact details of person processing claim
 - Indicative time for finalising claim
 - Details of outstanding requirements
- Keep Claimant informed of –
 - Progress of claim
 - Causes of any delay
 - Decision made
- When a final payment or offer of settlement is made, we will clearly explain what the payment or settlement is for and the basis used for calculation of the payment or settlement.
- We will then within 7 business days and after the committee decided either -
 - Authorise payment of the claim; or
 - Repudiate the claim; or
 - Dispute the claim and notify the Claimant of the dispute
- If we decide to dispute the claim we will, within 14 business days
 - Further investigate the claim;
 - Decide whether claim is valid or not
 - Pay or repudiate the claim
- If we decide to repudiate or dispute the claim, Guardrisk will assist and in writing give Claimant –
 - Reasons for the outcome
 - Notice of the 90-day period from receipt of outcome to make representations to Guardrisk regarding the decision
 - Details of both our and Guardrisk's escalation and review process
 - Details of the relevant Ombud and Ombud contact details with applicable time limits
 - Options that they may refer the matter to their legal aid and has 180 days from repudiation or dispute notification date to institute legal action
- If the decision to repudiate or dispute the claim has not changed, we will advise the Claimant in writing within 45 days of our receipt of those representations regarding the outcome. If the initial decision to repudiate or dispute is confirmed, such communication will inform the Claimant of the following;

- Reason for outcome
- The facts forming the basis of the outcome
- Details of the internal escalation and review process, details of the Claimant's rights to refer the matter to the relevant Ombud or to legal representative, including time limitations and prescription period
- For claims accepted, payment will be made without undue delay and within a reasonably agreed timeframe. We will explain to the Claimant what the payment is for and the basis used to calculate such payment
- Record and all evidence will be kept as well as supporting documents and communication with Claimant and ourselves

4. Claim Data Requirements

4.1 We will ensure that we have systems and processes in place to provide secure recordkeeping of all claims, whether claim was valid or not and will be able to extract claims data for reporting and analytical purposes.

4.2 The following must be recorded electronically in respect of each claim received –

- All relevant detail of the Claimant as well as subject and matter of claim
- Copies of all relevant evidence, correspondence and decisions
- Full and complete audit trails of every claim, and
- Progress and status of claim, including whether the claim is within or outside any set timeline

4.3 We will maintain the following claims related data on an ongoing basis for at least 5 years after the date of the last claims transaction –

- Number and quantum of quotes received
- Number and quantum of claims paid
- Number and quantum of repudiated claims and reasons for repudiations
- Number of claims escalated by Claimant to the internal claim's review process plus their outcome (must also be categorised as required by rule 18 of the PPR rules and in line with our Complaints Management Framework)
- Number of claims referred to an Ombud and their outcome, which data must also be included in complaints reports as set out in the Guardrisk Complaints management Framework; and
- Total number of claims outstanding

5. Regular Interaction

5.1 We will assist Guardrisk with the required reporting on all claims information.

6. Prohibited Claims Practices

6.1 Guardrisk and ourselves will not –

- dissuade a Claimant from obtaining legal advice
- deny a claim without doing proper and reasonable investigation
- deny a claim without sound and policy wording proven reasons

7. Escalation and Review Process

7.1 Where we are unable to reach a decision on the claim or for complex or unusual claims these will be escalated from the initial claim assessor to:

- the insurance manager
- the financial director
- the insurer

7.2 The process will not be unduly complicated or create an administrative burden on the Claimant;

7.3 The escalation and review process will be balanced, whilst taking into consideration the interest of parties concerned including the fair treatment of Claimants.

7.4 The Claimant will be provided with the opportunity to escalate a claim not resolved to his/her satisfaction;

7.5 The claim, if escalated, will be referred to an impartial and senior individual within the Company or Guardrisk who is duly skilled.

8. Resource Allocation

8.1 We will ensure that there is a proper resource allocation for claims handling including clearly defined parties for;

- Decision-making authority
- Escalated claims
- Claims monitoring
- Claims reporting
- Regular analysis of claims

NOTE THAT WE WILL INVESTIGATE ALL CLAIMS AND IF THE CLAIMANT COMPLAINS ABOUT THE SETTLEMENT, WE WILL REFER THESE UNRESOLVED CLAIMS TO THE GUARDRISK ARBITRATOR.