



# Foschini Retail Group (Pty) Ltd (TFG)

---

## Claims Management Framework

Reviewed by – Rezah Isaacs, Claims Manager  
12/4/2018

## INTRODUCTION

TFG, as an authorised financial services provider, has a responsibility to conduct itself ethically and honestly, with integrity, fairness and dignity wherever it operates, with due regard to the environment, the societies in which it operates and its other stakeholders. This Claims Management Framework serves to meet the requirements of section 55 of the Short Term Insurance Act and section 62 of the Long Term Insurance Act (particularly rule 17 of the Policyholder Protection Rules promulgated under each Act). It ensures fair treatment of policyholders and beneficiaries and will be reviewed regularly.

## OBJECTIVE

This Claims Management Framework will be maintained and operated adequately and effectively to ensure that:

- It is proportionate to the nature, scale and complexity of TFG's business and risks;
- Is appropriate for the business model, policies, services, policyholders and beneficiaries of TFG;
- Claims are assessed after taking reasonable steps to gather and investigate all relevant and appropriate information and circumstances, with due regard to the fair treatment of claimants; and
- No unreasonable barriers are imposed on claimants.

## ALLOCATION OF DUTIES

The Claims Manager of the Insurance Claims Department is responsible for ensuring that all claims lodged are treated in accordance with this Claims Management Framework. The Claims Manager will ensure that adequate resources are allocated to claims handling and that any person dealing with claims is:

- Adequately trained;
- Experienced in claims handling and appropriately qualified;
- Not subject to a conflict of interest; and
- Adequately empowered to make impartial decisions or recommendations.

## RECORD KEEPING, MONITORING AND ANALYSIS

- Record of all claims received, assessed, and finalised will be kept for a minimum period of 5 (five) years.
- All claims documents and records are filed physically or electronically on TFG's internal network drives.
- Trends, risks and remedial actions to review product design and disclosures in line with Treating Customers Fairly principles will be considered and taken (where necessary, in TFG's discretion) on a minimum half yearly basis.

## PROHIBITED CLAIMS PRACTICE

TFG and the insurer may not:

- Dissuade a claimant from obtaining the services of an attorney;
- Deny a claim without performing a reasonable investigation; or
- Deny a claim based solely on the outcome of a polygraph, lie detector or truth verification or similar test.

## CLAIMS NOTIFICATION PROCEDURE

Reference to “Claim” or “Claims” means the fully completed claim form with all required documentation attached. A claim form is attached to your Acceptance/Welcome Letter, can be downloaded on our website at [www.tfginsurance.co.za](http://www.tfginsurance.co.za) or requested at any of our stores.

To make a Claim, the Insured or beneficiary (where the Principal Insured is deceased) must go to the closest TFG store and hand in the fully completed claim form with the required supporting documents. The policy document for each product and the claim form will list the documents required.

The store staff will fax or email the Claim documents to TFG’s Insurance Claims Department. Contact details for the Insurance Claims Department are:

- fax number: 021 937 5274
- email: [claimsadmin@tfg.co.za](mailto:claimsadmin@tfg.co.za)
- share call number: 0860 000 388

Claims for TFG Dental Plan will be processed by Denis Insurance Administrators (Pty) Ltd (“Denis”). Their contact details are:

- post: DIA, P O Box 114, Century City, Canal Walk, 7446;
- fax: 0866 737 336; or
- email: [tfg@denisinsurance.com](mailto:tfg@denisinsurance.com) .

Claims for cell phones and tablets insured under TFG Device Insurance will be processed by Finrite Administrators (Pty) Ltd (“Finrite”). Their contact details are:

- fax number: 011 475 7682
- email: [intouchfg@finrite.co.za](mailto:intouchfg@finrite.co.za)
- share call number: 011 375 1888

Denis and Finrite have their own claims management processes which are independent of this document and may be requested directly from Denis and/or Finrite.

## CLAIMS PROCESSING (for TFG Claims)

- The Claim will be recorded on the internal claims system within 1 (one) business day of receipt of the claim form and all supporting documents. A business day, for purposes of this document, is any day other than a Saturday, Sunday or public holiday.
- The Insurance Claims Department will assess all Claims received and pay the benefit/s due to the claimant when a claim is accepted and approved.
- There is a checklist specific to the product claimed against which is completed by the claims assessor when processing a Claim. This is to ensure that all relevant documentation is received and all necessary processes are followed.
- If further information or documentation is required, the claimant will be advised telephonically, by letter and/or by SMS regarding the outstanding information which is needed to process the Claim.
- The claimant must send the outstanding information directly to the claims assessor or hand the documentation in at the nearest TFG store.

- All outstanding Claims are continuously assessed to ensure that the claimant's Claim is finalised.
- Upon receipt of all Claim documentation the Claim is assessed and finalised within 5 (five) business days. For Claims made under the Funeral Plan product, this period will be 2 (two) business days.
- When a Claim is accepted and approved, and within 10 (ten) days of acceptance and approval, the claimant will be informed of the decision regarding the Claim in writing.

#### **REPUDIATED CLAIM PROCESS (for TFG Claims)**

- Before a Claim is repudiated, a formal process is followed in order to ensure that the correct decision is made in the circumstances and that all facts are taken into consideration.
- The claims assessor will refer the Claim to the insurer with the all the supporting Claim documents for review and authorisation to repudiate the Claim.
- If the insurer authorises, the Claim will be repudiated.
- The claims assessor will communicate the Repudiation of the Claim in writing to the claimant within 10 (ten) days of the decision to repudiate. The written notification will include the reasons for the repudiation, with specific reference to the policy wording in sufficient detail to enable the claimant to dispute such reasons if the claimant chooses to do so.

#### **CLAIM ESCALATION AND REVIEW PROCESS**

The claimant will have 90 (ninety) days from date of receipt of the repudiation letter to make representations to the insurer regarding the decision to repudiate the Claim.

#### Jewellery Insurance Claims:

- Representations must be sent to the Dispute Resolution Department at [dispute@ominsure.co.za](mailto:dispute@ominsure.co.za)
- Copies of all documents and information relied upon to reject the claim is available upon request, provided that such documents and information are not subject to legal privilege.

#### All other Claims

- Representations must be sent to [LifeClaims@guardrisk.co.za](mailto:LifeClaims@guardrisk.co.za)
- Representations sent to the [LifeClaims@guardrisk.co.za](mailto:LifeClaims@guardrisk.co.za) address will be acknowledged within **24 (twenty four) hours**.
- The acknowledgement above shall include the name, email address and contact number of the technical specialist who will be dealing with the representations and the expected response time to the representations. The insurer will review the representations and request Claims detail and/or documentation from TFG, who will be required to provide such detail to the insurer within **3 (three) business days**.

- The technical specialist will review the Claim documentation and provide a written response to the claimant within **15 (fifteen) business days** with reasons as to whether the decision to repudiate the Claim is being upheld or overturned and reasons for the decision made.

The claimant will be provided with the contact numbers for the regulatory bodies which the claimant may contact if he/she wants to dispute the repudiation. The contact details for these regulatory bodies are as follows:

Ombudsman for Short-term Insurance	Tel	011 726 8900
	Fax	011 726 5501
	Email	<a href="mailto:info@osti.co.za">info@osti.co.za</a>
	Post	P.O. Box 32334, Braamfontein 2017
Ombudsman for Long-term Insurance	Tel	021 657 5000
	Fax	021 674 0951
	Email	<a href="mailto:info@ombud.co.za">info@ombud.co.za</a>
	Post	Private Bag x45, Claremont, Cape Town, 7735
FAIS Ombudsman	Internet	<a href="http://www.faisombud.co.za/howtocomplain">www.faisombud.co.za/howtocomplain</a>
	Email	<a href="mailto:info@faisombud.co.za">info@faisombud.co.za</a>
	Tel	012 470 9080
	Post	P.O. Box 74571, Lynwoodridge 0040