

Documented Claims Handling Management Policy

The intention of this claims management process document is to ensure that all procedures are transparent, visible and accessible to Policyholders via the appropriate channels.

1. The smartMI Claims Handling Objectives:

- a) Service the client effectively and fairly during a time of loss.
- b) Communicate clearly.
- c) Keep processes and documentation relevant and appropriate.
- d) Aim to process within 8 working hours, if documentation received is in order.

2. The smartMI Claims Handling Principles:

- a) Be fair.
- b) Be Honest.
- c) Show compassion and empathy.
- d) Service every client as if you are servicing your own loved one during a time of loss.

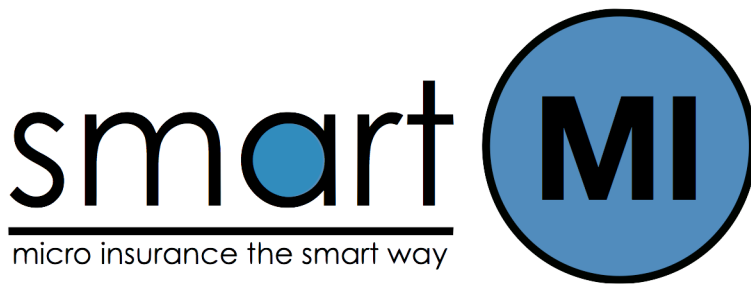
3. The smartMI Claims Handling Responsible entities / persons:

- a) Risk Department:
 - i. Claims are processed daily by this department in the Head Quarters.
 - ii. We have Junior claims administrators who process claims.
 - iii. The Senior claims administrator oversees the process and handles standard queries.
 - iv. The Risk Manager is involved in oversight and escalated queries.
 - v. The two Key Individuals and/or Claims committee review any and all complex queries before submitting to Guardrisk Life for final review and instruction.

4. Claims can be submitted via the following channels:

- a) Submit all documents at a smartMI branch that will then submit in the appropriate format to the Risk Department at the Head Quarters.
- b) Submit all documents at smartMI Head Quarters to the Risk Department.
- c) Submit via email or fax with the assistance of a smartMI branch or an HQ Team Member.
- d) Website submissions will be ready by March 2019.

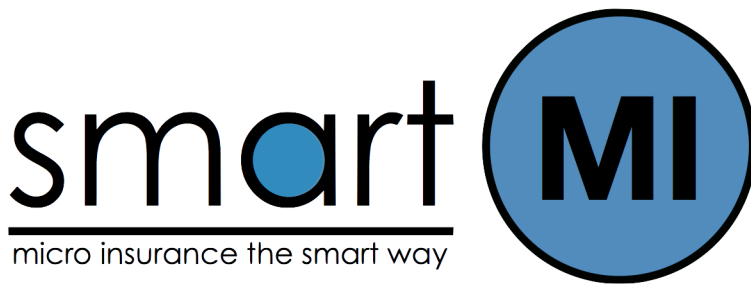
5. Documentation required when submitting a claim:



- a) Claims Notification form signed by the beneficiary
- b) BI-5 Death Certificate (certified)
- c) BI-1663 Death Certificate (certified)
- d) ID of Deceased (certified)
- e) ID of Main Policyholder (certified)
- f) ID of Beneficiary in event of the Main Policyholder being deceased (certified)
- g) Bank stamped letter to provide bank details of beneficiary
- h) Additional documentation that may be required where applicable:
 - i. Police Declaration
 - ii. Marriage Certificate
 - iii. Proof of Biological Mother
 - iv. Birth Certificate
 - v. BI-20 Death Certificate accompanied by Home Affairs letter
 - vi. Medical Report
 - vii. Affidavit
 - viii. Any reasonable additional documentation required by the underwriter to prove a claim.

6. Time Frames:

- a) We aim to process all claims received within 8 working hours.
- b) Claims are processed Mondays-Fridays, excluding any Public Holidays.
- c) Claims submitted before 12pm on a particular day, will be processed on the same day.
- d) Claims submitted after 12pm on a particular day, will be processed on the following working day.
- e) Queries will be raised within 8 working hours from receipt of the claim. The processing will only continue once the outstanding or requested documents have been received by the Risk Department.
- f) Where a claim is submitted to the Claims Committee, they will endeavour to finalise any decision on such a claim within 5 working days from when the Committee has received the claim.



7. Communication:

- a) If a query is lodged on your claim, we will communicate via any of the following channels:
 - i. The branch where you submitted the claim, will contact you directly telephonically. It is therefore essential to provide at least 2 contact numbers.
 - ii. The Risk Department will contact you directly telephonically.
 - iii. Email communication will only be used where we have a reliable email address from the client.
 - iv. SMS communication will only be used if we are unable to contact you directly.
- b) Approved claims are communicated via any of the following channels:
 - i. Email notification is sent to the branch to contact and inform you telephonically that payment has been made into your account.
 - ii. SMS notification will also be sent to you directly for notification of payment.
- c) Repudiated claims are communicated via any of the following channels:
 - i. Letters are sent via email to the branch who will contact you telephonically to explain the contents and receive the letter.
 - ii. Letters can be sent to you directly via email, where a reliable email address was supplied.
 - iii. Repudiated letters will always indicate what your next options are if you disagree with the outcome of your claim.

8. Contact Details

- a) Tel: 021 914 5852 Fax: 086 616 6714
- b) claims@smartmi.co.za
- c) PO Box 5724, Tyger Valley, 7536
- d) 1st Floor, 5 High Street, Rosenpark, Bellville