



**WE ARE HIRING**

**Durban**



## COMPLAINTS RESOLUTION OFFICER

Bidvest Insurance is a Short-term insurer within the Financial Services division of the larger Bidvest Group and operates alongside other great companies such as Bidvest Bank, Bidvest Life, FMI, Compendium Insurance Brokers and others.

Bidvest Insurance is one of South Africa’s fastest growing insurance companies and was founded in 1997. With the support of the larger Bidvest Group we have successfully expanded and evolved through our dedicated commitment to our values, customers, partners and staff. Interested individuals looking to join Bidvest Insurance can expect to join a young and energetic team that challenge convention and who are intent on building long term relationships with all stakeholders.

As one of South Africans largest diversified industrial companies, your career aspirations with us are only limited by your own imagination.

### Position Overview

Ensure that all customer complaints and complaint related queries are dealt with in an efficient manner and provide a high level of service to promote the organization’s products and services. Conflict resolution and problem solving are necessary characteristics.

The Complaints Resolution Officer is responsible for responding to and resolving client complaints timeously and efficiently.

### What You’ll Need



#### Attention to Detail

We like to keep our eyes on the prize at Bidvest Insurance! And that requires a strong need for attention to detail as it's the small things that can make a **BIG difference!**



#### Positive Attitude

We believe in creating a positive work environment that is enjoyable to be apart of and we look to the individuals of the company to make a **positive contribution** to our culture



#### Compassion

A large reason why we exist is because **we care!** It's important that we care for our customers, our business our environment and each other

### Our Values

At Bidvest Insurance, we’re all part of a BEVOLUTION where we live our values each and every day for the benefit of our colleagues, customers, partners, stakeholders and our environment.

**[BE] CREATIVE**

Our curiosity drives us to constantly improve our business

**[BE] WOW**

Anyone can do ordinary, we do extraordinary

**[BE] KIND**

Treat everyone with respect, in & outside our company

**[BE] HONEST**

We always do the right thing, even when no one is looking

**[BE] EXCITED**

We’re enthusiastic in everything we do - our energy is infectious

**[BE] CONNECTED**

We’re committed to understanding our customers, partners and colleagues

## Key Responsibilities

- ▶ Acknowledge complaints in writing which are received by email, telephone, fax, letters, social network mediums, insurers, walk-in clients, internal managers or business partners.
- ▶ Identify and determine if the correspondence is a query or complaint. Re-direct queries to the relevant department for resolution.
- ▶ Respond to the client within the agreed time frames.
- ▶ Accurately update the complaints portal upon receipt of complaint and update all information correctly.
- ▶ Identify all aspects of the complaint. Investigate the nature of the complaint prior to providing the complainant with a formal response.
- ▶ Refer complaints to the relevant internal manager for feedback and notify the manager of the response turnaround times. Communicate with internal colleagues, business partners and relevant parties to obtain the required information in the investigation process.
- ▶ Listen to sales, admin and claims telephonic recordings as part of the investigation process.
- ▶ Communicate a formal written response to the complaint in line with the escalation process and the SLA turnaround days. Ensure that communication to clients and partners meet the QA standards.
- ▶ Responsible for responding appropriately and professionally to all the relevant parties. Ensure that all correspondence is correctly attached to the system.
- ▶ Ensure that all required comments are logged on the system correctly.
- ▶ Ensure that the Route cause analysis and related TCF outcomes is documented and communicated to the relevant departments
- ▶ Inform the respective manager of identified trends with regards to queries and complaints

## Qualifications

- ▶ FAIS accreditation would be an advantage.
- ▶ Approximately 3 to 4 years related work experience is required.
- ▶ Complaints/queries experience would be an advantage.
- ▶ Knowledge and an understanding of premium calculations and claims settlements
- ▶ Knowledge and understanding of various products and processes

## Knowledge & Skills

- Problem resolution skills and analytical, with high degree of pragmatism
- Interpersonal skills and ability to speak to customers professionally
- Self-motivated, ambitious, with good communications skills
- Report writing and presentation skills
- Ability to work under pressure, with good time management
- High computer literacy, especially in Microsoft applications such as word, excel and power-point

### Submissions:

Preference will be given to PDI candidates in line with our EE strategy.

Interested candidates to please submit their CV to: [jobs@bidvestinsurance.co.za](mailto:jobs@bidvestinsurance.co.za)

Bidvest Insurance is an authorised Financial Services Provider  
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