

IN THE OFFICE OF THE STATUTORY OMBUD FOR FINANCIAL SERVICES

PROVIDERS

Case Number: FOC 00042/10-11 GP3

In the matter between:-

MCEBO MNYANDU

Complainant

and

ORANGE INSURANCE LIMITED

Respondent

DETERMINATION IN TERMS OF SECTION 14(3) OF THE FINANCIAL SERVICES OMBUD SCHEMES ACT NO. 37 OF 2004 ('the FSOS Act') READ WITH SECTION 28(1) OF THE FINANCIAL ADVISORY AND INTERMDIARY SERVICES ACT NO. 34 OF 2002 ('the FAIS Act')

A. THE PARTIES

[1] The complainant is Mcebo Mnyandu, an adult male of Vosloorus, Gauteng.

[2] The respondent is Orange Insurance Limited, a registered insurer and financial institution duly incorporated according to the company laws of the Republic of South Africa (registration number 2003/031307/06), with its registered offices at 22 Koelenhof Road, Northcliff, Ext. 19, 1709.

B. INTRODUCTION

- [3] This is a determination pursuant to a complaint against the respondent insurance company. The determination is made in terms of Section 14 (3) of the FSOS Act read with Section 28(1) of the FAIS Act. The respondent insurance company entered into an agreement with a licensed financial service provider known as Fleetsure (Pty). The respondent had entered into a binder agreement with Fleetsure in terms of which Fleetsure was authorised to conduct the business of short term insurance for and on behalf of the respondent. Pursuant to this agreement from the period 1st of June 2008 to 31st December 2008 respondent provided short term cover for a number of Fleetsure's clients.
- [4] A dispute arose between respondent and Fleetsure and as a result respondent refused to pay claims emanating from the short term policies placed by Fleetsure. The complainant in this case is one of many policy-holders who were not paid after claims were made in terms of their policies with the respondent.
- [5] Many policy-holders filed complaints with this office after the respondent refused to pay. The respondent was requested to provide a written response to these complaints. In respect of these complaints the respondent relied on exactly the same response in its letter dated 17th February 2010.
- [6] On the 15th of September 2010, this office made a determination in respect of one of these policy-holders namely, Mr Innocent Sithemba Mthethwa. This determination was made under case number Case Number: FSOS 06362/08-09/GP 3 and comprehensively dealt with the merits of the dispute between the complainant, respondent and Fleetsure ('the Mthethwa determination'). A

copy of the determination is available on the Office web site –
www.faisombud.co.za

C. JURISDICTION

[7] The respondent is not a member of a recognised scheme as contemplated in Section 10 & 11 of the Financial Services Ombud Schemes Act 37 of 2004 ('the FSOS Act').

[8] Accordingly and in terms of Section 13 of the FSOS Act, the FAIS Ombud, in its capacity as Statutory Ombud assumes jurisdiction over the respondent in respect of this complaint.

[9] The FAIS Ombud therefore deals with this complaint in terms of Section 14 of the FSOS Act.

[10] According to the complainant, the following are the material aspects of his complaint:

10.1 The complainant alleges that the respondent failed to honour a claim arising out of an accident involving the complainant's motor vehicle, a 2003 Toyota Runx 160 RX, bearing registration number and letters DMD 979 MP.

10.2 On the 24 August 2008, the complainant entered into a Comprehensive short term insurance policy contract with the respondent through Michele Nel Brokers, the principal Intermediary and a licensed Financial Service Provider (FSP no. 16900).

- 10.3 The complainant was furnished with a policy number: MNEL000904 which was issued by the respondent together with a schedule of insurance. The effective date for the complainant's cover was the 01 September 2008.
- 10.4 On the 19 October 2008 the complainant's vehicle was involved in an accident and he duly submitted a claim through Michelle Nel Brokers.
- 10.5 An assessment of the vehicle was conducted by a duly authorised assessor and the complainant was authorised to have the vehicle repaired.
- 10.6 On the 05 November 2008, the respondent accepted the claim and duly issued an Agreement of Loss in an amount of R72 017.20. This was duly signed by the complainant and submitted through his broker. A copy of the agreement of loss is annexed marked "**A**".
- 10.7 To date, the respondent failed to honour the complainant's claim.
- 10.8 The complainant wants the respondent to honour the claim by paying the cost of repair according to the policy agreement. Since the accident occurred complainant was left stranded without means of transport while the vehicle is held by the panel beaters.
- 10.9 On 8 July 2010 complainant referred his complaint to the FAIS Ombud for further investigation and necessary action.
- 10.10 It is not in dispute that the complainant entered into a contract of insurance in terms of which he comprehensively insured his motor

vehicle. The schedule to the policy that was issued to the complainant records the respondent as the insurer. It is also not in dispute that after the complainant purchased the policy, the insured vehicle was damaged in an accident. The respondent does not dispute that it then received a claim from the complainant.

D. THE RESPONSE FROM RESPONDENT

[11] As the complaint could not be resolved between the parties, it proceeded to investigation at which point the respondent was requested to submit a reply to the allegations, taking into account the requirements of the FAIS Act.

[12] The respondent chose not to deal with this claim specifically but decided to treat this claim together with other similar claims, all of which represent policies issued through Fleetsure, with reference to a letter dated 17 February 2010.

The respondent's response can be summarised as follows:

12.1. The complainant was at all times factually insured by Zurich Risk Financing SA Limited, previously known as SA Eagle Insurance Company ("Zurich").

12.2 The respondent further contends that Ms Ilse Becker trading as Fleetsure Insurance had attempted to transfer her Fleetsure portfolio from Zurich to the respondent.

12.3 The respondent disputes the validity of the above mentioned transfer by Ms Ilse Becker.

- 12.4 The respondent further contends that Ms Becker and Zurich failed to comply with statutory requirements prescribed for intended transfer of the Fleetsure Book of Business from Zurich to the respondent, and as such concludes that the intended transfer was void and of no force and effect.
- 12.5 The respondent further avers that the liability as insurer remained with Zurich and not with them.
- 12.6 According to the respondent Fleetsure was not authorised to use it's logo on documentation and correspondence.
- 12.7 This Office, according to the respondent, cannot deal with the complaints as the question of its liability is subject to an inspection by the Financial Services Board (FSB). The respondent claimed that the whole matter was *sub-judice* and that any action on the part of this Office will be premature. The respondent requested that this Office stay proceedings pending the outcome of the FSB inspection.
- 12.8 The reason for non-payment is attributed to a dispute between respondent, Fleetsure and Zurich. This dispute was the subject of an investigation by the Financial Services Board. The respondent insisted on not dealing with this complaint as an individual complaint and stated that the matter was *sub judice* in the hands of the FSB.
- 12.9 The respondent stated that there was no valid contract of insurance as between itself and the complainant. According to the respondent the

complainant was a client of Fleetsure and/or one of the latter's brokers. The respondent submits that it was not at risk as Fleetsure was not authorised to issue policies on its behalf and that it was in any event not aware of the fact that Fleetsure was conducting business on its behalf.

[13] The defences raised by the respondent were dealt with in the Mthethwa case.

E. FINDINGS

[14] For reasons stated in Mthethwa's case, I find that the respondent was at risk and is liable to pay the complainant in terms of the contract of insurance

F. CONCLUSION

[15] On the undisputed facts before this Office the following conclusions are made: The respondent as an insurer was at risk in terms of the policy purchased by the complainant. Complainant's policy was effected during the period 1st June 2008 and 31st December 2008. The respondent has provided no legitimate basis in law to avoid paying the complainant's claim. The complaint is upheld and the respondent is ordered to pay the complainant's claim.

G. QUANTUM

[16] In terms of the agreement of loss, the complainant agreed to accept the amount of R72 017.20 in settlement of his claim.

[17] Accordingly an order will be made that respondent pay to complainant an amount of R72 017.20

[18] The agreement of loss was signed on the 05 November 2008. The complainant expected the amount to be paid by the end of November 2008, accordingly I intend to make an order that interest be paid on this amount from the 1st December 2008 to date of payment.

H. ORDER

I make the following order:

1. The complaint is upheld.
2. The respondent is ordered to pay to the complainant:
 - 2.1 the amount of R72 017.20
 - 2.2 interest on the amount of R72 017.20 at the rate of 15, 5% per annum from the 1st December 2008 to date of payment.

DATED AT PRETORIA ON THIS THE 15th DAY OF MARCH 2013.



NOLUNTU N BAM

OMBUD FOR FINANCIAL SERVICES PROVIDERS