

COMPLAINT MANAGEMENT POLICY

1. PURPOSE

The purpose of this Policy is to inform staff and associates regarding the handling of customers (and third party) complaints in accordance with the Superintendent of Insurance Orders and to safeguard the provision of high-quality services provided by our Company.

Complaints are a useful source of information. This feedback helps us identify our weaknesses or mistakes. Giving a positive response to the complaint is not always enough. Effective grievance procedure will help us spot our errors and omissions so that we can continuously improve and grow.

2. CRITERIA ON COMPLAINTS HANDLINGS IN ACCORDANCE TO EIOPA'S GUIDELINES

- 'Complaint' means the statement of dissatisfaction addressed to us and related to the mediation activities of the insurance intermediary. 'Complaint' does not mean the claim handling, the provision of information or clarifications and any other simple requests.
- 'Complainant' means any person presumed to be eligible to have a complaint considered by an insurance intermediary e.g. a policyholder, insured person, beneficiary.

3. SUBMISSION OF COMPLAINT PROCEDURE

- The standard way of submitting a complaint is by completing and sending us the Complaint Form.
- When we encounter a situation where a customer, insured person or beneficiary expresses his/her dissatisfaction with us, then we kindly suggest him/her to submit a complaint (see above). If his/her complaint concerns an insurance company, then we provide him/her with a complaint form of that insurance company.
- In case he/she is unable or not willing to complete and/or send the Complaint Form, then we can do it on his/her behalf, as long as: (a) the complaint is serious or important and (b) we first obtain his/her consent to do so.
- In case the Consent Form received is not satisfactorily completed, then we kindly ask him/her to fill in the blanks or to give us additional information.
- Upon receipt, the complaint must be lodged into an electronic Complaints Book and get a number which should be written at the top of the Complaint Form. The fields on the bottom of the Complaint Form (FOR OFFICIAL USE ONLY) should also be filled up by the recipient of the complaint.
- Finally, the Complaint Form should be filed and kept into the records of the Company pursuant to our Privacy Policy.

4. COMPLAINT EXAMINATION PROCEDURE

- In case the complaint concerns an insurance company, we forward it to the insurance company and inform the complainant accordingly.
- In case the complaint exclusively concerns our Company and falls within the meaning of 'complaint' - defined in Paragraph 2 - then we must send an acknowledgement of receipt within 2 working days informing the claimant that we shall respond to his complaint within 15 working days.
- We must examine the complaint within 15 working days. In case we need additional time, we must inform the claimant accordingly, in writing, explaining the reasons. The extension may in no case exceed **30 working days**.
- The person who examines the complaint should have no conflict of interest. Where this is not possible or where the complaint concerns a very serious issue, we should look to a third party - preferably a legal consultant.
- It must be ensured that the person who examines the complaint investigates it fairly, impartially and pursuant to our Privacy Policy.
- We all need to be aware of this Complaint Management Policy and provide any information or assistance to the person examining the complaint.

5. RESPONSES TO COMPLAINTS

- When the complaint examination procedure is completed, we contact the complainant in order to brief him/her on the results of the investigation and our verdict. The communication must be in writing, in simple and intelligible language. We must not omit to state the rights of the claimant i.e., he/she has the right to apply to the Financial Ombudsman or take legal actions.
- The reply letter (and any other correspondence) must be filed together with the Complaint Form. The last fields on the bottom of the Complaint Form i.e., *complaint outcome* and *date complaint is resolved* should be completed.