الإمـــارات للتأميـــن
Emirates Insurance

CGP15

COMPLAINT HANDLING POLICY

Our Commitment

Emirates Insurance Company ('EIC' or 'Company') is committed to providing a high standard of client service and to maintaining our reputation of honesty and integrity. Our objective is to deliver a consistent, high-quality and accountable response to complaints across the Company.

EIC believes that complaint resolution is important, and it is incumbent upon us to respond to complaints promptly, accurately, and with utmost courtesy. EIC shall provide our stakeholders with accessible means with which to communicate their grievances and will employ our best efforts to respond and resolve where possible. All complaints and personal information collected will be handled in a timely, professional, and confidential manner.

Regulatory references

In line with Consumer Protection Regulations – Article 8, company must establish an independent complaint management function. The function must be empowered to effectively resolve complaints and have a necessary independent oversight by the compliance department.

The policy provides clear information to consumers to ensure they are aware of their rights and responsibilities with respect to products and/or services, including the right to have their problems or complaints addressed in an efficient, effective and respectful manner and will be made available to the complainants when requested and on the company's website.

The complaint management system must be effective in line with the policy and with supporting procedures, systems and controls. Data collected on complaints is a critical source for analysis to improve services. The efficiency of the system must be studied periodically through complaint analysis and trends.

Governance

The complaints mechanism is managed and overseen as follows:

Executive Committee

- Ensure that the company has the necessary framework, policies, procedures, systems and controls in place to ensure effective management of complaints
- Approve the Complaints Policy

Complaints Committee

- Implement the approved complaints policy and required systems and controls for effective complaint management
- Review the complaints data on a quarterly basis and recommend changes as necessary
- Review the trend analysis and undertake necessary measures to reduce the volume of complaints

Complaints team

- Follow the policy and procedure end-to-end for complaints registration and investigation through all channels within stipulated timelines
- Monthly review and reporting to internal stakeholders
- Ensure that complaints dashboard is up-to-date
- Provide necessary reports to the complaint committee and participate in the complaints committee meetings and provide input

Employees

- Route all complaints to the complaints team in a timely manner

Compliance

- Review the complaints handling is in line with policy and procedures
- Oversight of complaints – maintain an independent oversight to identify any specific trends or patterns and take up with management as necessary

Purpose of the Policy

The purpose of this policy is to provide any stakeholder of Emirates Insurance Company with a clear understanding on how to lodge a complaint with the company and what to expect from the company once the complaint has been lodged.

The purpose of this Policy is further to:

- Provide an efficient, fair, transparent and accessible mechanism for resolving stakeholder complaints
- Monitor complaints in an endeavor to improve the quality of products and services
- Recognize, promote and protect stakeholders' rights, including the right to comment and complain
- Encouraging an organizational culture that welcomes complaints as an opportunity to improve services

Key activities

1. Identify & register: ensure that all complaints are captured , recorded and classified, review and action as required
2. Review & remediation: Complaint review meeting to review, discuss and monitor remediation plan
3. Reporting: monthly dashboard and other periodic reporting
4. Training: complaint management training to be conducted for in scope staff to ensure awareness and adherence to complaint management procedure

Definition

Complaint means a genuine expression of dissatisfaction or concern regarding the company's products and services, or the complaints handling process itself, made to the company by, or on behalf of:

- A customer
- A broker or an intermediary
- Reinsurer
- Third Party claimant
- A group or member of the public
- Other stakeholders

Complainant means the person or party making the complaint.

Claimant means a person who has a claim with the Company.

Dispute means a customer's formal disagreement leading to some type of internal or external review or determination.

Scope of Complaints

- Any issue raised by a Customer/ Broker is treated as a complaint by Emirates Insurance Company.
    - Products and services related – Unreasonable long delay for the company or representative to deal with an official enquiry, processing a policy, etc.
    - Claims related – Delay in settlement of a claim, or settling an amount/service different to what is expected by the policyholder, dispute regarding the assessment of liability (i.e. fault) with respect to a claim
    - Employee behavior and conduct related when dealing with customers or distributors specific to EIC's products and services

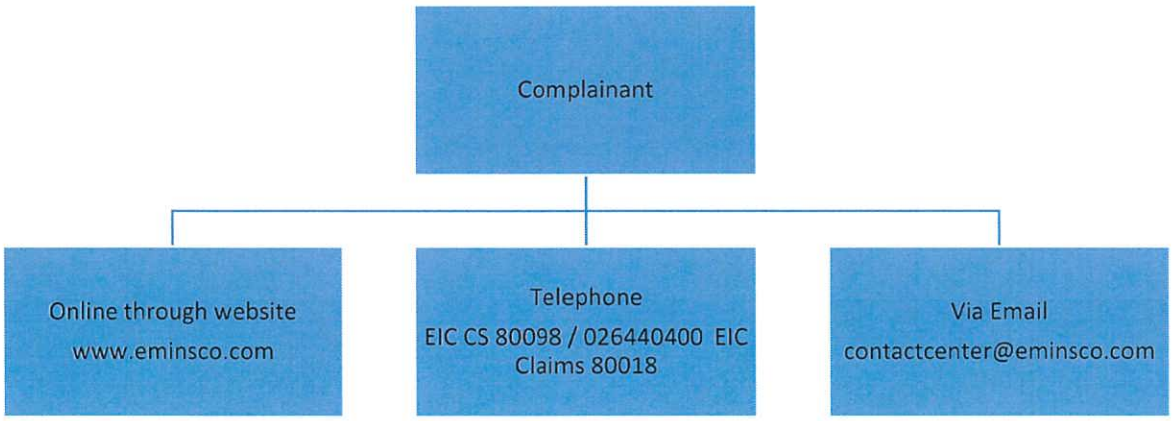
Fair treatment

EIC recognizes the need to be fair to both the complainant and the Company or employee against whom the complaint is made.

If a stakeholder complains, EIC shall:

- Treat the complainant with discretion, courtesy and fairness at all times
- Maintain appropriate confidentiality of the complaint at all times
- Not victimize or harass the complainant as a result of any complaint he/she makes against us
- Not discriminate against the complainant because of any disability, his/her color, race, religion, age or sex

Channels to register a complaint



All complaints received are registered, investigated thoroughly to identify the root cause of the issue and resolved with necessary corrective action.

For Sanadak, complaints are received via email.

Process overview

The following key steps are to be adhered to for all complaints received at Emirates Insurance Company:

Receive	• All complaints received must be registered in complaint management online tool (Premia)
Acknowledge	• Every complaint should be confirmed with a formal written acknowledgement citing reference number
Investigate	• All areas of interaction and communication should be established (who, what, when, where, why, etc.). Key facts identified and clarified
Resolve	• Clear and fair final resolution. Root cause analysis to understand cause, trends, problem identification & recommendations
Response to customer	• Complainant should be contacted within stipulated timelines and findings and resolution to be communicated clearly
Complaint closure	• Closure of complaint to be notified to complainant and all relevant stakeholders
Escalation if any	• If unsatisfied with the resolution, customer may contact the relevant Insurance regulator

Flowchart

The detailed process flowchart is available in the Customer Service Standard Operating Procedures manual.

The requirements for each of the above steps is detailed below

A. Receive and register

- Any grievance or complaint or expression of dissatisfaction (whether formally lodged by the customer or not), must be registered in the system for action
- Complaints may be received from 3 sources – Internally within the company, Third Party Administrators and Regulators
- For complaint registration, email should be sent to customer service at contactcenter@eminsco.com; emails received by other IDs, should be routed to this centralized email for successful registration and tracking of complaints
- Complaints received in person or orally by EIC staff, should be reported to contactcenter@eminsco.com with the relevant details
- All complaints should be formally logged in complaint management online tool (Premia) by customer service
- All complaints should be registered within 1 business day and routed to relevant department for investigation

- Respective department manager will decide on the appropriate person(s) to carry out subsequent steps, including the investigation
- Complaints received internally and through regulators will be investigated following the above process
- Complaints received from Third Party Administrators (Medical) should be investigated and resolved at their end, received on a monthly basis beginning of the following month, registered in complaint management tool (Premia)

B. Acknowledge

- Ensure that every complaint receives a formal written acknowledgement, containing the complaint reference number within 1 business day, along with an indication of when the complainant will receive a response

C. Investigate

- Follow up all aspects of the complaint, both internal and external, to ensure that key facts are identified and clarified
- All relevant interactions with the complainant to be shared as part of complaint investigation, e.g. calls, emails, etc.
- In case of delays in response (more than 2 business days from registration), follow up to be done with department head until resolution

D. Resolve & Confirm

- Ensure that the final resolution is provided to the complainant within 7 business days from the receipt of the complaint
- Ensure that the proposed resolution is in line with company's code of conduct and does not prejudice Emirates Insurance Company in any unnecessary legal or financial manner
- The review should include recognition and documentation of any underlying issues that have contributed to the complaint and recommendations for actions to prevent further occurrence
- Company will endeavor to resolve all complaints received fairly in a transparent and timely manner. Remedies that we may use to help resolve complaints include:
    - Root Cause Analysis (RCA) – Identification of the main cause of the complaint and study trend if any
    - Rectify errors – Where a mistake has occurred, taken too long to follow up a matter, or simply overlooked, we will take immediate action to rectify the situation at the earliest

<u>Employee Training and Counselling</u>

Where a complaint is made about an employee behavior or about the employee providing wrong information and after investigation if we consider the complaint is justified, the employee will be provided with training and/or counselling.

E. Response to Complainant

- Provide the complainant with the resolution within the stipulated timelines (7 business days)
- If the complainant is not satisfied, a more senior staff member such as a Supervisor or Manager will review the person's complaint and the results of the review will be reported to the complainant. If the complainant remains dissatisfied, same will be escalated to the pillar head
- The details of the findings and proposed resolution should be clearly explained (in written or over recorded conversation as appropriate) to the customer
- In case of delays due to internal investigation, complainant should be contacted by telephone to request further time of 5 working days and provide them with the grievance redressal mechanism outlined in section G

F. Complaint closure

- Complaint resolution to be intimated to the complainant via phone (recorded line) or email
- Ensure that the organization is aware of complaints and any underlying issues
- Corrective action taken to be documented as part of the complaint closure

G. Grievance redressal mechanism

In case of unsatisfactory conclusion, customers may reach out to the respective authorities to escalate the complaint and take it forward. Regulatory authority escalation details are specified.

SANADAK

The complainant may register their complaint on the Sanadak portal offered by CBUAE. For any complaint received through Sanadak, the details are shared with the responsible department by the complaints team and the resolution provided is updated on the portal. In case of further inquiries/documents required to resolve the complaint, Sanadak may request clarifications/updates which should be duly provided within stipulated timelines. Based on the resolution provided; Sanadak updates the complainant and closes complaint.

In case of non-agreement to the complaint resolution, customer may opt to escalate further to the dispute panel/committees of Sanadak by paying a nominal fee. The escalated complaints are directed directly to the legal department, who thereby take it forward to resolution.

Medical Complaints

In line with Health insurance regulatory requirements, all medical complaints must be registered, investigated and resolved. The primary source of medical complaints would be Third Party Administrators and regulators. Complaints could be raised against administrators, hospital, clinic, pharmacy, physician, payer, etc. All complaints must be logged in through an automated system by third party providers and at EIC, they must be formally logged in complaint management online tool (Premia). All complaints are recorded and registered in line with regulatory format. Complaints must be categorized under one of the following categories:

- Denial of coverage

- Rejection of claim
- Accuracy of documentation provided
- Delays in process (refunds, reimbursements, approvals, issue of membership cards, additions or deletion of members)
- Administrative or operational process or procedures
- Product dissatisfaction or suitability
- Changes to policy terms (exclusions, conditions, renewal, premiums, network coverage)
- Service provided by staff or departments (efficiency, attitudinal, behavioural, knowledge)

Complaints should be investigated thoroughly and resolved along with RCA and corrective measures taken.

Collecting and recording complaint information

Complaint data will be collected, analyzed and reported using the Complaint Register. All customer complaints are registered on the customer complaints resolution tracker (CCRT) to facilitate quick resolution and to use data for staff training purposes with an objective of preventing such occurrences in future. Details to be recorded – Complaint Ref no, date received, complaint source, policy number, customer name, complaint summary and supporting information. All relevant communication pertaining to registering, investigation and resolution should be saved in a centralized folder. The complaint data, enquiry outcomes and service improvements will be reported regularly to our Complaints Committee, which is reviewed on quarterly basis to establish any further corrective measures to be taken.

Storage of complaint records

In line with the regulatory records retention requirements, records of all complaints will be retained in EIC Complaints System for a period of 5 years, both for reasons of confidentiality and for monitoring and evaluation purposes. For example, complaints received from claimants will not be kept on Claims File, instead they will be retained in the Complaints System. Access to the complaint records will be restricted to authorized staff.

The complaint registers should be uploaded in the company central repository and shared with Compliance and Risk team.

Regulatory authority for grievance redressal

CBUAE SANADAK	Dubai Health Authority (DHA)	Department of Health - Abu Dhabi Head Office (DOH)
•For all insurance related complaints - Ombudsman unit of United Arab Emirates •Toll free - 800 72 623 25 •Email - info@sanadak.gov.ae •Website - Sanadak.gov.ae	•For Health insurance complaints in the emirate of Dubai •Toll free - 800 342, Outside UAE - +9714 5991200 •Email - info@dha.gov.ae •Website - Contact Us (dha.gov.ae)	•For Health insurance complaints in the emirate of Abu Dhabi •Contact - +971 2 449 3333 •Website - Contact Us (doh.gov.ae)

Enquiries

Please direct enquiries about the Complaints Policy to:

Customer Service
Canute Fernando
Emirates Insurance Company
P.O. Box 3856
Abu Dhabi

Tel No: +97126440400
Email: info@eminsco.com

Compliance
Khaled Al Tamimi
Emirates Insurance Company
P.O. Box 3856
Abu Dhabi

Tel No: +97126981569
Email: compliance@eminsco.com

Document Control

No.	Date	Content	Prepared by	Reviewed by	Version No.
1	Dec 2018	New Policy	Rubaina Daruwalla	Paul McLeod	New v.1
2	Aug 2024	Policy Review	Canute Fernando	Bhaskar Vedula	Review v.2

Review

The Complaints Policy will be reviewed at regular intervals to ensure it meets the needs of the Company and its customers.

Prepared by
Assistant Manager – CS
Canute Fernando

Reviewed by
Compliance Manager
Khaled Al Tamimi

Head of Risk
Bhaskar Vedula

Approved by
Chief Executive Officer
Jason Light

Chief Distribution Officer (Acting)
Abhay Gupta

Chief Operating Officer
Stefan Schrey

Chief Financial Officer
Aart Lehmkuhl

Chief Underwriting Officer
Robert Duchesne

Chief Underwriting Officer (International)
May Hleileh