

# Complaints Handling Procedure

## **Complaints handling Policy-Newtech Insurance Brokers LLC**

### **Scope:**

To establish a formally documented complaints procedure in compliance with the Complaints Handling policy (as and when amended from time to time) issued by Dubai Health Authority (“DHA”).

### **Applicability and Eligibility:**

This policy applies to all employees, regular and fixed term, including those on probation, and apprentices and, interns (collectively “employee”) on the rolls of Newtech Insurance Brokers (hereinafter referred as “Company”).

### **Objective:**

- To ensure that the interests of insurance policyholders’ are protected.
- To have in place standard procedures and best practices in the sale and service of insurance policies.
- To ensure customer-centric governance with emphasis on grievance redressal.
- To ensure satisfaction of customers, potential customers, business partners, regulatory bodies and the like.
- To improve customer confidence and satisfaction in respect of market participants.

*Disclaimer: Company reserves the right to change the policy from time to time without any prior intimation and in case of any regulatory changes as may be notified by the DHA from time to time.*

A handwritten signature in blue ink is written over a blue circular stamp. The stamp contains the text "DUBAI" and "NEWTECH INSURANCE BROKERS LLC" around the perimeter.

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## **Complaint:**

The term “complaint” is generally as any written statement/expression of dissatisfaction of an aggrieved person or any person acting on behalf of the aggrieved person alleging a grievance involving the activities of those persons under the control of the Company in connection with the solicitation or service provided by the Company or execution of any transaction or the disposition of securities or funds of the complainant – any expression of dissatisfaction or the like. The Company has adopted a policy, which requires a prompt and thorough investigation into any complaint, and a prompt and fair outcome with appropriate supervisory review.

Employees may not make any payments or other account adjustments to Complainants in order to resolve any type of complaint. All such matters must be handled by the Company’s authorized person.

In the event of a complaint being received the following Company procedure should be followed.

## **Complaint Recording & acknowledgement**

- Complaint to be identified by the Company.
- Upon identifying the complaint, the same needs to be recorded on the company complaint log immediately upon receipt with the necessary details as required under Complaints Handling Policy issued by Dubai Health Authority (“DHA”).
- The aggrieved party to be given written acknowledgement of receipt of the complaint within 48 hours of receipt by the Company.

## **Categories of Complaint**

All complaints must be categorized in the complaints log as relating to one of the following, as per Complaints Handling Policy issued by DHA:

- Denial of coverage
- Rejection of claim
- Accuracy of documentation provided
- Delays in process (refunds, reimbursements, approvals, issue of membership cards, additions or deletions of members)
- Administrative or operational process or procedures
- Product dissatisfaction or suitability

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- Changes to policy terms (exclusions, conditions, renewal, premiums, network coverage)
- Service provided by staff or departments (efficiency, attitudinal, behavioral, knowledge)

## Complaint Review & Investigation

- The Complaint/grievance to be assigned to the respective department. Any additional evidence to corroborate the complaint is to be requested at/or subsequent to the assignment and investigation of the complaint by the respective department.
- A record of the complaint investigation and any additional information obtained need to be fully recorded as part of the complaint review.
- Insurance policy complaints to be shared with the Insurer for their information and necessary action.
- Where the grievance gets resolved within specified TAT, the resolution is communicated along with acknowledgment.
- Where the grievance is not resolved within specified TAT, endeavor is made to share an interim timeline with the customer for such resolution.
- The Company shall take adequate steps to resolve all the grievances within 90 days of its receipt and send a final written response on the resolution.

## Complaint Decision Outcome & Communication

- When the complaint has been fully investigated (or as far as possible where complainant co-operation is restricted); the findings to be reviewed by a Company Director/Senior Manager(s) in conjunction with the compliance / Audit function to determine the complaint outcome. This can be :
  - Complaint fully upheld.
  - Complaint partially upheld.
  - Complaint not upheld.
- Where the complaint decision is fully/partially upheld, consideration is required as to the action required to remedy the complainant position to include making appropriate redress for inconvenience and distress.
- Where relevant and necessary, the proposed remedial action to be discussed & agreed with any third party (i.e. insurance company).

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- All documentation produced as evidence to support the complaint investigation to be made available to the third party (as long as this does not constitute a breach of confidentiality of data protection), in which event, the complainant's specific consent to be obtained).
- The Company complaint review decision and any proposed remedial action to be communicated to the complainant in writing. The complainants' agreement to the proposed resolution to be obtained in writing.
- The complainant is to be advised within the letter that they have the right to reject and appeal the proposed remedy within 7 working days in writing.
- If the complainant accepts the proposed remedy in writing, the Company to take immediate action to fulfill the remedial action.

## Complaint Appeal Process

- If the complainant rejects the proposal remedial action OR a complaint not upheld decision: the Company director(s)/Senior Manager(s), Compliance & Audit function to review the case in detail again supported with any new evidence or information.
- The complainant has the right to appeal: with the complaint to be considered by the Company General Manager or Management.
- If the complainant agreement is still not obtained, a letter of deadlock to be issued, outlining the reasons supporting the decision.
- The complainant has the right to escalate the complaint to any relevant third party, including the regulator (CBUAE & DHA) for further case review.

## Closure of Grievances

A Complaint shall be considered as disposed off / closed when:

(a) the Company has acceded to the request of the complainant fully (or)

(b) where the Complainant has indicated in writing, acceptance of the response of the Company (or)

(c) If the Customer does not respond to three reminder calls or emails, the Complaint is treated as closed and a closure email is sent. The Complaint is re-opened if the Customer responds with further query.

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## Employee Sanction

- When a complaint has been received, at the Company discretion, the employee to be requested NOT to make direct contact with the complainant, ending completion of the complaint review.
- Once a decision has been taken as per Complaint Decision Outcome & Communication mentioned above, the Company Director(s)/Senior Manager(s) will consider any sanction required against any of the Company employee.
- Sanctions to be considered and applied in accordance with the employee contract and any of the prevailing Company HR policies and procedures.
- Sanctions to include (but not restricted to); verbal warning, written warning with fixed expiry date, written warning with unlimited expiry, 2<sup>nd</sup> written warning, final written warning, suspension pending further investigation, immediate dismissal.

## Documentation & recording

All stages of the complaint review are to be documented in the complainant file with the Company complaint recording system for review (and in the Employee personnel file where relevant).

