

## **CONSUMERS GUIDE**

### ***How do I submit a complaint to an Insurance Company?***

If you have a complaint concerning the way an insurance company handled a matter that concerns you, we advise you to follow the following procedures, in order to speed up its investigation.

You can obtain the appropriate complaint form from the local offices of the insurance company, from insurance intermediaries associated with the insurance company or from the company's web page. Alternatively, you may submit a complaint by sending an email, letter by post or fax. Make sure that your complaint is sent and addressed to the officer/unit of the insurance company that deals with complaints handling. It is also possible to submit your complaint by phone; for that you simply need to contact the officer/unit of the insurance company that is responsible for complaints handling.

We advise that whichever way you choose for submitting your complaint, you provide a precise description of it, give as many details and information as possible and not forget to also provide your Insurance Policy Number. We also advise that if you are communicating your complaint to the insurance company orally, you take a note of the name of the officer you spoke to, as well as the date/time the conversation took place. We also remind you that at any point in time you have the right to be informed about the stage of the investigation of your complaint simply by contacting the complaints handling officer/unit.

Rest assured that every complaint is seriously dealt with and is used as a means for improving the quality of the services offered by insurance companies

Once you complete the procedure described above, and provided that you are not satisfied with the result, you have the option to submit your complaint to the Financial Ombudsman (tel. 22848900, website [www.financialombudsman.gov.cy](http://www.financialombudsman.gov.cy)). You also maintain your legal right to take legal action against the company at any time.

#### ***What to expect:***

The complaints handling procedure begins once your complaint is received by the claims handling officer/unit. If deemed necessary he/she will then contact you for further information

- A letter confirming receipt of your complaint and informing you of the complaints handling procedure will be sent to you within two working days from the day your complaint was received by the insurance company.
- The insurance company will provide its official response to your complaint within fifteen working days. However, if due to the nature of the complaint it is not possible for the insurance company to respond within the said fifteen working days you will be informed of this in writing together with the reasons for the delay. The insurance company will also inform you in writing concerning when you should expect its official response to your complaint. The final response should be provided not later than 30 working days following the lapse of the initial time period of fifteen working days.

- The official response of the insurance company will be communicated to you by letter and shall provide the company's decision on the complaint. It shall include a brief description of your complaint, information on the way the complaint was handled, and the reasons that led the insurance company to its decision.

### **General Information:**

Insurance companies must follow the procedures described above when handling complaints from either the insured or others who may have a claim under the insurance policy. The guidelines for complaints handling procedures are set in the Orders of the Superintendent of Insurance that were published on 28<sup>th</sup> July 2013 and came into force on 1<sup>st</sup> January 2014.

### **Key Terms;**

**Complaint:** the statement of dissatisfaction addressed to an insurance company by a person relating to the insurance contract or service he/she has been provided with. Complaints handling procedures differ from procedures for the handling of claims for compensation. Complaints handling procedures are also different from procedures that relate to the answering of simple questions about the insurance policy or the supply of any other information or clarification.

**Complainant:** a person who is presumed to be eligible to have a complaint considered by an insurance company and has already lodged a complaint. Examples include: the counterparty, the insured, the beneficiary, the third party affected, or any authorized representative.

**Claims Handling Officer:** an insurance company officer whose duties involve the handling of complaints the insurance company receives.

## **CONSUMERS GUIDE**

### ***How do I submit a complaint to an Insurance Intermediary?***

If you have a complaint concerning the way an insurance intermediary handled a matter that concerns you, we advise you to follow the following procedures, in order to speed up its investigation.

You can obtain the appropriate complaint form from the local offices of the insurance intermediary. Alternatively, you may submit a complaint by sending an email, letter by post or fax. Make sure that your complaint is sent and addressed to the officer/unit of the insurance intermediary that deals with complaints handling. It is also possible to submit your complaint by phone; for that you simply need to contact the officer/unit of the insurance intermediary that is responsible for complaints handling.

We advise that whichever way you choose for submitting your complaint, you provide a precise description of it, give as many details and information as possible and not forget to also provide your Insurance Policy Number. We also advise that if you are communicating your complaint to the insurance intermediary orally, you take a note of the name of the officer you spoke to, as well as the date/time the conversation took place. We also remind you that at any point in time you have the right to be informed about the stage of the investigation of your complaint simply by contacting the complaints handling officer/unit.

Rest assured that every complaint is seriously dealt with and is used as a means for improving the quality of the services offered by insurance companies

Once you complete the procedure described above, and provided that you are not satisfied with the result, you have the option to submit your complaint to the Financial Ombudsman (tel. 22848900, website [www.financialombudsman.gov.cy](http://www.financialombudsman.gov.cy)). You also maintain your legal right to take legal action against the company at any time.

#### ***What to expect:***

The complaints handling procedure begins once your complaint is received by the claims handling officer/unit. If deemed necessary he/she will then contact you for further information

- A letter confirming receipt of your complaint and informing you of the complaints handling procedure will be sent to you within two working days from the day your complaint was received by the insurance intermediary.
- The insurance intermediary will provide its official response to your complaint within fifteen working days. However, if due to the nature of the complaint it is not possible for the insurance intermediary to respond within the said fifteen working days you will be informed of this in writing together with the reasons for the delay. The insurance intermediary will also inform you in writing concerning when you should expect its official response to your complaint. The final response should be provided not later than 30 working days following the lapse of the initial time period of fifteen working days.

- The official response of the insurance intermediary will be communicated to you by letter and shall provide the intermediary's decision on the complaint. It shall include a brief description of your complaint, information on the way the complaint was handled, and the reasons that led the insurance company to its decision.

### **General Information:**

Insurance intermediaries must follow the procedures described above when handling complaints from either the insured or others who may have a claim under the insurance policy. The guidelines for complaints handling procedures are set in the Orders of the Superintendent of Insurance that were published on 30<sup>th</sup> January 2005 and came into force on 1<sup>st</sup> May 2015.

### **Key Terms;**

**Complaint:** the statement of dissatisfaction addressed to an insurance intermediary by a person relating to the insurance contract or service he/she has been provided with. Complaints handling procedures differ from procedures for the handling of claims for compensation. Complaints handling procedures are also different from procedures that relate to the answering of simple questions about the insurance policy or the supply of any other information or clarification.

**Complainant:** a person who is presumed to be eligible to have a complaint considered by an insurance company and has already lodged a complaint. Examples include: the counterparty, the insured, the beneficiary, the third party affected, or any authorized representative.

**Claims Handling Officer:** an insurance company/ intermediary officer whose duties involve the handling of complaints the insurance company / intermediary receives.