

## COMPLAINTS MANAGEMENT POLICY

We aim to provide insurance services with the highest standards of service and professionalism and this is why we ask our clients and any other person related to our insurance products to advise us in writing in the event of not being fully satisfied with any of our services or in case they wish to lodge a complaint.

This will allow us to detect possible deficiencies and take all appropriate corrective actions as well as to collect necessary information, which will be utilised for the improvement of our services and products.

We will endeavour to manage and resolve all complaints lodged with our Company in an equitable, objective and unbiased manner.

According to the provisions of Regulation 222/2013, issued on the basis of the Insurance Services and other Related Issues Laws of 2002 to 2013 –

- “Complaint” means -

A statement of dissatisfaction addressed to an insurance undertaking by a person relating to the insurance contract or service he/she has been provided with. Complaint-handling should be differentiated from claims-handling as well as from simple requests for execution of the contract, information or clarification.”

- “Complainant” means -

A person who is presumed to be eligible to have a complaint considered by an insurance undertaking and has already lodged a complaint e.g. a policyholder, insured person, beneficiary and injured third party.”

We set out below an outline of the procedures in place by the Company for the handling of complaints -

1. Insureds or any other person related to our insurance services may lodge a complaint either by letter or by completing the “**Complaint Form**” which is posted at the Company’s website [www.cgi.com.cy](http://www.cgi.com.cy). Such form can also be obtained from the Company’s Branch Offices and Agents.

When making a complaint, our clients are kindly requested to provide all personal information included in the above Form as well as the facts and the nature of the complaint, in order to assist us in handling such complaint in an efficient and effective manner.

The letter or the “Complaint Form”, as the case may be, should either be delivered to the Company’s “Complaints Management Function” or submitted in any of the following ways -

- By mail : Head Offices of Commercial General Insurance Ltd  
101 Arch. Makarios III Avenue, 1071 Nicosia, P.O.Box 21312, 1506 Nicosia.
- By e-mail : [clientservices@cgi.com.cy](mailto:clientservices@cgi.com.cy)
- By fax : + 357 22 376155

2. All complaints received by the Company are assigned a unique reference number and are recorded in a dedicated secure electronic register. A separate file is also kept for each complaint, where statutory information as well as any documentation relating to the specific complaint is properly archived.
3. The complainant will receive an acknowledgement of receipt within two (2) working days of receiving such complaint, together with information in connection with the Company’s complaint handling process.

The acknowledgement of receipt will also include the identity and contact details of the person in charge handling the complaint to whom the complainant may direct any enquiries as to the status of his complaint.

4. The time we spend investigating a complaint is determined by its seriousness and complexity, but we will endeavour to resolve all complaints within fifteen (15) working days of receiving such complaints.

Sometimes we might not be able to resolve a complaint within the timeframe set out above. If this is the case, the “Complaints Management Function” will advise the complainant accordingly, provide feedback on the reasons for such delay and also give an anticipated new timeframe for completing the review. Such timeframe shall not exceed the statutory timing requirement of forty-five (45) working days from the date of receipt of the complaint by the Company.

5. Our Insureds are advised that the lodging of a complaint and its subsequent handling process is free of charge and does not affect any right of action they may have against the Company.

6. If a mutually accepted resolution cannot be reached on the basis of the terms and provisions of the Insurance Policy and the Company’s procedures, the complainant has the option to maintain the complaint and refer the matter to the competent authorities or bodies for dispute resolution such as the Financial Ombudsman of the Republic of Cyprus.

7. The Head of the Complaints Management Function submits a report at least annually or earlier if necessary, to the Company’s Board of Directors. Such report includes an analysis of all data relating to the company’s complaints handling process as well as information on any deficiencies identified through such process, thus ensuring that any recurring or systemic problems and potential legal operational risks are identified and addressed. This report will include the following information -

- common causes of complaints,
- possible link of such causes to the Company’s procedures or products,
- corrective actions required to eliminate these causes of complaints.

8. The Company can be requested by the Superintendent of Insurance or other competent authority to provide written information in relation to the complaints received on an annual basis and more specifically -
- on the total number of complaints received,
  - on the types of the complaints, their causes, the classes of insurance business such complaints referred to as well as the outcome of the handling process of these complaints,
  - on the average time taken to handle and resolve such complaints.
9. The relevant staff members as well as the Agents of the Company have been advised in writing in relation to the complaints management policy and procedures in place for the handling of complaints.