

## GUIDANCE NOTES FOR COMPLAINTS AGAINST MCIS ZURICH INSURANCE BERHAD

### A. INTRODUCTION

1. The objective of this guidance notes is to provide information to the policyholder on how to lodge complaints.
2. All complaints will be treated in strict confidence.
3. We ensure that all complaints are handled fairly, consistently and promptly in accordance with BANK NEGARA MALAYSIA's procedures and to further provide us with an opportunity to improve our customer service standards.

### B. GUIDANCE ON COMPLAINTS LODGEMENT

1. Complaints may be lodged via the following manner:-

Ways to lodge a complaint or provide your feedback.	Timelines for acknowledgement
Fill in the Complaint form available at <a href="http://www.mciszurich.com.my">www.mciszurich.com.my</a> / Client charter/ Complaints and feedback/ complaint form and either fax it to us at 603-7954 3692 or scan and email it to us at <a href="mailto:info@mciszurich.com.my">info@mciszurich.com.my</a>	Acknowledgment on same day for complaints received via email otherwise 2 days from date received.
Email to us via the Corporate Website - <a href="mailto:info@mciszurich.com.my">info@mciszurich.com.my</a>	Acknowledgment on same day.
Write in to us. Complaint Unit Level 6, Tower 1 Wisma MCIS ZURICH , Jalan Barat 46200,Petaling Jaya , Selangor.	Acknowledgment within 2 days of receipt.
Call us Telephone: 603-7955 2577 (General Line) 03-76523922 /3943 (DID)	Acknowledgment on same day.
Walk in to our service counters at any of our Branches or Head Quarters. ( <i>Please refer to our website for details on locations and contact information</i> )	Average waiting time of 15 minutes

2. "Acknowledgment " is the process of recording the complaint, informing the client that the complaint has been received and ensuring that the relevant person has received the complaint and has began to work on it.
3. Straight forward complaints which do not require follow -up would be resolved within the day, whilst we seek to resolve all types of complaints within 2 weeks. Complaints that require investigation would naturally take longer, you will be kept informed of the developments as we progress with the investigation.
4. Please note, that you would have to provide the following information when making a complaint:- Name, Policy Number and contact information. Kindly state clearly the nature of the complaint and provide supporting documents where relevant. (*You may refer to the sample complaint form at the last page of this document*)

### C. APPLICABILITY

The procedure applies to complaints arising from:

1	Third Party service provider	Poor call center service
		Delay in admission and/or discharge of patient
		Wrong or inadequate information/advise to policy owner
		Late submission of reports e.g. adjustor or Hospitals
2	General	System down time
		Data errors
		Missing documentation
3	Telephony	Time on hold
		Length and or cost of call
		Quality issues
		Misdirected calls
		No answers
		Passing around calls
4	Conduct of Agent	Misrepresentations
		Miss-selling/ unfair selling practices
		Non remittance of premiums (including fraud)
		Churning/twisting and vanishing premiums
		Forgery
		Fraud
		Breach of confidentiality
5	Product/ Contract	Unfair terms and conditions
		Errors in product pricing
		Errors in sales illustrations
		Product not suitable for target market
		Unattractive product features
		Unclear terms and conditions
6	Servicing	Attitude of staff and service providers
		System unavailability
		Failure to carry out agreed actions and timescales
		Failure to contact customer in agreed timescales
		Incorrect advice
		Procedure/ product knowledge
		Required Disclosure not provided
		Errors , delays or failure in updating the systems on information from policy holders
		Policy cancelled in error/without reason
		Policy not cancelled when requested
		Poor Data Quality
		Delays in issuing refund

7	Underwriting	Refusal to renew/insure
		Too much of information requested
		Policy cover not processed as requested
		Terms/excess loading/NCD
		Additional Premiums
		Data entry error
		Did not receive policy document
		Quality of stationeries used in policy document
		Non cessation of premium deduction upon termination of proposal
		Delay in refunds of proposal deposit upon termination of proposal
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System and data related issues		
Excess dispute		
Repudiation of Liability due to non disclosure		
Breach of warranty		
Claim not covered under the contract (E.g. no medical cover but client puts in a claim for medical)		
Proving a loss		
Breach of warranty		
Not happy with amount offered		
Delays in claims processing		
Tedious claims process including request for various documents etc.		
Communication issues		
Delay in settlement of court award		
Services offered by 3 <sup>rd</sup> party service providers, delays in admission etc		
Motor valuation dispute		
Dispute of quantum generally on rider claims; Dispute in liability of the claims;		
Aggravated and/or fraud claims.		
	Finance	Payments – incorrectly processed
		Delays in posting resulting in lapses
		Payment taken incorrectly ( credit/Debit card or cheque)
		Double call for payment or errors in calls
		Policy holders not notified of failure or unsuccessful calls resulting in lapses.
		Cheques issued to policy holders do not reach them.
		Bank Charges
		Delays / errors in refunds
Did not receive receipts		

## D. COMPLAINT PROCEDURES

- The Complaint Unit will send an acknowledgement letter to the complainant within 2 days of receipt of the complaint.
- All complaints received are recorded by the complaints officer, who is responsible to ensure that the complaints are handled fairly and within the timelines specified.
- All complaints received will be carefully scrutinized and responses/decision will be given to complainant latest within 2 weeks from the date receipt of the complaint.
- If further information is required, the respective division will communicate to the complainant within 2 days from date of receipt of complaint.
- If we do not receive any response, we will issue a reminder letter after 2 weeks. If, still there is still no response, we will wait for another 2 weeks. If there is no further response received, we will consider the complaint as “No Further Action” and we will inform the complainant within a week after the end of the period.
- If the case is complicated, the respective division will inform the complainant that more time is needed to investigate the said complaint and the development of the complaints will be communicated to the complainant.

## E. IN THE EVENT OF DISSATISFACTION

If you are not satisfied by the resolution offered, you may approach either:-

- **Financial Mediation Bureau** - *An independent body set up to help settle disputes between customers and financial services providers.*

<http://www.fmb.org.my>

Financial Mediation Bureau  
Level 25  
Dataran Kewangan Darul Takaful 4  
Jalan Sulaiman  
50000 Kuala Lumpur  
Tel: 603-2272 2811  
Fax: 603-2274 5752

or

- **BNMLINK** - *A complaint resolution arm of BNM*

<http://www.bnm.gov.my/bnmlink>

Laman Informasi Nasihat dan Khidmat (LINK)  
Tingkat Bawah, Blok C  
Bank Negara Malaysia  
Peti Surat 10922  
50929 Kuala Lumpur  
Tel: 03-2698 8044  
Fax: 03-2693 4051

**Please note the following conditions before submitting your feedback or complaint to either Financial Mediation Bureau or Bank Negara Malaysia.**

**Financial Mediation Bureau**

Where a complaint involves a Life insurance policy/Family Takaful contract, the claim should not exceed RM100,000.00. Whereas for a complaint on a General insurance policy/General Takaful contract, the claim should not exceed RM200,000.00.

**Bank Negara Malaysia**

For any complaint directed to Bank Negara Malaysia, the claim should not exceed RM500,000.00 except if the complaint refers to the quality of service and/or unfair handling of claim.

# COMPLAINT FORM

**1. POLICYHOLDER'S DETAILS**

Name : \_\_\_\_\_ Contact No: \_\_\_\_\_  
 Address : \_\_\_\_\_  
 \_\_\_\_\_  
 I/C No : \_\_\_\_\_

**2. COMPLAINANT'S DETAILS ( if different from the above )**

Name : \_\_\_\_\_ Contact No: \_\_\_\_\_  
 Address : \_\_\_\_\_  
 \_\_\_\_\_  
 Relationship with Policyholder: \_\_\_\_\_  
 I/C No : \_\_\_\_\_

**3. MODE OF COMPLAINT**

Letter / Fax     Email     Walk in     Phone     Others ( Specify ) \_\_\_\_\_

**4. DETAILS OF INSURANCE POLICY**

Policy No : \_\_\_\_\_  
 Claim No : \_\_\_\_\_ Total claim, if applicable: \_\_\_\_\_

Please tick ( ) type of insurance policy:-

Motor     Fire     Burglary     Marine Cargo  
 Life     Annuity     Medical & Health     Personal Accident

Others please state: - \_\_\_\_\_

**5. TYPE OF COMPLAINT**

Claims	Underwriting	Marketing & Sale
<input type="checkbox"/> Delay	<input type="checkbox"/> Non-renewal <input type="checkbox"/> Critical year	<input type="checkbox"/> Agent's Services
<input type="checkbox"/> Unsatisfactory offer	<input type="checkbox"/> Delay in policy issuance	<input type="checkbox"/> Pressure selling techniques
<input type="checkbox"/> Repudiation	<input type="checkbox"/> Surrender values & Policy bonuses	<input type="checkbox"/> Misleading Illustrations & brochures
	<input type="checkbox"/> Policy cancellation/ Premium refunds	

Others, please specify: \_\_\_\_\_

6. HAS THIS PROBLEM BEEN PREVIOUSLY REPORTED?  YES  NO

If YES, please indicate:-

Date(s):- \_\_\_\_\_ Person spoken to: \_\_\_\_\_

7. **BRIEF DESCRIPTION OF THE COMPLAINT (including relevant dates.)**

*( Attach a separate sheet if needed, copies of any correspondence or other documents which may be of assistance, including any letter(s) that may have been sent to or received from Company. Please find attached the letter, for further information.)*

Signature of the Person Who Completing the Form:-  
(Complainant or Staff)

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

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**FOR OFFICE USE:**

Officer Receiving Complaint		Date Received	
Department		Initial / Signature	
Forward to Complaint Unit ( Date )		Initial / Signature by Complaint Officer	
REMARKS			

**IMPORTANT**

*Completed Complaint Form should be submitted immediately to Complaint Officer and not later than 2 hours after receipt of complaint. Timeline for submission should be strictly observed, as acknowledgement letter to Complainant must be sent out within 2 days after the complaint date.*