

INSURANCE INDUSTRY'S CUSTOMER SERVICE CHARTER

Pillar 3		TIMELY, TRANSPARENT & EFFICIENT SERVICE
Description		<p>Deliver a seamless service wherein customers are aware of:</p> <ul style="list-style-type: none"> • Insurers' responsibilities towards customers. • Expected service standard and time taken to deliver these services, i.e. time taken to answer enquiries / resolve complaints. • Where and how to obtain information required i.e. product features and costs.
Expected Outcome		CUSTOMER SATISFACTION
Service Level Target		<ol style="list-style-type: none"> 1. 80% of customers are being served within the expected service level and timelines. 2. 100% of customers are issued with policy documents in a timely manner. 3. Declining complaints ratio.
No.	Commitment	Service Level
3.1	<u>We will set clear responsibilities</u> towards customers and uphold it.	<p>A standard commitment on clear responsibilities to be a mandatory write up on all client charters should cover the following guiding principles:-</p> <ol style="list-style-type: none"> 1) A clear and concise objective of the Charter. 2) Mission. 3) Values to be provided to the customer, e.g. fairness, transparency, integrity, ethics, professionalism, timeliness. 4) Efficient/effective communication channels.

3.2	<p><u>We will set clear expectation on time taken</u> for various services.</p>	<p><u>To include a clear expectation on time taken for various services:-</u></p> <p>1. <u>Delivery of Services:-</u></p> <p>Information on turnaround time on delivery of services must be made available in the Clients Charter through various channels (head offices / branches / brochures / call center / website / social media).</p> <p>2. <u>Standards to be adopted:-</u></p> <p>Serve Walk-in Customer Promptly:</p> <ul style="list-style-type: none"> • Customer Waiting Time: Within 10 minutes.
3.3	<p>We will ensure efficient <u>policy servicing</u> and providing relevant documentation in a timely manner.</p>	<p>1. Customers shall be informed of each step and documentation required to alter, renew, surrender or cancel a policy, e.g. what happens when there are changes to the policy, notice on renewal, etc. as well as consequence arising from any of these actions.</p> <p>2. Customers are to be reminded in the renewal notice to inform the insurance company of any changes in the risk before renewal.</p> <p>3. The standard operating procedure on dealings with customers must be clearly complied with.</p>
3.3(a)	<p>We will ensure efficient <u>policy servicing</u> and provide relevant documentation in a timely manner <u>(Life & Health)</u></p>	<p><u>Life & Health</u></p> <ul style="list-style-type: none"> • Policy Account Turnaround Time (from receipt of full documentation, information and payment of premium):-

a) Policy Issuance (upon acceptance in the policy system)

New and Existing Customer:-

- i) Standard cases – within 5 working days**
- ii) Additional information required / pre-existing medical condition / complex cases – within 10 working days**

b) Change of policy account details (endorsement):

- i) Policy Changes (Non-financial) : within 3 working days**
- ii) Policy Changes (Financial) :**
 - Standard cases - within 5 working days**
 - Non-Standard cases – within 10 working days**

c) Reinstatement: within 10 working days (with payment & complete documentation)

3. Renewal notice issuance:

- i) For policy with guaranteed renewal, premium due notice will be issued not less than 30 calendar days before the next premium due date.**
- ii) Notification of Revised Premium to renewable basic term policy / term rider will be issued not less than 30 calendar days before the expiry of existing policy / rider.**

4. Cancellation/surrendering of policy: 10 working days upon receipt of full documents – to also include processing of refund premium.

<p>3.3(b)</p>	<p>We will ensure efficient <u>policy servicing</u> and provide relevant documentation in a timely manner</p>	<p>5. Issuance of medical / hospitalization card for individuals - Within same business day of policy issuance.</p> <p><i>Note: The timelines above do not take into account onboarding process – insurers have their own onboarding process/introduction to its products and services.</i></p> <p>1. Policy Issuance (upon acceptance in the policy system)</p> <p><u>New and Existing Customer:</u></p> <ul style="list-style-type: none"> - Life Insurance - within 10 working days <i>(applicable for individuals only, not applicable to group)</i> <p>2. Change of policy details / reissuance upon lapse / endorsement (upon acceptance in the policy system):</p> <ul style="list-style-type: none"> - Life Insurance - within 5 working days <p>3. Renewal notice issuance: 30 calendar days before expiry of existing policy.</p> <p>4. Cancellation/ surrendering of policy (including refund of premium).</p> <ul style="list-style-type: none"> - Non-Motor - within 7 working days <p><i>Note: The timelines above do not take into account onboarding process – insurers have their own onboarding process/introduction to its products and services.</i></p>
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3.4	<u>We will be open and transparent</u> in our dealings	<p>The following information shall be easily accessible and made available through the various channels of communication such as branches / brochures / call centers / social media / website:</p> <ol style="list-style-type: none">1. Product related details, i.e. product features, product disclosure sheets, terms and conditions, key facts and exclusions will be shared at the point of sale.2. Fees, charges (other than premiums), and interest (if any) as well as obligations in the use of a product or service (e.g. when premium needs to be paid and explaining payment before cover warranty).3. Anti-fraud statement and key points to remember, i.e. confidentiality of customer information, free look period of not less than 15 calendar days to reject or accept applications.4. All the above information shall be explained and stated using simple words and in an easy to understand manner.
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<p>3.5</p>	<p>We will follow through and provide the requisite answers / updates to customers' <u>queries & complaints</u> promptly</p>	<p>1. Phone</p> <ul style="list-style-type: none"> • Where no follow up is required – Immediate such as first call resolution. • Where follow up is required – Within 3 working days from the date of the first call. <p>2. Written (Email, fax, written letter & social media)</p> <ul style="list-style-type: none"> • For Email/Social media:- <ul style="list-style-type: none"> ○ Provide acknowledgement response within 1 calendar day. ○ Acknowledgement to include expected timeline and any other relevant information. ○ Non-complex enquiry - respond within 3 working days from date of receipt. • For letter or fax <ul style="list-style-type: none"> ○ Enquiries will be replied within 3 working days from the date of receipt on non-complex enquiries. <p>3. Counter/Branches</p> <ul style="list-style-type: none"> • Where no follow up is required, insurers will endeavor to provide first touch point resolution immediately. • Where follow-up is required – within 5 working days from the date of the first visit. <p>Note: Where enquiry is complex, insurers will provide a reasonable timeframe and keep the customer updated accordingly.</p>
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3.6	We will ensure consistent and thorough complaints handling	<ol style="list-style-type: none">1. Customers shall be informed of the various options for submitting a complaint through available channels, depending on the insurers channel presence and whichever applicable, i.e. provide complaints unit contact details (telephone number and address), website, social media, etc.2. A verification process has to be performed on the policyholders / participants.3. Communicate clearly on the issue and gather adequate information for an informed resolution.4. Address the issue in an equitable, objective and timely manner by informing the complainants on insurers' decision no later than 14 calendar days from the date of the receipt of the complaints.5. If the case is complicated or requires further investigation, insurers shall inform the complainant accordingly and update progress every 14 calendar days. If not resolved, to update within another 14 calendar days. Thereafter, after every 30 calendar days.6. Keep the complainants updated if unable to address issues within the stipulated timeframe.7. Refer the complainants to the next level of escalation if the resolutions are not to the satisfaction of the complainants. Contact details of Bank Negara Malaysia LINK, BNMTELELINK and Ombudsman of Financial Services must be clearly provided. <p><i>Note: Complaints handling and timelines is governed by Bank Negara Malaysia (BNM)'s Guidelines on Complaints Handling and insurers shall operate accordingly.</i></p>
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