INSURANCE INDUSTRY'S CUSTOMER SERVICE CHARTER

Pillar 4	**FAIR, TIMELY & TRANSPARENT CLAIMS SETTLEMENT PROCESS**
Description	Deliver a seamless claims processing and settlement experience wherein customers are aware of: • Procedures, documentation and steps including various options (if any) for first notification of loss in an event of a claim. • Expected service standard for claims processing and specific time taken for each step within the claims processing stages. • Various redress mechanisms for unsatisfactory claims payment.
Expected Outcome	**PROVIDE PEACE OF MIND TO CUSTOMERS**
Service Level Target	1. 75% of the customers are satisfied with the claims decisions and processes. 2. Declining complaints **ratio** over the years from customers on claims settlement and processes. 3. 100% of **legitimate claims are paid accordingly.**

No.	Commitment	Service Level
4.1	**We will set clear timeline for claims settlement process** and strive to settle claims within these prescribed timeline and in a transparent manner.	**To set clear timeline for claims settlement process and strive to settle claims within these prescribed timelines and in a transparent manner by adopting the following procedures:-** **1. Customers will be informed of the estimated time taken for claims settlement process and expected service standard.** **This information shall be made available through various channels (i.e. branches/brochures/call centers/social media/website).** **2. Customers shall be informed on the acknowledgment of their claim within 7 working days from receipt of claims notification.** **4. All claims notifications through agents must reach the insurers within 3 working days, except for crime related claims which should be notified within 24 hours from time of loss.** **5. If documentation/information is incomplete, customers shall be informed**

		within 14 working days from acknowledgement of the claim by the Claims Department. **6. To state key claims procedures and assign timelines to it, i.e. appointment of adjuster, claims assessment, etc.** **7. Customers will be updated on the progress / decision every 14 working days.** **8. In the event of a catastrophe / disaster, e.g. large number of claims may be received, as such meeting timelines stipulated may not be possible, the insurers will strive to update every 20 working days on the progress.**
4.2	We will inform customer of the **next level of escalation if the claims settlement / rejection** is not to his/her satisfaction	**To keep the customer informed of the next level of escalation if the claims settlement /repudiation is not to his/her satisfaction.** **1. Customers shall be provided with available channels to appeal on a decision / raise disputes (i.e. branch / brochures / call center / website).** **2. Any letter of rejection/repudiation of any element of a claim and dispute on quantum which is within the purview of the Financial Ombudsman Scheme must contain the following statement prominently:-** ***"Any person who is not satisfied with the decision of the Insurer, should refer to the procedure for appeal as stated in the leaflet issued by the Financial Ombudsman Scheme, entitled: ……"*** **(Note: for the policy owners who made a claim/report involving claims settlement/rejection which is not to his/her satisfaction).**