

Complaint management policy

1. Introduction

Customer satisfaction is one of the foundations of our firm. Its pursuit is therefore an integral part of the company philosophy, but is also based on a legislative framework. Therefore, induver Gent NV establishes internal policy measures and applies procedures in order to ensure that a **complaint** submitted about an insurance contract or about an insurance service that has been provided to the **complainant** is investigated in an expert and fair way and that the complainant in any case receives a well-founded answer.

2. Definition

A **complaint**: an expression of dissatisfaction to an insurance intermediary by any person in relation to **insurance distribution** activities carried out by the intermediary. A distinction should be made between the treatment of complaints and the treatment of claims and simple requests for execution of the insurance contract, requests for information and requests for clarification.

Complainant: a person who is believed to have a claim against an insurance intermediary and who has already made a claim, for example a policyholder, insured person, beneficiary and an injured third party.

Insurance distribution: the activities of advising on, proposing or carrying out work preparatory to the conclusion of contracts of insurance, or of assisting in the administration and performance of contracts of insurance, in particular in the event of a claim. This includes the provision of information on one or more insurance contracts based on criteria chosen by a customer through a website or other media, and the drawing up of a ranking list of insurance products, including a price and product comparison, or of a discount on the premium for an insurance contract, when the customer can directly or indirectly conclude an insurance contract through a website or other media.

3. Procedure

1.

The person in charge at the office level of handling complaints, hereinafter the complaint handler, shall take note of the complaint as soon as possible.

2.

In the event of a complaint, the associated persons will immediately hand over the file to the complaints officer.

3a.

If it concerns a complaint that falls within the scope defined in point 2, the complaints handler sends a written confirmation of receipt to the complainant within five working days of receiving the complaint. This includes the date of receipt of the complaint as well as the procedure that will be followed in dealing with the complaint.

3b.

If the complaint does not fit within the scope defined under point 2, the complaints handler sends a confirmation of receipt to the complainant within 5 working days after the receipt of the complaint. This includes the date of receipt of the complaint and the motivation why the complaint cannot be dealt with further by the complaints handler. If possible, he or she refers the complainant to the competent person or service that can respond adequately, for example, the complaints department of the insurer concerned.

4.

The complaints handler ensures that there is no conflict of interest. If there is, the director operations shall be called upon to take over the procedure.

5.

The complaints handler will try to gather and examine all relevant evidence and information relating to the complaint. If necessary, the complaints handler will seek additional information from the complainant or any other person involved in the complaint. The investigation will be conducted in a competent, objective and fair manner.

6.

Within a period of one month after the date of receipt of the complaint, the complaints handler will send a reasoned answer to the complainant. This will be done in simple and clear language. If the complaints handler reasonably expects that the assessment of the complaint, for example given its complexity, will take longer than one month, he will inform the complainant before the expiry of the one-month term and give an indication of the period within which a definitive answer can be expected. This communication shall also clearly state the reason for the delay.

7.

Any final decision which does not fully address the complainant's claim should be accompanied by a well-founded explanation of the insurance intermediary's position on the complaint and make clear to the complainant the possibility of upholding the complaint by pointing out, for example, the availability of the Ombudsman. The choice is made to communicate these details in any case. The contact details are: Insurance Ombudsman, Square de Meeûs 35, 1000 Brussels, tel. 02 547 58 71, fax 02 547 59 75, info@ombudsman-insurance.be, www.ombudsman-insurance.be.

4. Register

Each complaint is recorded in a register of complaints. This register includes the following data: the date of receipt of the complaint, the complainant's details, a description of the subject of the complaint, the date of the written acknowledgement of receipt to the complainant, the actions taken, the date of the final reply to the complainant and any comments.

5. Transparency

In addition to the communication about the procedure to be followed when a concrete complaint arises, as described above, it is also important that the complaint handling procedure is available to anyone who works with the office, has done so or intends to do so. It is therefore published on the office's website.

6. Internal flow and follow-up

This policy on complaints management was drawn up in consultation with the management of the insurance intermediary, represented by its managing director, Seppe Sijmons. He signs for approval.

The described complaints policy is further made available to all relevant staff members via the Sharepoint site of the office and explained via the periodic consultation moments.

It is further crucial that the insurance intermediary regularly analyses the data on complaints handling to ensure that it identifies and addresses recurring problems as well as potential legal and operational risks. This can be done, for example, by analysing the causes of individual complaints in order to find root causes for certain types of complaints, by considering whether such root causes might also affect other processes or products, including those not directly affected by complaints. The aim is also to eliminate such root causes, where reasonably possible. If necessary, the procedure described in point 3 will also be adjusted.

7. Identity of the complaints handler

Complaints are handled, as explained above, by Danny Puype, office manager. Complaints can be addressed directly to him, accompanied by all useful information. He can be reached via induver Gent NV, Meersstraat 162, 9070 Heusden, tel. 09 265 90 93, danny.puype@induver.be.

8. Approval by the management

Seppe Sijmons, managing director, on 03/02/2023.