

INSURANCE/TAKAFUL INDUSTRY’S CUSTOMER SERVICE CHARTER

Pillar 4		FAIR, TIMELY & TRANSPARENT CLAIMS SETTLEMENT PROCESS
Description		<p>Deliver a seamless claims processing and settlement experience wherein customers are aware of:</p> <ul style="list-style-type: none"> • 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		<ol style="list-style-type: none"> 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.	<p>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:-</p> <ol style="list-style-type: none"> 1. Customers will be informed of the estimated time taken for claims settlement process and expected service standard. <p>This information shall be made available through various channels (i.e. branches/brochures/call centers/social media/website).</p> <ol style="list-style-type: none"> 2. Customers shall be informed on the acknowledgment of their claim within 7 working days from receipt of claims notification. 3. All claims notifications through agents must reach the insurers / takaful operators within 3 working days, except for crime related claims which should be notified within 24 hours from time of loss.

<p>4.2</p>	<p>We will inform customer of the next level of escalation if the claims settlement / rejection is not to his/her satisfaction</p>	<p>4. If documentation/information is incomplete, customers shall be informed within 14 working days from acknowledgement of the claim by the Claims Department.</p> <p>5 To state key claims procedures and assign timelines to it, i.e. appointment of adjuster, claims assessment, etc.</p> <p>6. Customers will be updated on the progress / decision every 14 working days.</p> <p>7. 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 / takaful operators will strive to update every 20 working days on the progress.</p> <p><i>Note: Claims settlement and timeline for general insurance business is governed by Bank Negara Malaysia’s Guideline on Claims Settlement Practices and general insurers / takaful operators shall operate accordingly.</i></p> <p>To keep the customer informed of the next level of escalation if the claims settlement /repudiation is not to his/her satisfaction.</p> <p>1. Customers shall be provided with available channels to appeal on a decision / raise disputes (i.e. branch / brochures / call center / website).</p> <p>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:-</p> <p><i>“Any person who is not satisfied with the decision of the Insurer / Takaful Operator, should refer to the procedure for appeal as stated in the leaflet issued by the Financial Ombudsman Scheme, entitled:</i></p> <p>(Note: for the policy owners who made a claim/report).”</p>
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