



Our approach to Complaints Handling

Based on the Complaints Handling Policy, version 2.0,
approved by the Board of Directors on 18 February 2020



INTRODUCTION

The purpose of this Policy is to define the framework and process for complaints handling to be established by the Ageas¹ entities. It is an essential element to ensure a qualitative level of business conduct.

The policy serves as a set of minimal standards to ensure a fair outcome for customers and other stakeholders. The Ageas operational companies translate these principles into their business practices, taking into account the local legal or regulatory prescriptions.

Complaints handling deals with complaints formulated by external parties, namely customers, policyholders, shareholders, suppliers.

A process is in place to deal with internal complaints, described in the Incidents Management Policy, or whistleblowing mechanism, enabling Ageas staff members to report wrongful situations, without fear of retaliation, along specific modalities.

SCOPE OF THE POLICY

The policy applies to ageas SA/NV and its Subsidiaries, and on a best effort basis in the Affiliates.

In case of discrepancy or deviation from the principles set out in the policy, it must be notified to the Group Director Compliance.

The policy is applicable to all Ageas employees, agents and contractors working for or on behalf of Ageas.

DEFINITION

Complaint² means “a statement of dissatisfaction addressed to an (insurance) undertaking by a person relating to the (insurance) contract or service he/she has been provided with.”

1 “Ageas” designates the conglomerate of companies forming a group of which ageas SA/NV is the top holding. It encompasses the mother company, all its subsidiaries and affiliates. Subsidiary means an entity in which ageas SA/NV, directly or indirectly, has a majority shareholding and holds operational control, and Affiliate means any entity in which ageas SA/NV, directly or indirectly, has a minority shareholding and holds no operational control.

2 in: EIOPA-BoS-12/069: Guidelines on Complaints-Handling by Insurance Undertakings.

GENERAL PRINCIPLES

- I Customers can submit a complaint via any “direct channel” (mail, email, fax, phone...). Social media and press are not considered “direct channels”.
- II Lodging a complaint is always free of charge for the complainant, its authorized representative or its solicitor.
- III All complaints are managed in a prompt, equal, fair and efficient way, including redress where appropriate.
- IV The company or insurance undertaking informs the complainant in a clear way.
- V Complainant’s information and personal data are treated with due care and with respect for the relevant GDPR requirements.
- VI Complaints-handling is differentiated from:
 - 1. Claims-handling;
 - 2. Simple requests for execution of the contract, information or clarification;
 - 3. Requests for information and questions by relevant authorities;
 - 4. Incidents Management (or whistleblowing mechanism).

COMPLAINTS MANAGEMENT FUNCTION

A Complaints management function enables complaints to be investigated fairly and possible conflicts of interest to be prevented, identified and mitigated.

The Complaints management function is independent from the claims-handling function, the compliance function and the functions in charge of Incidents Management (whistleblowing cases).

The undertaking should ensure the necessary internal flows and reporting lines for complaints management.

Ageas postulates that the overall responsibility for complaint handling is allocated to a member of the management committee of the company.

PROVISION OF INFORMATION

1. The company or insurance undertaking publishes details of its complaints-handling process in an easily accessible manner (brochures, pamphlets, contractual documents, website...).
2. It provides clear, accurate and up-to-date information, including details on how to complain (e.g. type of information to be provided, contact details...) and on the process that will be followed (e.g. indicative handling timelines, the availability of a competent authority, an ombudsman...).

De minimis information includes address and e-mail address where to lodge a complaint as well as the full contact data of the national appeal body, if available.

PROCEDURES FOR RESPONDING TO COMPLAINTS

1. The company or insurance undertaking will always acknowledge receipt of a complaint and provide written information regarding the complaint handling process. Ageas postulates a maximum period of 3 working days (unless full answer is possible within a one week period).
2. Complaints are investigated in a fair way, seeking to gather all relevant evidence and information. Internal deadlines are foreseen and monitored.
3. Communication in regard with the complaint is done in plain language, avoiding technical language, abbreviations.
4. The response is provided without any necessary delay or at least within the time limits set at national level. Ageas postulates a period of maximum one month for providing a complete answer to the complainant (ideally two weeks).
5. When an answer cannot be provided within the expected time limits, the company or insurance undertaking should inform the complainant about the causes of the delay and indicate when the investigation is likely to be completed.
6. The company keeps the complainant informed about further handling of the complaint. Ageas postulates at least once a month.
7. When providing a final decision that does not fully satisfy the complainant's demand, the company or insurance undertaking will include a thorough explanation of its stand and set out the complainant's option to maintain the complaint, e.g., the appeal function, the availability of an ombudsman, an alternative dispute mechanism, national competent authorities, the right to take legal proceedings.

INTERNAL FOLLOW-UP AND REPORTING

Complaints and complaints-handling data are analyzed on an on-going basis to identify and address any recurring or systemic problems, and potential legal and operational risks.

Regular reporting is made to senior management of the Operational Company and centrally to the CEO. Ageas postulates at least once a year.

Regular information is given to all staff of the insurance undertaking on complaint flow, tendency, and the resulting action. Ageas postulates at least once a year.

If the complaints investigation reveals a systemic process or procedure error, internal audit should be informed; in case of (suspicion of) internal fraud or compliance breaches, the compliance officer, and any other regulatory required body, must be informed at once.

EXTERNAL REPORTING

Information on complaints and complaints handling are available for competent authorities, in the format and delays required by them.

TRAINING

Staff participating in complaints handling will be adequately trained. They recognize and identify complaint indicators, and deal with customers complaints, and are aware of processes for dealing with complaints.

The training sessions include at least complaint handling processes and procedures, how to recognize complaints, and communication skills.

POLICY GOVERNANCE – ROLES AND RESPONSIBILITIES

The Ageas Board is responsible for overseeing TCF compliance, which includes ensuring complaints are dealt with appropriately across the group.

It is the responsibility of the Board of each Ageas (Operational) Company in scope of this Policy to ensure that a sound “complaint handling” approach is in place. Each (Operational) Company will develop its own complaint handling processes. Its senior management is responsible for its implementation and for monitoring compliance with it.

All managers are responsible for ensuring compliance with this Policy within their area of accountability and are expected to demonstrate visible and active commitment to it. Employees are required to demonstrate Treating Customers Fairly behaviours in their day-to-day work.

Monitoring of adherence to the Policy will be undertaken by the respective Compliance function for each business, and aggregated at Group Compliance level.