# Complaints Handling Procedure

## *Tokio Marine Europe S.A.*

At Tokio Marine Europe S.A. ("**TME**"), we are committed to providing a high standard of service. We recognize that concerns may occasionally arise and are committed to handling complaints fairly, consistently, promptly and transparently. This Complaints Handling Procedure (the "**Procedure**") explains how to submit a complaint, how TME will deal with it, and the options available to you if you remain dissatisfied with our response.

### What is a Complaint?

For the purposes of this Procedure, a complaint is any expression of dissatisfaction, whether justified or not, relating to an insurance contract, insurance service, claims handling, distribution activity, or any other activity undertaken by TME, where a response or resolution is expressly or implicitly expected.

### How to make a complaint

Complaints may be submitted in writing by email or post.

To enable us to investigate your complaint efficiently, please provide, where available: your name, contact details, policy number or claim reference if available, details of the product or service concerned, a clear description of the issue giving rise to the complaint, copies of any relevant supporting documents or correspondence, and a description of the outcome or remedy you are seeking.

### Complaints Contact Details

Complaints may be sent at first instance to:

**Head of Compliance, Tokio Marine Europe S.A., 26 Avenue de la Liberté, L-1930 Luxembourg, Grand Duchy of Luxembourg.**
**Email: tmecomplaints@tmhcc.com**

Where your complaint relates to a specific TME branch, you may also submit your complaint using the local contact details provided in your policy documentation, pre-contractual information, claims correspondence, or on the relevant TME website.

### What happens after we receive your complaint?

Upon receipt of your complaint, TME will:

1) Record the complaint in its complaints management system;
2) Assign the complaint to an appropriately qualified individual who has the authority to investigate and respond;
3) Acknowledge receipt of the complaint within the timeframe required by applicable law and regulation;

4) Conduct a fair, thorough, diligent and impartial investigation of the matters raised;
5) Keep you informed of the progress of the investigation where required by applicable regulations; and
6) Provide you with a written final response setting out the conclusions of the investigation and, where appropriate, any remedial action or settlement proposal.

TME will endeavor to resolve complaints promptly and at the earliest possible stage.

## Local requirements

TME conducts insurance business through its headquarters in Luxembourg and through branches and distribution arrangements across multiple European jurisdictions.

Complaints handling requirements, including response times and escalation routes, may differ depending on the country concerned, the complainant's domicile, the branch that wrote the risk, and whether the business was written on a freedom of services or right of establishment basis.

Where mandatory local complaints handling rules apply, TME will comply with those requirements. In cases where the applicable complaints handling regime is not immediately clear, TME will determine the appropriate approach based on the relevant regulatory framework and operational arrangements for the policy concerned, while ensuring fair treatment of complainants and compliance with applicable laws and regulations.

## If you remain dissatisfied

If you are dissatisfied with TME's final response, or if TME does not provide a response within the applicable regulatory timeframe, you may be entitled to refer your complaint to an external dispute-resolution body. Depending on the circumstances and applicable jurisdiction, this may include:

- An insurance ombudsman;
- A competent insurance supervisory authority; or
- Another out-of-court dispute resolution body, as applicable.

Details of any relevant escalation body and the applicable referral process will be provided in TME's acknowledgment letter and final response where required by applicable law.

Nothing in this Procedure affects your right to seek independent legal advice or to commence legal proceedings, where permitted by law.

## Record keeping and data

TME maintains records of complaints and related correspondence in order to investigate and resolve complaints; meet legal, regulatory and governance requirements; monitor service quality and identify areas for improvement; and manage legal and operational risks.

Personal data contained in complaints will be processed in accordance with applicable data protection legislation, including Regulation (EU) 2016/679 (the General Data Protection Regulation or "GDPR"), and TME's applicable privacy notices.

Complaints records will be retained for such periods as required by applicable legal, regulatory and business record-retention requirements.

## Need help?

If you require assistance in submitting a complaint, or if you have any questions regarding this Procedure, please contact TME using the contact details above or the contact details provided in your policy documentation.

TME will make reasonable efforts to assist complainants throughout the complaints process and to ensure that complaints are handled in a clear, fair and accessible manner.

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Appendix 1 – Luxembourg Complaints Handling Requirements

Version: **Luxembourg**
Date: June 2026

## 1. Who can submit a Complaint?

The eligibility criteria for submitting a complaint may vary depending on the country in which the relevant TME branch operates and the applicable local laws and regulations.

In Luxembourg, complaints may be submitted by policyholders, insured persons, beneficiaries and injured third parties acting in a personal or consumer capacity, in accordance with applicable laws and regulations.

## 2. Complaint Handling Timeframes

Where Luxembourg law and regulation apply, TME aims to:

- Acknowledge receipt of a complaint within **ten (10) business days** of receipt;
- Provide an interim or holding response within **thirty (30) days** where a final response cannot yet be issued; and
- Issue a final written response within **ninety (90) days** of receipt of the complaint.

Please note that different timeframes may apply where required by the laws or regulations of another jurisdiction.

## 2. Independent Review and Dispute Resolution

If you are not satisfied with TME's final response, or if you have not received a response within the applicable timeframe, you may be entitled to refer your complaint to an independent dispute resolution body or competent authority, as permitted under applicable law.

In Luxembourg, this may include:

- The Association des Compagnies d'Assurances et de Réassurances (*ACA*); or
- The Commissariat aux Assurances (*CAA*).

For cross-border disputes within the European Economic Area, complainants may also seek assistance through the FIN-NET network in identifying the appropriate alternative dispute resolution body. Further information and the FIN-NET complaint form are available at: https://finance.ec.europa.eu/consumer-finance-and-payments/retail-financial-services/financial-dispute-resolution-network-fin-net_en

## 3. Escalating a Complaint

Before referring a complaint to the ACA/CAA, the complaint must generally have been submitted through TME's internal complaints process.

If you have not received a response from TME within **ninety (90) days**, or if you remain dissatisfied with TME's response, you may be entitled to refer your complaint to the appropriate external dispute resolution body in accordance with applicable Luxembourg requirements.
For more information, please find below the contact details:

| **Authority** | **Association of Insurers Luxembourg** | **Commissariat aux Assurances (CAA)** |
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| Website: | https://www.aca.lu/en/insurance-obudsman | www.caa.lu/fr/consommateurs/resolution-extrajudiciaire-des-litiges |
| Email: | mediateur@aca.lu | caa@caa.lu |
| Post: | ACA c/o Médiateur en Assurance<br>B.P. 448<br>L-2014 Luxembourg | 11, rue Robert Stumper<br>L-2557 Luxembourg<br>Luxembourg |
| Telephone: | +352 44 21 44 1 | +352 22 69 11 1 |
| Fax: | +352 44 02 89 | +352 22 69 10 |

**4. Admissibility Requirements**

Whether a complaint can be reviewed by an external dispute resolution body will depend on the applicable legal and regulatory requirements.

For instance, a complaint may not be eligible where: it has already been decided by a court or arbitration tribunal in Luxembourg or abroad; it is currently pending before a court or arbitration tribunal in Luxembourg or abroad; it has already been submitted to another alternative dispute resolution body in Luxembourg or abroad; or it does not fall within the jurisdiction of the relevant dispute resolution body, or the issues raised before the external dispute resolution body differ materially from those previously raised with TME.

**5. Languages**

In Luxembourg, complaints and requests may generally be submitted in Luxembourgish, German, French or English.

**6. External review process**

Where a complaint is referred to the Insurance Ombudsman, the CAA or another competent dispute resolution body, the complaint will be handled in accordance with the procedures and timeframes established by that organisation.

Where required, TME will cooperate fully and provide relevant information to support the review of the complaint, subject to applicable legal and regulatory requirements.

**7. Cooperation with Local Regulators and Ombudsmen**

TME operates through branches in several European jurisdictions and is committed to cooperating with the relevant supervisory authorities, insurance ombudsmen and alternative dispute resolution bodies in accordance with applicable laws and regulations.

As complaint-handling and escalation procedures may vary between jurisdictions, complainants may be subject to different local requirements depending on the country concerned.

## 8. Record Retention

We maintain complaint records to help ensure complaints are handled fairly, consistently and in compliance with applicable legal and regulatory requirements.

Complaint records are generally retained for **three (3) years**, unless a longer retention period is required by law or regulation. Records may include:

- The complaint submitted;
- Communications related to the complaint;
- Internal review and investigation materials;
- Information and evidence considered during the assessment; and
- The final decision and outcome.

All records are stored securely and in a way that enables timely access for review, audit or regulatory purposes when required.

Retention periods and record-keeping requirements may vary in certain countries or jurisdictions. Additional local requirements may apply where required by applicable law or regulation.

Appendix 2

| Location | Period for acknowledging complaints | Holding response or Final response (where applicable) | Maximum period for providing a final response | Local Insurance Ombudsman | Condition to escalate to the Insurance Ombudsman | Maximum period for escalating to the Insurance Ombudsman (or limitation period) | Period during which a record of complaints shall remain on file |
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| **Belgium** | Within three (3) business days upon receipt. | Within thirty (30) days from the date of receipt. | Within ninety (90) days from the date of receipt.<br><br>However, if the investigation is complex, the insurer may need a further four (4) weeks. | Ombudsman des Assurances | If a complainant has not received an answer within the target timeframe, or is dissatisfied with such answer, he/she may escalate. | Within three (3) years from the occurrence of the event giving rise to right to the complaint, and in no event without exceeding five (5) years from the date on which complainant became aware of that event, except in the case of fraud. | At least five (5) years. |
| **Denmark** | Local regulations do not state a specific period. | Local regulations do not state a specific period. | Local regulations do not state a specific period. | Danish Insurance Complaints Board | If a complainant has not received an answer within three (3) weeks from the date on which the complaint was made, is dissatisfied with the answer, or if the complaint has been refused, he/she may escalate. | Within three (3) years of the date when the insured event occurred. However, the complainant has one (1) additional year to file a complaint from the time the insurance company refuses a claim. | Local regulations do not state a specific period. |
| **France** | Within ten | N/A | Within two (2) | La Médiation | If a complainant | Within one (1) year from the | Local regulations |

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| | (10) business days from the date it was sent by the complainant. | Local regulations do not state a specific period. | months from the date on which the complaint was sent by the complainant. | de l'Assurance | has not received an answer within (2) months from the date of the initial written complaint sent or is dissatisfied with such answer on the date of receipt of the answer, he/she may escalate. | date of the written complaint. | do not state a specific period, but state that it must be decided in a manner consistent and proportionate with legal requirements. |
| **Germany** | Within five (5) business days upon receipt. | Within four (4) weeks from the date of receipt. | Within eight (8) weeks from the date of receipt. | Bundesanstalt für Finanzdienstleistungsaufsicht (BaFin) Or Versicherungsombudsmann e. V. | If the complainant is dissatisfied with the received answer, he/she may escalate. | Local regulations do not state a specific period. | Local regulations do not state a specific period. |
| **Ireland** | Within five (5) working days upon receipt. | The complainant must be provided with regular updates on the investigation of the complaint, at intervals of no less than twenty (20) business days from the date of receipt. | Within forty (40) business days from the date of receipt. | Financial Services and Pensions Ombudsman | If a complainant has not received an answer within the target timeframe or where the complainant has been advised of the outcome of their complaint, he/she may escalate. | Local regulations do not state a specific period. | At least six (6) years. |
| **Italy** | Officially, no acknowledgment is | Local regulations do not state a specific period. | Within forty-five (45) calendar days | Italian Institute for the | If a complainant has not received an answer within the | The relevant legislation specifies that appeals must submitted to the Insurance | At least three (3) years. |

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| | required by law. | | from the date of receipt. | supervision of Private and Collective Interest insurance (IVASS) and Insurance Arbitrator (AAS) | target timeframe, or is dissatisfied with such answer, he/she may escalate. | Arbitrator within one (1) year after the complaint was submitted to the insurance company or 2) within three year (3) from the facts on which the appeal is based occurred. | |
| **Netherlands** | Within five (5) business days upon receipt. | Within four (4) weeks from the date of receipt. | Within eight (8) weeks from the date of receipt. | Klachteninstituut Financiële Dienstverlening (Kifid) | Within six (6) weeks after receiving the acknowledgement of receipt, or eight (8) weeks after lodging the complaint, he/she may escalate. | Within three (3) months from the response, within one (1) year after the complaint was lodged or within a reasonable term after the complainant has been informed on its right to file a complaint. | At least one (1) year. |
| **Spain** | When the complaint is received. | Local regulations do not state a specific period. | Within one (1) month. | Complaints Service of the DGSFP | If a complainant has not received an answer within the target timeframe or is dissatisfied with such answer, he/she may escalate. | For non-life insurance products, within two (2) years since the moment that the complainant gained knowledge of the facts causing the complaint. | At least six (6) years. |
| **Portugal** | 5 business days | | 20 business days of receiving the complaint (or | Client Ombudsman (appointed by the company) | The ASF only considers complaints that are not pending in other instances and | Local regulations do not state a specific period. | Local regulations do not state a specific period. |

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| | | | 30 business days in particularly complex cases). | Or Insurance and Pension Funds Supervisory Authority (ASF) | to which the Insurer has not responded within a maximum period of 20 business days from the date of receipt or when, having received a response, the complainant disagrees with its content. | | |