

Tokio Marine Europe S.A.

External Complaints Handling Procedure

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1. Document Control

1.1 Revision History

Version	Description / Reason for Change	Name	Date
1.0	Initial Document	Sonia Zegaï	Jun 2019
2.0	Adaptation for Branches	Cathy Magnard	Jul 2021
2.1	Updating Policy following KPMG review/ Adaptation for Branches	Cathy Magnard/Hugh Davenport/Christophe Molinier Reynaud	April 2023

1.2 Review List

Version	Name	Date
1.0	Karen Cordier Head of Prudential Regulation & Governance	Jul 2019
1.0	David Feldman Head of International Compliance	Sep 2019
2.0	Sonia Zegaï Head of Legal & Compliance	Jul 2021
2.1	Hugh Davenport Interim Head of Legal & Compliance	April 2023

1.3 Approval

Version	Role	Date
1.0	TME Board	Nov 2019
2.0	TME Board	Sept 2021
2.1	TME Board	May 2023

2. Introduction

2.1 Purpose

Tokio Marine Europe S.A. ('TME') is dedicated to providing policyholders and claimants with a high-quality service and therefore aims to ensure that complaints are handled fairly, effectively and promptly and resolved at the earliest opportunity, minimising the number of unresolved complaints which may need to be escalated.

In support of this commitment we have effective and transparent procedures for the handling of complaints. We are also committed to ensuring that complaints are properly investigated and resolved appropriately.

This Procedure therefore outlines the process for the handling of complaints to ensure they are identified and handled in accordance with the Commissariat Aux Assurances ('CAA') and local Regulator's rules in order to meet our regulatory obligations.

2.2 Complaints Contact

The overall responsibility for complaints handling for TME sits with the TME Head of Compliance and Legal, who is responsible for ensuring that complaints are dealt with in accordance with the procedures and that all decisions taken lead to appropriate customer outcomes. As a result, the TME Head of Compliance and Legal is responsible for the proof of the existence and accuracy of the information provided.

Should you have a query regarding your complaint please refer to the contact details provided within the acknowledgement letter that accompanied this procedure.

3. Definitions

3.1 What is a complaint?

A complaint is defined as any expression of dissatisfaction whether justified or not and can be made in writing (e.g. by letter or email) or orally (e.g. over the phone or in a meeting). The full definition adopted by TME is as follows:

"A complaint is any written or oral expression of dissatisfaction relating to a dysfunction of the insurance undertaking.

The alleged dysfunction of the insurance undertaking concerns either its general organisation or the insurance contract or the insurance service that the undertaking has provided or failed to provide.

The complaint is to be differentiated from the simple request for execution of the contract or the request to provide the service, as well as from simple requests for information or clarification.

A grievance received by the insurance undertaking concerning activities other than those regulated by the competent authorities or activities of another entity for which the insurance undertaking has no legal or regulatory responsibility is not considered as a complaint covered by the guidelines."

Broadly, a complaint may be in respect of delay, misleading advice, failure to act on instructions, service standards (both internally and in respect of agents acting on our behalf) first party payment disputes, breach of contract or any other matter where a complaint has been made.

3.2 What is a complainant?

A “complainant” is defined by the European Insurance and Occupational Pensions Authority (‘EIOPA’) as:

“A person who is presumed to be eligible to have a complaint considered by an insurance undertaking and has already lodged a complaint e.g. a policyholder, insured person, beneficiary and in some jurisdictions, injured third party.”

A “complainant” is defined by the CAA as:

“Any natural person who acts for purposes which are outside his/her commercial, industrial, artisanal or professional activity and has filed a complaint with the professional.”

3.3 What is redress?

If a complaint from an eligible complainant has been received it will be investigated and where appropriate redress may be offered to resolve the matter. The TMHCC’s definition of ‘Redress’ is:

“redress should be interpreted to include an amount paid, or cost borne, by the firm, where a cash value can be readily identified, and should include:

- a) amounts paid for distress and inconvenience;*
- b) a free transfer out to another provider where the transfer would normally be paid for;*
- c) goodwill payments and goodwill gestures;*
- d) interest on delayed settlements;*
- e) waiver of an excess on an insurance policy; and*
- f) payments to put the consumer back into the position the consumer should have been in had the act or omission not occurred.”*

4. Timeline Summary applicable to Luxembourg Complaints

The below are the timeframes that our company aims to follow in handling complaints. The overriding target is resolution **within 90 days from the receipt of the complaint**, interim deadlines being:

- Acknowledgement to the complainant within 10 business days from the date of receipt of the complaint;
- Holding / final response to be provided to the complainant within 30 days from the date of the receipt of the complaint;
- Final or, if unavoidable, further holding response to be provided to the complainant within 90 days from the date of receipt of the prior complaint; and
- Referral to the Commissariat Aux Assurances (CAA) to be made by the complainant within 1 year of final response.

For other jurisdictions, please refer to the specific sections hereinafter.

5. Procedure for Luxembourg Complaints

The following complaints procedure will be followed for all formal complaints raised by complainants:

5.1 Receipt of a Complaint

A complaint can be made to any member of staff and by whatever medium, concerning the services delivered by our company.

Verbal Complaint

If the complaint is given verbally the complainant is invited to submit details of the grievance in writing to the TME Head of Compliance and Legal. Staff will not comment on the matters raised by the complainant or in any way proffer an opinion.

Written Complaint

A complaint can also be received in writing, which upon receipt by the company will be immediately forwarded to the TME Head of Compliance and Legal for attention. There is a designated complaints mailbox (TMEComplaints@tmhcc.com) that has been established and referenced on the TMHCC International website should a complainant wish to make a complaint via this medium. This mailbox is monitored on a daily basis.

5.2 Acknowledgement of a Complaint

All complaints received are to be acknowledged in writing **within 10 business days** upon receipt of the complaint, giving the name and job title of the individual handling the complaint, unless the answer itself is provided to the complainant within that period.

This Procedure will be attached to the acknowledgement letter in order to manage the complainant's expectations in respect of response timeframes.

The initial acknowledgement of any complaint received will explain that the complaint will be investigated and handled promptly and that the complainant can expect a further response from the company in line with the timeframes referenced herein.

Reference will also be made in the acknowledgement letter to the complainant's referral rights to the CAA. Please be advised that the complainant must refer the matter to the CAA within 1 year of the date of the final response letter. If the complainant do not refer his/her complaint in time, the CAA will not consider the complaint. The possibility to refer the matter to the Insurance Ombudsman is specified as well in the acknowledgement letter.

5.3 Investigation and Escalation

The TME Head of Compliance and Legal will impartially and diligently investigate the complaint based on all of the information provided by all involved parties and similar complaints resolved previously for the particular line of business. Any investigation undertaken will always be performed by an individual who is independent from the subject of the complaint.

The company will **within 30 days** of receiving a complaint send the complainant:

1. A final response that either offers redress or remedial action or rejects the complaint. The final response letter will include reference to the complainant right to refer the matter to the CAA or the Insurance Ombudsman and will include a standard explanation of the procedure before the CAA; or

2. A holding response which explains why the company is not in a position to resolve the complaint and when the company is likely to provide the complainant with the outcome of the investigation.

The company will **within 90 days** of receiving the complaint send the complainant

1. A final response letter that either offers redress or remedial action or rejects the complaint. The final response letter will include reference to the complainant right to refer the matter to the CAA or the Insurance Ombudsman and will include a standard explanation of the procedure before the CAA; or
2. A further holding response which:
 - explains that the company is still not in a position to make a final response, giving reasons for the further delay and indicating when the final response will be issued; and
 - inform the complainant that he/she may refer the complaint to the CAA or the Insurance Ombudsman if he/she is dissatisfied with the delay and enclose a copy of a standard explanation of the procedure before the CAA.

For other jurisdictions, please refer to the specific sections hereinafter.

Appendix A: TME Branch Specificities

The above mentioned procedures will apply as long as no specific local procedures would prevail.

A. Belgium

Local Regulation/Scope

The activities of the handling complaints addressed to **Tokio Marine Europe SA, Belgium Branch** are regulated, in accordance with the provisions required by Belgium Law of 4 April 2014 on the Insurance sector.

What is a Complaint

Complaints are relating to the functioning of the financial services provided to users by TME Belgium Branch that are presented for reasons of delay, inattention or any other type of action observed in its operation. It can be submitted by the Policyholder, the Insured and/or the harmed Third Party.

How to Report a Complaint

The first point of contact should be either the Insured's Insurance Adviser who arranged this policy at their address or the Insurer at:

Tokio Marine Europe S.A.
26, Avenue de la Liberté
L-1930, Luxembourg
Grand Duchy of Luxembourg
E-Mail: TMEComplaints@tmhcc.com

The Insurer will aim to answer the complaint as quickly as possible and to resolve the issue by close of business the third day following receipt of the complaint.

If this cannot be done the Insurer will follow the procedure laid out below.

The Insurer will acknowledge the complaint within 5 (five) working days and hopes to include in this letter a resolution to the complaint.

Following an investigation, the Insurer will aim to return to the Insured within 4 (four) weeks of their initial complaint with the resolution. If this is not possible the Insurer will write to the Insured within 4 (four) weeks and explain why the issue has not yet been resolved and give a likely timescale of when its investigation will be concluded.

If the complaint requires a particularly complex investigation the Insurer may need a further 4 (four) weeks to conclude the investigation. If the Insurer has not completed the investigation within 8 (eight) weeks the Insurer will write to the Insured again with an explanation.

Where the Insured is dissatisfied with the Insurer's response to resolve the complaint then the Insured may be eligible to refer the complaint to:

Ombudsman des Assurances
Square de Meeûs 35
1000 Bruxelles
Belgium



TOKIOMARINE
HCC

Tel. no.: +32 2 547 58 71

Fax: +32 2 547 59 75

e-mail: info@ombudsman.as

site internet: <http://www.ombudsman.as/fr>

The Insured should contact the Ombudsman des Assurances directly for advice if unsure whether it will consider any complaint.

Using these services does not affect the Insured's right to take legal action save that an Insured may not continue with its complaint against the Insurer if an award of the Ombudsman des Assurances is accepted.

B. Denmark

Local Regulation/Scope

Private policyholders have a right to complain to the **Danish Insurance Complaints Board**. In the case of marketing or advertising concerns, a complaint can be made to the **Danish Consumer Ombudsman**.

Consumer insurance contracts (as defined under Clause 57(1) Danish Financial Business Act 2017), do not include commercial entities obtaining insurance with recourse to the Insurance Complaints Board. Consequently, Surety bondholders are out of scope.

What is a Complaint

An application from a private customer who, after having discussed the problem with the insurer still does not agree with the insurer's procedures or its outcome and therefore seeks the dispute to be settled by the insurer's complaints board.

There is no definition of "complainant", however, a complaint must be received from a private customer.

How to Report a Complaint

The first point of contact should be either the Insured's Insurance Adviser who arranged this policy at their address, or the Insurer at:

Tokio Marine Europe S.A.
26, Avenue de la Liberté
L-1930, Luxembourg
Grand Duchy of Luxembourg
E-Mail: TMEComplaints@tmhcc.com

Eternal reporting can be made to:

- **Danish Consumer Ombudsman – the scope is marketing, advertising, pricing and promotions.**
- The Consumer Ombudsman may initiate proceedings regarding (for example) insurance marketing practice.
- It must be submitted in writing – How to complain: forbrugerombudsmanden@kfst.dk
- **Ministry of Economic and Business Affairs – Insurance Complaints Board:**
- Private policyholders may file a complaint with the Insurance Complaints Board.
- The complaints board will only consider complaints concerning insurances taken out by private individuals (consumer insurance contracts).
- Both the policyholder and the insurer are bound by the decisions made by the Insurance Complaints Board. However, the board's decision may be brought before the courts.
- In case of any disagreement between the insurer and a consumer regarding an insurance policy, the matter can be brought before the Insurance Complaints Board.
- Complaints may concern any legal issues arising from the relation between the customer and the insurance company. However, the dispute must concern an issue relating to the law of property and obligations, which means that it has to be of a financial nature.
- Complaints regarding ethical issues solely are outside the scope of competence.
- It must be submitted in writing - How to complain: <https://ankeforsikring.dk/Sider/english.aspx>

C. France

Local Regulation/Scope

Article L. 112-2 paragraph 2 of the Insurance Code stipulates in particular that the documents given to the policyholder or insured before the conclusion of the contract specify the procedures for examining any complaints he/she may make about the contract and for recourse to a mediation process under the conditions set out in Title I of Book VI of the Consumer Code, without prejudice to his/her right to take legal action.

In addition, the French insurance supervisory authority (ACPR) is empowered by the Monetary and Financial Code to monitor and make binding recommendations on commercial practices in the insurance sector, including foreign branches established under Freedom of establishment regime such as the Tokio Marine Europe branch in France (article L612-2 III).

In this context, the handling of complaints brought by policyholders, insureds, former insureds, beneficial parties, third parties in France is governed by ACPR recommendation 2022-r-01 of 9 May 2022.

What is a Complaint

A complaint is defined as the expression of dissatisfaction with a professional, regardless of the person or department to which it is made. It may come from any person, including in the absence of a contractual relationship with the professional: customers (private individuals or professionals), former customers, beneficiaries, persons who have requested the supply of a product or service from the professional or who have been requested by a professional, including their agents and their beneficiaries. However, dissatisfaction resulting from an omission to send documents or simple information will not require the application of the processing procedure with acknowledgement of receipt and may be resolved immediately by obtaining the documents/information requested.

How to Report a Complaint

The complainant should first consult the general conditions of his or her contract or the information notice issued by the insurance broker. Depending on what is specified there, he/she may address his/her claim directly to the broker or to the insurer if the broker is not mentioned. An acknowledgement of receipt will be issued within 10 working days following the date of sending of the complaint. The maximum processing time is set at two months. For complaints made orally or by instant messaging which do not allow the complainant to have a dated copy of his complaint, the complainant is invited to formalise his dissatisfaction by means of a durable written medium if he cannot be given immediate full satisfaction.

Any reply shall be accompanied by the references of the Ombudsman for Insurance (provided that the contract has not been taken out to cover professional risks), mentioned below, and it shall be indicated whether the Ombudsman can be contacted without delay or, if this is not the case and the Ombudsman acts as a consumer ombudsman, that the latter may in any event be contacted two months after the first written complaint has been sent to the professional, regardless of the person or department to which it was sent

It should be noted that when the complainant applies directly to the broker and is refused, he or she always has the possibility (not the commitment) of submitting his or her complaint at a second level to TME, which makes its decision completely independently of the managing broker. However, the new ACPR recommendation demands a strong cooperation between broker & company during the processing time of 2 months

The contact details of the Mediation are as follows
LA MEDIATION DE L'ASSURANCE
TSA 50110
75441 PARIS CEDEX 09

D. Germany

Local Regulation/Scope

In accordance with the VAG (Versicherungsaufsichtsgesetz) a proper business organisation particularly requires appropriate risk management. This includes a well-functioning and transparent complaints-handling system including appropriate documentation.

Concerning this matter insurance undertakings comply to the minimum requirements for complaints-handling as per BaFin Circular 3/2013 (VA) - Minimum by insurance undertakings.

What is a Complaint

Complaint 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. This definition also includes complaints addressed to insurance undertakings with reference to an insurance intermediary. Complaints-handling should be differentiated from claims-handling as well as from simple requests for execution of the contract, information or clarification.

Such statements need not be headed with the word “complaint” to be considered a complaint.

Complainant means a person who is presumed to be eligible to have a complaint considered by an insurance undertaking and has already lodged a complaint e.g. a (potential) policyholder, insured person, beneficiary or injured third party.

How to Report a Complaint

The first point of contact should be either the Insured’s Insurance Adviser who arranged this policy at their address or the Insurer at:

Tokio Marine Europe S.A.
26, Avenue de la Liberté
L-1930, Luxembourg
Grand Duchy of Luxembourg
E-Mail: TMEComplaints@tmhcc.com

The Insurer will aim to answer the complaint as quickly as possible and to resolve the issue by close of business the third day following receipt of the complaint.

If this cannot be done the Insurer will follow the procedure laid out below:

- The Insurer will acknowledge the complaint within 5 (five) working days and hopes to include in this letter a resolution to the complaint.
- Following an investigation, the Insurer will aim to return to the Insured within 4 (four) weeks of their initial complaint with the resolution. If this is not possible the Insurer will write to the Insured within 4 (four) weeks and explain why the issue has not yet been resolved and give a likely timescale of when its investigation will be concluded.
- If the complaint requires a particularly complex investigation the Insurer may need a further 4 (four) weeks to conclude the investigation. If the Insurer has not completed the investigation within 8 (eight) weeks the Insurer will write to the Insured again with an explanation.

Where the Insured is dissatisfied with the Insurer’s response to resolve the complaint then the Insured may be eligible to refer the complaint to:

Federal Financial Supervisory Authority

Postal Address:

**Bundesanstalt für
Finanzdienstleistungsaufsicht (BaFin)**
Graurheindorfer Straße 108
53117 Bonn

Other contact details:

Tel.: 0800 2100500 (domestic) and +49 (0) 228
299 70 299 (abroad)
Fax: + 49 (0)228 4108-1550
E-Mail: poststelle@bafin.de
Website: www.bafin.de

The Insurance Ombudsman Association

Postal Address:

Versicherungsombudsman e. V.
Postfach 080632
10006 Berlin
Germany

Other contact details:

Tel.: 0800 3696000 (domestic) and +49 30
206058 99 (abroad)
E-Mail:
beschwerde@versicherungsombudsmann.de
Website: www.versicherungsombudsmann.de/

The Insured should contact the BaFin or/and Versicherungsombudsman e. V. directly for advice if unsure whether it will consider any complaint.

Using these services does not affect the Insured's right to take legal action save that an Insured may not continue with its complaint against the Insurer if an award of the Ombudsman des Assurances is accepted.

E. Ireland

Local Regulation/Scope

Consumer Protection Code 2012 (CPC), and **Financial Services and Pensions Ombudsman Act 2017 (FSPOA)**, governed by the Central Bank of Ireland ('CBI').

In Scope: applies to all insurance undertakings and insurance intermediaries. For the benefit of all "**consumers**". Defined as

- a) person or group of persons, not an incorporated body with an annual turnover in excess of €3 million in the previous financial year (for the avoidance of doubt a group of persons includes partnerships and other unincorporated bodies such as clubs, charities and trusts, not consisting entirely of bodies corporate)
- b) incorporated bodies having an annual turnover of €3 million or less in the previous financial year (provided that such body shall not be a member of a group of companies having a combined turnover greater than the said €3 million)

Out of Scope: Resinsurance. Customers that do not fall into the definition of "consumers".

What is a Complaint

Chapter 2 CPC

Complaint refers to an expression of grievance or dissatisfaction by a consumer, either orally or in writing, in connection with:

- the provision or the offer of the provision of a product or service to a consumer by a regulated entity, or;
- the failure or refusal of a regulated entity to provide a product or service to a consumer.

Part 1 of the FSPOA

"Complaint" means a complaint made as to the conduct of a financial service provider.

How to Report a Complaint

The first point of contact should be either the Insured's Insurance Adviser who arranged this policy at their address, or the Insurer at:

Tokio Marine Europe S.A.
26, Avenue de la Liberté
L-1930, Luxembourg
Grand Duchy of Luxembourg
E-Mail: TMEComplaints@tmhcc.com

The terms and form of the complaint should be made in accordance with the law.

A. To TME – Chapter 10 of the CPC.

- Can be orally or in writing.
- When an oral complaint is received, we must offer the consumer the opportunity to have it handled in accordance with our complaints handling process.
- Must have in place a written complaints handling process.

- Complaints handling procedure, at a minimum must: -
 - Acknowledge the complaint in writing **within 5 business days** of receipt;
 - Provide to the complainant one or more individuals as a point of contact;
 - Provide to the complainant regular updates on the investigation of the complaint, at intervals of no less than 20 business days from the date the complain was made;
 - Attempt to investigation and resolve the complaint **within 40 business days** of receipt of the complaint. If the 40 days lapse with the matter unresolved, the complainant must be informed the time has lapsed and they have recourse to the Irish Ombudsman, and provide those details.
 - Within 5 business days of resolution, the complainant must be advised of the resolution, the outcome, any applicable terms of settlement, recourse to the Ombudsman and their details.
- If the complaint has been resolved to the complainant's satisfaction within 5 business days, no need to apply the complaints handling procedure, but must keep a record.
- Must maintain an up to date log of all complaints received, including:
 - Details of the complaint;
 - Date the complaint was received;
 - Summary of our response and dates;
 - Details of correspondence or records;
 - Action(s) taken to resolve complaint;
 - Date the complaint was resolved;
 - If relevant, current status of the complaint if referred to the Ombudsman.
- Must maintain a comprehensive record of each complaint received.
- Must undertake an appropriate analysis of the patterns of complaints from consumers on a regular basis including investigating whether complaints indicate an isolated issue or a more widespread issue for consumers, and escalate to Compliance / Risk and Senior Management.

B. To the Ombudsman – Article 44-47 of the FSPOA

- A complaint can be made in relation to:
 - The provision of financial services;
 - The failure to provide particular financial services requested.
- A complaint may not be made where:
 - Conduct giving rise to the complaint has already been the subject of legal proceedings before a court of tribunal;
 - Conduct giving rise to the complaint has already been subject to a decision of the Ombudsman.
- A complaint shall be in writing or such format as the Ombudsman considers appropriate in the circumstances.
- The Ombudsman may carry out an investigation and keep the parties informed as to its progress.

F. Italy

Local Regulation/Scope

The activities of complaints handling of Tokio Marine Europe SA, Rappresentanza Generale per l'Italia (hereinafter "TME Italian Branch") are regulated, in accordance with the Italian Institute for Private and Collective Interest (hereinafter "ISVAP"), Regulation n. 24 dated May 19th 2008.

In accordance with Art. 3 of ISVAP Regulation, this governs:

- a) the lodging and handling of complaints submitted to the Institute for the supervision of insurance (hereinafter IVASS) by natural and legal persons, consumer and user associations and, in general, by persons with collective interests, against insurance and reinsurance undertakings, insurance intermediaries and loss adjusters;
- b) the procedure for handling complaints by insurance undertakings, insurance intermediaries or intermediaries.

What is a Complaint

According to ISVAP, a complaint is a statement of dissatisfaction in writing against an insurance undertaking, an insurance intermediary or an intermediary concerning an insurance contract or service; requests for information or clarification, claims for damages or the performance of the contract are not considered complaints.

How to Report a Complaint

To submit a complaint to TME Italian Branch it should be addressed through Posta Elettronica Certificata – PEC (PEC is the certified electronic e-mail that allows individuals or Companies send e-mails with legal value equivalent to a registered letter with acknowledgement of receipt) to:

- The PEC address of Tokio Marine Europe S.A., Rappresentanza Generale per l'Italia: tokiomarineeurope@legalmail.it.

If the complainant considers that the reply provided by TME Italian Branch deem to be unsatisfactory, the complainant can submit a complaint to IVASS' PEC electronic mailbox: tutela.consumatore@pec.ivass.it.

- 1) If the complaint is submitted to TME Italian Branch:

When a complaint arrives to our PEC, we provide the complainant with an acknowledge of receipt within five (5) days from the date of receipt of the complaint.

We will analyse the case internally involving the necessary people and departments linked to the case. Once TME Italian Branch arrives to a conclusion, a letter with the reply and the arguments is prepared and sent throught PEC mailbox to the complainant. This letter will be sent within 45 days from the date on when the complaint was received.

- 2) If the complaint is submitted to IVASS:

As explained above if the complainant considers that the reply of TME Italian branch is deem to be unsatisfactory, a complaint can be submitted to IVASS. Any complainant can submit to IVASS the following:

- a) complaints for the verification of compliance with the provisions of the decree and the relevant implementing provisions, as well as with the provisions of Part III, Title III, Chapter I, Section IV bis of legislative decree n. 206 of 6 September 2005, relating to the distance marketing of consumer financial services, by insurance and reinsurance undertakings, insurance intermediaries and loss adjusters;
- b) complaints already submitted directly to insurance undertakings to insurance intermediaries or to intermediaries, which have not received a reply within the time limit set out in these Rules from the parties concerned or which have received a reply deemed to be unsatisfactory;
- c) complaints for the settlement of cross-border disputes.

Complaints relating to the management of the contractual relationship, in particular as regards the attribution of liability, the effectiveness of the service, the quantification and payment of the sums due to the person entitled, shall be addressed by the complainant directly to the undertaking, without prejudice to the possibility to apply to IVASS.

In the event of complaints on the above-mentioned matters submitted directly to IVASS, the Authority shall forward the complaint to the insurance undertaking within fortyfive (45) days from its receipt and at the same time inform the party concerned. The undertaking shall send the relevant reply directly to the complainant within fortyfive (45) days of receiving the complaint.

Complaints addressed in writing to IVASS shall contain:

- a) the name, surname and domicile of the complainant, with any telephone number;
- b) identification of the person or persons whose actions are complained of a complete
- c) description of the reason for the complaint;
- d) a copy of the complaint submitted to the insurance undertaking, insurance intermediary or intermediary and of any reply given by them, in the cases referred to in article 4 (1) b);
- e) any useful document to describe more fully the relevant circumstances.

Upon receipt of a complaint, IVASS shall start the preliminary investigation without delay. IVASS shall inform the complainant within fortyfive (45) days of receiving the complaint.

Insurance undertakings authorised in Italy shall handle complaints pertaining to them, including those concerning subjects involved in the operating cycle of the undertaking, by replying to the complainant within fortyfive (45) days of receiving them.

G. Netherlands

Local Regulation/Scope

The activities of the handling complaints addressed to **Tokio Marine Europe SA, Dutch Branch** are regulated, in accordance with the provisions required by Dutch Decree of 12 October 2006, containing rules relating to the supervision of the conduct of financial enterprises (Besluit Gedragstoezicht financiële ondernemingen Wft).

What is a Complaint

Complaints are relating to the functioning of the financial services provided to users by TME Dutch Branch that are presented for reasons of delay, inattention or any other type of action observed in its operation. It can be submitted by the Policyholder, the Insured and/or the harmed Third Party.

How to Report a Complaint

The first point of contact should be either the Insured's Insurance Adviser who arranged the policy at their address or the Insurer at:

Tokio Marine Europe S.A.
26, Avenue de la Liberté
L-1930, Luxembourg
Grand Duchy of Luxembourg
E-Mail: TMEComplaints@tmhcc.com

The Insurer will aim to answer the complaint as quickly as possible and to resolve the issue by close of business the third day following receipt of the complaint.

If this cannot be done the Insurer will follow the procedure laid out below.

The Insurer will acknowledge the complaint within 5 (five) working days and hopes to include in this letter a resolution to the complaint.

Following an investigation, the Insurer will aim to return to the Insured within 4 (four) weeks of their initial complaint with the resolution. If this is not possible the Insurer will write to the Insured within 4 (four) weeks and explain why the issue has not yet been resolved and give a likely timescale of when its investigation will be concluded.

If the complaint requires a particularly complex investigation the Insurer may need a further 4 (four) weeks to conclude the investigation. If the Insurer has not completed the investigation within 8 (eight) weeks the Insurer will write to the Insured again with an explanation.

Where the Insured is dissatisfied with the Insurer's response to resolve the complaint then the Insured may be eligible to refer the complaint to:

Klachteninstituut Financiële Dienstverlening (Kifid)
Postbus 93257
2509 AG, DEN HAAG
Website: www.kifid.nl

The Insured should contact Kifid directly for advice if unsure whether it will consider any complaint. Using these services does not affect the Insured's right to take legal action save that an Insured may not continue with its complaint against the Insurer if an award of the Kifid is accepted.

H. Norway

Local Regulation/Scope

Norwegian Financial Services Complaints Board – independent Ombudsman.

- Finansklagenemnda deals with complaints from insurance policyholders on insurance undertakings and their insurance agents for non-life insurance, change of ownership insurance and accident, health and other personal insurance. There is no explicit exclusion of Surety or Credit lines.
- The courts must not be handling the case and the case must not have been handled by the court
- Cases not suited for written case handling can be refused.
- According to the law there is a deadline for complaints of 6 months after the complainant was informed in writing of the refusal, but this deadline only starts if the insurance undertaking informs about it.

What is a Complaint

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. Complaints handling should be differentiated from claims handling as well as from simple requests for the execution of the contract, information or clarification

How to Report a Complaint

Financial Services Complaints Board /Finansklagenemnda
Postboks 53 Skøyen
0212 Oslo
Norway
Tel: 23 13 19 60

More information on how to Complain: <https://www.finkn.no/Vanlige-spoersmaal#100>

- Finansklagenemnda's decisions are advisory. It does not issue decisions binding for the parties.
- The insurance undertaking must be a member of Finansklagenemnda
- The insurance undertaking's/agent's internal handling of the case must be finished.

The case handling normally starts when the complaint and the reply are received. The outcome of the case handling in Finansklagenemnda shall be made known to the parties within **90 days** from this date. The deadline may be extended in particularly complex cases.

The secretariat shall inform the parties in writing that the case handling starts as soon as it has received the necessary and relevant documents from both sides.

I. Spain

Local Regulation/Scope

The activities of the Customer Service Department of **Tokio Marine Europe SA, Sucursal en España** (hereinafter “TME Spanish Branch”) are regulated, in accordance with the provisions required by Law 44/2002 of 22 November on Measures of Reform of the Financial System, and Order ECO/734/2004, dated 11 March, on Customer Departments and Services and the Customer Ombudsman of financial institutions.

This Regulation applies to all complaints presented, directly or by representation, by all natural or legal persons, whether Spanish or foreign, who are users of services provided by TME Spanish Branch, provided that such complaints refers to their legally recognised rights and interests, whether derived from contracts, regulations regarding transparency and customer protection or good financial practices and uses.

What is a Complaint

Complaints are relating to the functioning of the financial services provided to users by TME Spanish Branch that are presented for reasons of delay, inattention or any other type of action observed in its operation. It can be submitted by the Policyholder, the Insured and/or the harmed Third Party.

How to Report a Complaint

The complaint should be submitted in writing to:

- The Customer Service Department, by means of a letter addressed to: TME Sucursal en España, Torre Diagonal Mar, Josep Pla 2, Piso 10º, 08019 Barcelona, Spain.
- The following e-mail address: sac@tmhcc.com
- At TME Spanish Branch’s office.

The maximum term to submit a complaint shall be two years since the moment customer gains knowledge of the facts causing the complaint.

The complaint can be submitted personally or through an attested representative and shall be filed either in print or on electronic format, printed and the documentation kept on file.

The document supporting each complaint needs to comply with a specific content:

- Name, surname and address of the individual concerned or of his representative (if applicable), National Identity Card number in the case of individuals and registration data in the case of legal entities
- Reason for the complaint or claim, clearly specifying those items in respect of which a resolution is sought.
- Office, department or service where the events took place.
- Confirmation by the claimant that he/she has no knowledge that the complaint is being processed through an administrative, arbitration or judicial procedure.
- Place, date and signature.
- All documents held by the claimant supporting the complaint shall be enclosed.

Once a complaint is received by the Customer Service Department, this body will send a written confirmation specifying the date of submission to calculate the term for resolution, and then a dossier will be opened in this respect.

If the Customer Service Department finds in the complaint any repairable error, the complainant shall be informed so that within 10 calendar days the error may be corrected. The complainant shall likewise be informed that if the error is not corrected, the complaint will be filed and the process finalised.

The complaint shall only be rejected in those cases in which the issue is not of the Client Service Department's competence and/or in those cases in which the two-year term for the submission of complaint has expired.

In those cases where the complaint is not accepted, the complainant shall be informed of the reasons for the rejection, after which he/she will have 10 calendar days to file allegations. Once the complainant has filed allegations, if the causes for rejection of the complaint continue to exist, he/she shall be informed of the final decision.

The Customer Service Department shall resolve on a complaint within **two (2) months** from its submission when the claimant is not a consumer or **one (1) month** when claimant is a consumer. from its submission.

Any decision taken by the Customer Service Department shall be notified to the complainant within 10 calendar days as of its date, in writing or by electronic means, as expressly designated by the complainant, as long as proof of delivery and reception can be kept. If the complainant has not designated any specific means of communication, it will be notified in the same way as the complaint was submitted.

For more details, please refer to the *Regulations for the Defence of Tokio Marine Europs SA, Sucursal en España's Customers*, available on the Website.