**ANNEX**

*(Paragraph 12.5.9 of Chapter 12)*

**COMPLAINTS REPORTED BY INSURANCE UNDERTAKINGS**

*Notes prior to completing the data below:*

Where breakdown of aggregated data can be provided the sub-totals should sum up to the aggregated totals.

In cases where you hold no data, please input in “N/A” in the relevant row. If you do collect data on a particular data item but the actual total is “0” for a particular reporting period, please input in “0” in the relevant row.

Data on any product types that are not mentioned in the tables should be included in the “other” box.

Please refer to the definitions worksheet for a short description of the insurance product types covered.

|  |
| --- |
| **Definitions** |
|   |   |
| **Complaint** | A statement of dissatisfaction addressed to an authorised insurance undertaking by a person relating to the contract of insurance or service with which such person has been provided with. Complaints-handling should be differentiated from claims-handling as well as from simple requests for execution of the contract, information or clarification |
| **Period of Reporting** | Calendar year of which the data in this template has been completed |
| **Received** | All complaints received in the reported period, whether or not decided on in the period given |
| **Sales** | Any complaints related to the sales of insurance products. This may include unfair commercial practices (misleading advertisement), infringement of information requirements, any kind of market conduct related issues in accordance with sales practices e.g. marketing/sales literature, advising, selling and arranging, misselling, poor advice, advertising/communication with public, etc. |
| **Claims** | Complaints related to insurance claims, claim-handling, issues with compensations, refusal of the claims, insufficient compensation, performance/ lack of return, delays in issuing claims, any kind of claims disputes, etc. |
| **Terms and conditions** | Any complaints related to the terms and conditions of the insurance contract stipulated in the contractual documentation. Complaints on e.g. changes in the contracts, unilateral modification of the contract, illegal termination of the contract, unfair contractual terms, insurance coverage, interpretation of contractual terms, etc. |
| **Commission and charges, premium** | Any complaints related to commission, charges, premiums, e.g. complaints on calculation of the premium, surrender value, overcharging, undercharging, early redemption/surrender/encashment issues, etc. |
| **Administration** | Any complaints related to administration, e.g. general administration, administration failure/error, failure of the IT system, online accessibility, non-compliance with duty of secrecy: infringement of personal data/insurance data, discriminatory practices, statement of account, documentation, disputed transactions, misappropriation/fraud, customer service/general, etc. |
| **Insurance undertaking** | An undertaking with its head office in Malta, which has received official authorisation pursuant to article 7 of the Insurance Business Act (Cap.403) to carry on direct general business and /or long term business. |
| **Insurance intermediary** | Any natural or legal person, enrolled under articles 13 and 37 of the Insurance Intermediaries Act (Cap.487), carrying out insurance intermediaries activities.  |
| **Payment Protection Insurance** | Payment Protection Insurance (PPI) is a product that covers the consumer of the financial burden in the event that he/she is unable to repay a loan due to reasons such as accident, sickness or unexpected unemployment. The loan which is covered by the PPI is often a consumer credit or a mortgage credit. |
| **Life Insurance - with profit** | A long-term insurance contract which provides benefits through, at least in part, eligibility to participate materially in periodic discretionary distributions based on profits arising from the undertaking’s business or from a particular part. |
| **Life Insurance - unit-linked** | (in relation to a contract of insurance) a long-term insurance contract where the benefits are wholly or partly to be determined by reference to the value of, or the income from, property of any description (whether or not specified in the contract) or by reference to fluctuations in, or in an index of, the value of property of any description (whether or not so specified). |
| **Accident and health Insurance** | Accident and Health insurance as per classes 1 and 2 of Part I of the Third Schedule to the Insurance Business Act. |
| **Motor Insurance** | Including motor insurance, third party liability, third party liability fire and theft and fully comprehensive as per classes 3, 7, 10 of Part I of the Third Schedule to the Insurance Business Act. |
| **Household Insurance** | Including details of all insurances providing cover for fire and other damage to property purchased by the consumer. Household insurance as per classes 8, 9 of Part I of the Third Schedule to the Insurance Business Act. |
| **Travel Insurance** | Including insurance policies which provide cover for loss or damage and other risks related to travel. |

**APPENDIX 1**

|  |  |
| --- | --- |
|  **COMPLAINTS REPORTED BY INSURANCE UNDERTAKINGS** |  |
|  |  |
| **Name of Insurance Undertaking:** |  |
| Click here to enter text. |   |
| **Name of contact person responsible for complaints:** |  |
| Click here to enter text. |  |
| **Phone number of contact person:** |  |
| Click here to enter text. |  |
| **Email address of contact person:** |  |
| Click here to enter text. |  |
| **Period of reporting:** |  |
|  Click here to enter text. |  |
|  | **Received** |
| **Total number of complaints in reporting period:** (Please see definitions before filling out the templates) | Click here to enter text. |

|  |  |
| --- | --- |
|  |  |
| Please provide a breakdown of complaints by complaints cause and by territory in reporting period if possible: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| **Number of complaints by complaint cause and by territory in reporting period** (If you do not report complaints by complaint causes under these exact headings, please try to fit them into the most relevant categories (e.g. misleading information into sales) |
| **Jurisdiction** | **Sales** | **Claims** | **Terms and Conditions** | **Commission and charges, premiums** | **Administration** | **Other** |
| **Malta** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Subtotal** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |

Please provide a breakdown of complaints by insurance products and by territory in reporting period if possible:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| **Number of complaints by insurance products and by territory in reporting period** (Where you do not have any data on the insurance product type to report or you do not underwrite a particular insurance product, please input in "N/A" in the relevant row. Where you have data on the product type but the figure is "0", please input in the number "0" in the relevant row and do not leave blank. Please include the values for all insurance products that are not listed in the table under "other" and specify what the products in the "other" section are in the "Comments/notes" section below)**.** |
| **Jurisdiction** | **Payment Protection Insurance (PPI)** | **Life Insurance - with profit** | **Life Insurance - unit-linked** | **Other Life** |
| **Malta** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Subtotal** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |

**Cont./**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Jurisdiction** | **Accident and Health insurance** | **Motor Insurance – Own Damage** | **Motor Insurance – Third Party Liability** | **Household Insurance** | **Travel Insurance** | **Other Non-Life** |
| **Malta** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Click here to enter jurisdiction** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **Subtotal** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |

|  |  |  |
| --- | --- | --- |
| Please include any other relevant information that helps explain the numbers:

|  |
| --- |
| Click here to enter text. |

 |  |

 |  |  |
|  |  |

 |  |  |

 |  |  |

**APPENDIX II – QUALITATIVE DATA**

1. Please indicate with an "X" how consumers complaints for each product have changed during the last year:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Increased significantly | Increased | Remained unchanged | Decreased | Decreased significantly | No information available / Not applicable |
| **Life insurance - Total** |[ ] [ ] [ ] [ ] [ ] [ ]
| Life insurance – with profit |[ ] [ ] [ ] [ ] [ ] [ ]
| Life insurance – unit linked |[ ] [ ] [ ] [ ] [ ] [ ]
| Other life insurance |[ ] [ ] [ ] [ ] [ ] [ ]
| **Non – life insurance - Total** |[ ] [ ] [ ] [ ] [ ] [ ]
| Payment Protection Insurance |[ ] [ ] [ ] [ ] [ ] [ ]
| Health Insurance |[ ] [ ] [ ] [ ] [ ] [ ]
| Motor Insurance |[ ] [ ] [ ] [ ] [ ] [ ]
| Household Insurance |[ ] [ ] [ ] [ ] [ ] [ ]
| Travel Insurance |[ ] [ ] [ ] [ ] [ ] [ ]
| Mobile Phone Insurance |[ ] [ ] [ ] [ ] [ ] [ ]
| Other non-life insurance |[ ] [ ] [ ] [ ] [ ] [ ]

1. Please indicate with an "X" how the causes of consumer complaints have changed during the last year:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Increased significantly | Increased | Remained unchanged | Decreased | Decreased significantly | No information available / Not applicable |
| Sales |[ ] [ ] [ ] [ ] [ ] [ ]
| Claims |[ ] [ ] [ ] [ ] [ ] [ ]
| Terms and Conditions |[ ] [ ] [ ] [ ] [ ] [ ]
| Commissions , costs and charges |[ ] [ ] [ ] [ ] [ ] [ ]
| Administration |[ ] [ ] [ ] [ ] [ ] [ ]
| Other |[ ] [ ] [ ] [ ] [ ] [ ]

1. Please indicate with an "X" which was the main cause of complaints for each category of products during the last year:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Sales | Claims | Terms and Conditions | Commissions, costs and charges | Administration | Other | No information available / Not applicable |
| **Life insurance - Total** |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Life insurance – with profit |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Life insurance – unit linked |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Other life insurance |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **Non – life insurance - Total** |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Payment Protection Insurance |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Health Insurance |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Motor Insurance |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Household Insurance |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Travel Insurance |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Mobile Phone Insurance |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Other non-life insurance |[ ] [ ] [ ] [ ] [ ] [ ] [ ]

1. Which are the **non-life insurance products** that experienced a higher increase and decrease in the number of complaints during the last reporting period?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Categories of products (general) | Specific product(if available) | How did you come to this conclusion (e.g. increase in x% compared to previous year)? What do you think are the reasons behind this increase/decrease in complaints? |
| 1. Highest increase | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 2. Highest decrease | Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. Which are the **life insurance products** that experienced a higher increase and decrease in the number of complaints during the last reporting period?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Categories of products (general) | Specific product(if available) | How did you come to this conclusion (e.g. increase in x% compared to previous year)? What do you think are the reasons behind this increase/decrease in complaints? |
| 1. Highest increase | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 2. Highest decrease | Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. Which are the **causes of complaints** that experienced a higher increase and decrease in the number of complaints during the last reporting period?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Cause of complaints(general) | Specific cause(if available) | How did you come to this conclusion (e.g. increase in x% compared to previous year)? What do you think are the reasons behind this increase/decrease in complaints? |
| 1. Highest increase | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 2. Highest decrease | Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. Please provide one practical **example** which is representative of one of the most common types of **consumer complaints**  received during the reporting period (max 100 words):

|  |
| --- |
| Click here to enter text. |