

SCHEDULE

(Paragraph 12.5.10 of Chapter 12)

Best Practices by Undertakings Concerned in Handling Complaints

Content of a “complaints management policy”

1. It is considered best practice for an authorised insurance undertaking “complaint management policy” to include processes for:
 - (a) lodging a complaint with an authorised insurance undertaking by any reasonable means (including complaints submitted by an authorised representative e.g. a family member or solicitor) and confirmation that this is free of charge;
 - (b) handling complaints received, including deadlines etc;
 - (c) the fair treatment of complainants;
 - (d) the proper treatment of a complainant’s information and personal data, according to the applicable legal framework;
 - (e) preventing, identifying and managing possible situations of conflicts of interest in complaints management;
 - (f) the prompt, equal, fair and efficient management of complaints;
 - (g) the adequate training of staff participating in complaints handling within the authorised insurance undertaking;
 - (h) internal reporting, follow up and monitoring of compliance with the “complaints management policy”.

Organisation of the internal complaints management function

2. Irrespective of the specific model that an authorised insurance undertaking may have adopted for complaints handling, it is considered best practice for an authorised insurance undertaking to:
 - (a) appoint one or more senior manager(s) with overall regulatory responsibility for the complaints management function;
 - (b) ensure the necessary internal flows of information and reporting lines for complaints management;
 - (c) control the effective and efficient treatment of complaints.

Registration

3. Without prejudice to the provisions of the Data Protection Act (Cap. 440) and any applicable provisions of Maltese law relating to record keeping, it is considered best practice for:
 - (a) the register of complaints held by an authorised insurance undertaking to contain all the necessary information on the complaints, including:
 - (i) the subject of the complaint;
 - (ii) data on the complainant;
 - (iii) date of receiving and answering the complaint;
 - (iv) result/outcome of the complaints handling procedure;
 - (v) class of the insurance referred to;
 - (b) documentation relating to the complaint to be kept and archived in a secure manner for a reasonable period of time based on the nature of the complaint;
 - (c) an authorised insurance undertaking to provide information to complainants regarding their complaint, where reasonably requested by complainants.

Reporting

4. The competent authority should be informed of the identity and contact details of members of senior management involved in the complaints management function as referred to above and any changes thereof.

Internal follow-up of complaints-handling

5. It is considered best practice for authorised insurance undertaking to have in place the following processes in order to comply with the proper internal follow-up of complaints:
 - (a) the collection of management information on the causes of complaints and the products and services complaints relate to;
 - (b) a process to identify the root causes of complaints and to prioritise dealing with the root causes of complaints;
 - (c) a process to consider whether the root causes identified may affect other processes or products;
 - (d) a process for deciding whether root causes discovered should be corrected and how this should be done; and
 - (e) regular reporting to senior management where information on recurring or systemic problems may be needed for them to play their part in identifying, measuring, managing and controlling risks of regulatory concern and keeping records of analysis and decisions taken by senior personnel in response to management information on root causes of complaints.