CUSTOMER SERVICE CHARTER

The Life Insurance Association of Malaysia (LIAM) has launched the revised Customer Service Charter (CSC) for Insurance industry. The Charter was first introduced in 2011 which was aimed at underscoring the insurers' commitment to deliver a consistent high standard of customer service.
This revised Charter takes it a step further by introducing certain minimum industry standards with regard to turnaround times for specified services. There are four (4) pillars of services standards under the charter as follows:

Pillar 1: Insurance Made Accessible
Pillar 2: Know Your Customer
Pillar 3: Timely, Transparent & Efficient Service
Pillar 4: Fairly, Timely Transparent Claims Settlement Process

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INSURANCE INDUSTRY'S CUSTOMER SERVICE CHARTER – PILLAR 1

Pillar 1	**INSURANCE MADE ACCESSIBLE**
Description	Offer an active engagement model wherein a customer is aware of: • Multi-channel options & accessibility for purchase and enquiry. • Where and how to provide feedback, suggestions and to complain.
Expected Outcome	**BETTER ENGAGEMENT & IMPROVED SERVICES**
Service Level Target	1. Multi-channels and appropriate channels are being used for purchase and enquiry. 2. Online channels are being used for purchase and enquiry. 3. Feedback, suggestions and complaints are received via channels provided.

No.	Commitment	Service Level
1.1	**We will make insurance products easily accessible via various channels, physically and virtually, to obtain information, purchase or make enquiries**	**1. Offer an active engagement model wherein a customer is aware of:** • **Multi-channel options and accessibility for making purchases and enquiries.** • **Where and how to provide feedback, suggestions and complaints.** **2. Reinforce that insurance is easily accessible via various channels, physically and virtually.** • **Customers are kept informed on the physical and engagement channels available for them to purchase products or to make enquiries.**

1.2	**We will actively seek feedback, suggestions or complaints on how insurers can serve customers better**	• **Specifically, customers will be guided to the following:** ○ **An insurance agent locator** ○ **List of customer engagement channels, i.e. corporate website, self-service customer web portal and call centre.** ○ **Social media (if applicable)** **3. Channel availability may vary from time to time, and customers will be informed accordingly.** **1. Customers are provided with available channels to provide feedback and suggestions via:** ○ **Corporate website (www.mcis.my)** ○ **Self-service customer web portal (www.mcis.my)** ○ **Call centre (+603 7652 3388)** ○ **Branch (link of list of locations at www.mcis.my)** ○ **Email (customerservice@mcis.my)** ○ **Fax (+603 7957 4780)** **2. Insurers will conduct periodic customer satisfaction feedback/surveys to ensure that customers' needs are fulfilled.**

INSURANCE INDUSTRY'S CUSTOMER SERVICE CHARTER – PILLAR 2

Pillar 2	**KNOW YOUR CUSTOMER**
Description	To understand a customer profile adequately which enables the insurers to: • Know and anticipate the customer's needs and preference. • Ask for requisite information and documents to best advise the customer. • Offer suitable products and services.
Expected Outcome	**BUILD TRUST**
Service Level Target	1. 90% of customers are served with suitable products and services which fit their needs and wants. 2. Minimal complaints (**ratio** of 5% of total complaints) from customers in which the nature of complaint relates to lack of understanding of the product that was offered and/or not having the suitable products and services.

No.	Commitment	Service Level
2.1	**We will strive to help customers find the right product** to suit their needs	**1. Knowledgeable and ethical staff and agents are available to serve customers.** **2. Training** • **Ensure employees and intermediaries are properly trained on products and services offered.** • **Training must be provided any time a new product is launched and regularly as refresher courses on existing products.**

		3. Understanding Customers' Needs **In order to understand the customers' profile adequately, insurers including their agents shall: -** • **Listen attentively to the customers.** • **Acknowledge and properly understand the customers' needs and preferences.** • **Ask for requisite information and documents to advise the customers accordingly and in accordance with the Industry's Code of Practice on the Personal Data Protection Act 2010.** • **Offer options of suitable products and services to meet the customers' needs and wants.** **4. Any options provided to customers shall be explained and on an "opt-in-basis", e.g. riders, sharing/using customer information for marketing and research purposes.** *Note: Handling of customer information is governed by Bank Negara Malaysia's Policy Document on Management of Customer Information and Permitted Disclosures and insurers shall operate accordingly.*

INSURANCE INDUSTRY'S CUSTOMER SERVICE CHARTER – PILLAR 3

Pillar 3	**TIMELY, TRANSPARENT & EFFICIENT SERVICE**
Description	Deliver a seamless service wherein customers are aware of: • Insurers' responsibilities towards customers. • Expected service standard and time taken to deliver these services, i.e. time taken to answer enquiries / resolve complaints. • Where and how to obtain information required i.e. product features and costs.
Expected Outcome	**CUSTOMER SATISFACTION**
Service Level Target	1. 80% of customers are being served within the expected service level and timelines. 2. 100% of customers are issued with policy documents in a timely manner. 3. Declining complaints ratio.

No.	Commitment	Service Level
3.1	**<u>We will set clear responsibilities</u>** towards customers and uphold it.	A standard commitment on clear responsibilities to be a mandatory write up on all client charters should cover the following guiding principles: - 1. A clear and concise objective of the Charter. 2. Mission. 3. Values to be provided to the customer, e.g. fairness, transparency, integrity, ethics, professionalism, timeliness.

		4. Efficient/effective communication channels.
3.2	**<u>We will set clear expectation on time taken</u>** for various services.	**<u>To include a clear expectation on time taken for various services: -</u>** **1. <u>Delivery of Services</u>: -** **Information on turnaround time on delivery of services must be made available in the Clients Charter through various channels (head offices / branches / brochures / call center / website / social media).** **2. <u>Standards to be adopted</u>: -** **Serve Walk-in Customer Promptly:** • **Customer Waiting Time: Within 10 minutes.**
3.3	We will ensure efficient **<u>policy servicing</u>** and providing relevant documentation in a timely manner.	**1. Customers shall be informed of each step and documentation required to alter, renew, surrender or cancel a policy, e.g. what happens when there are changes to the policy, notice on renewal, etc. as well as consequence arising from any of these actions.** **2. Customers are to be reminded in the renewal notice to inform the insurance company of any changes in the risk before renewal.** **3. The standard operating procedure on dealings with customers must be clearly complied with.**

3.3(a)	We will ensure efficient **policy servicing** and provide relevant documentation in a timely manner **(Life & Health)**	**Life & Health** • **Policy Account Turnaround Time (from receipt of full documentation, information and payment of premium): -** **1. Policy Issuance (upon acceptance in the policy system)** **New and Existing Customer: -** **i) Standard cases – within 5 working days** **ii) Additional information required / pre-existing medical condition / complex cases – within 10 working days** **2. Change of policy account details (endorsement):** **i) Policy Changes (Non-financial): within 3 working days** **ii) Policy Changes (Financial):** ○ **Standard cases - within 5 working days** ○ **Non-Standard cases – within 10 working days** **3. Reinstatement: within 10 working days (with payment & complete documentation)**

		4. Renewal notice issuance: **i) For policy with guaranteed renewal, premium due notice will be issued not less than 30 calendar days before the next premium due date.** **ii) Notification of Revised Premium to renewable basic term policy / term rider will be issued not less than 30 calendar days before the expiry of existing policy / rider.** **5. Cancellation/surrendering of policy: 10 working days upon receipt of full documents.** **6. Issuance of medical / hospitalization card for individuals - Within same business day of policy issuance.** *Note: The timelines above do not take into account onboarding process – insurers have their own onboarding process/introduction to its products and services.*

3.4	**<u>We will be open and transparent</u>** in our dealings	**The following information shall be easily accessible and made available through the various channels of communication such as branches / brochures / call centers / social media / website:** **1. Product related details, i.e. product features, product disclosure sheets, terms and conditions, key facts and exclusions will be shared at the point of sale.** **2. Fees, charges (other than premiums), and interest (if any) as well as obligations in the use of a product or service (e.g. when premium needs to be paid and explaining payment before cover warranty).** **3. Anti-fraud statement and key points to remember, i.e. confidentiality of customer information, free look period of not less than 15 calendar days to reject or accept applications.** **4. All the above information shall be explained and stated using simple words and in an easy to understand manner.**
3.5	We will follow through and provide the requisite answers / updates to customers' **<u>queries</u>**	**1. Phone** • **Where no follow up is required – Immediate such as first call resolution.** • **Where follow up is required – Within 3 working days from the date of the first call.** **2. Written (Email, fax & written letter)** • **For Email** ○ **Provide acknowledgement response within 1 calendar day.** ○ **Acknowledgement to include expected timeline and any other relevant information.**

3.6	**We will ensure consistent and thorough complaints handling**	○ **Non-complex enquiry - respond within 3 working days from date of receipt.** • **For letter or fax** ○ **Enquiries will be replied within 3 working days from the date of receipt on non-complex enquiries.** **3. Counter/Branches** • **Where no follow up is required, insurers will endeavor to provide first touch point resolution immediately.** • **Where follow-up is required – within 5 working days from the date of the first visit.** **Note: *Where enquiry is complex, insurers will provide a reasonable timeframe and keep the customer updated accordingly.*** **1. Customers shall be informed of the various options for submitting a complaint through available channels, depending on the insurers channel presence and whichever applicable. For MCIS Insurance, customers can channel their complaints to:** **a. Complaints Handling Unit** **Wisma MCIS, Tower 1, Level 1, Jalan Barat, 46200 Petaling Jaya, Selangor** **b. Tel No.: +603 7652 3388** **c. Email: complaint@mcis.my**

		2. A verification process has to be performed on the policyholders / participants. **3. Communicate clearly on the issue and gather adequate information for an informed resolution.** **4. Address the issue in an equitable, objective and timely manner by informing the complainants on insurers' decision no later than 14 calendar days from the date of the receipt of the complaints.** **5. If the case is complicated or requires further investigation, insurers shall inform the complainant accordingly and update progress every 14 calendar days. If not resolved, to update within another 14 calendar days. Thereafter, after every 30 calendar days.** **6. Keep the complainants updated if unable to address issues within the stipulated timeframe.** **7. Refer the complainants to the next level of escalation if the resolutions are not to the satisfaction of the complainants. Contact details of Bank Negara Malaysia LINK, BNMTELELINK and Ombudsman of Financial Services must be clearly provided.** Note: *Complaints handling and timelines is governed by Bank Negara Malaysia (BNM)'s Guidelines on Complaints Handling and insurers shall operate accordingly.*

INSURANCE INDUSTRY'S CUSTOMER SERVICE CHARTER – PILLAR 4

Pillar 4	**FAIR, TIMELY & TRANSPARENT CLAIMS SETTLEMENT PROCESS**
Description	Deliver a seamless claims processing and settlement experience wherein customers are aware of: • Procedures, documentation and steps including various options (if any) for first notification of loss in an event of a claim. • Expected service standard for claims processing and specific time taken for each step within the claims processing stages. • Various redress mechanisms for unsatisfactory claims payment.
Expected Outcome	**PROVIDE PEACE OF MIND TO CUSTOMERS**
Service Level Target	1. 75% of the customers are satisfied with the claims decisions and processes. 2. Declining complaints **ratio** over the years from customers on claims settlement and processes. **3.** 100% of **legitimate claims are paid accordingly.**

No.	Commitment	Service Level
4.1	**We will set clear timeline for claims settlement process** and strive to settle claims within this prescribed timeline and in a transparent manner.	**To set clear timeline for claims settlement process and strive to settle claims within these prescribed timelines and in a transparent manner by adopting the following procedures: -** **1. Customers will be informed of the estimated time taken for claims settlement process and expected service standard.** **This information shall be made available through various channels (i.e. branches/brochures/call centers/social media/website).**

		2. Customers shall be informed on the acknowledgment of their claim within 7 working days from receipt of claims notification. **3. All claims notifications through agents must reach the insurers within 3 working days, except for crime related claims which should be notified within 24 hours from time of loss.** **4. If documentation/information is incomplete, customers shall be informed within 14 working days from acknowledgement of the claim by the Claims Department.** **5. To state key claims procedures and assign timelines to it, i.e. appointment of adjuster, claims assessment, etc.** **6. Customers will be updated on the progress / decision every 14 working days.** **7. In the event of a catastrophe / disaster, e.g. large number of claims may be received, as such meeting timelines stipulated may not be possible, the insurers will strive to update every 20 working days on the progress.**
4.2	We will inform customer of the **next level of escalation if the claims settlement / rejection** is not to his/her satisfaction	**To keep the customer informed of the next level of escalation if the claims settlement /repudiation is not to his/her satisfaction.** **1. Customers shall be provided with available channels to appeal on a decision / raise disputes (i.e. branch / brochures / call center / website).** **2. Any letter of rejection/repudiation of any element of a claim and dispute on quantum which is within the purview of the Financial Ombudsman Scheme must contain the following statement prominently: -**

		"Any person who is not satisfied with the decision of the Insurer, should refer to the procedure for appeal as stated in the leaflet issued by the Financial Ombudsman Scheme, entitled: …… **(Note: for the policy owners who made a claim/report involving claims settlement/rejection which is not to his/her satisfaction).**