



**Financial Services Commission**  
Mauritius

**Guidelines for Insurance Companies  
On Complaints Handling**

**Purpose and Status of the Guidelines**

The Financial Services Commission (the “Commission”) wishes to encourage insurers to adopt enhanced procedures in relation to consumer complaints.

These Guidelines are designed to set out minimum criteria for complaints handling by insurance companies. These Guidelines are issued under section 7(1)(a) of the Financial Services Development Act 2001.

**THE GUIDELINES**

**Complaints Definition**

A complaint for the purposes of these Guidelines shall refer to a complaint for which redress is being sought, and which has not been addressed by an insurer, in relation to:

- a. a product sold or offered for sale, or withheld from sale;
- b. a service offered or failed to be offered as per agreed terms;
- c. an insurer which is regulated by the Commission.

**Complaints Policy**

1. An insurance company shall establish an internal Complaints Handling Policy, which shall be decided by its Board of Directors, to address consumer complaints free of charge.

Insurance companies, whether engaged in long term or general business, are henceforth required to have in place and maintain a complaints handling scheme,

whereby any complaint made to the company can be handled in a proper, efficient and timely manner.

An insurance company is required to deal properly with any reasonable complaint made by a complainant, provided that the complaint relates to a service or product provided (or, as the case may be, withheld) by the insurance company.

2. Insurance companies should indicate clearly to their customers, whether by way of notice displayed in a conspicuous position on their premises, or by way of terms included in their policy document, the existence of a complaints handling structure within the company.

Such notice should also summarise the company's complaint handling system.

In addition, for the purposes of satisfying the requirements of these Guidelines, an insurance company may wish to produce a leaflet which summarises its internal complaint structure.

### **Complaints Documentation**

3. For the purposes of satisfying the requirement of these Guidelines, insurance companies shall provide their customers with the following information, whether by way of leaflet or other document:
  - how to make a complaint;
  - to whom to address the complaint;
  - documents and information which should be produced with the complaint;
  - when the complainant should expect a response from the company;
  - any other information which may be of relevance to the company and the complainant.

The above document should be written in clear, plain language that can easily be accessed by consumers in general.

### **Complaints Handling Scheme**

4. Insurance companies need to ensure that adequate financial resources are allocated for complaints management and that sufficient levels of authority are delegated to the officer in charge of complaints resolution.
5. A Complaints Coordinator shall be appointed by the insurance company.

Whilst insurance companies should make sure that its employees are familiar with its internal complaints procedure, a Complaints Coordinator shall be designated for the handling of complaints.

A Complaints Coordinator's duties and functions shall include:

- receiving complaints made to the company, whether in writing, in person or by way of telephone;
- responding in a reasonable manner to all complainants;
- dealing with complaints in an efficient and professional manner;
- maintaining records of all complaints received, whether satisfactorily resolved or otherwise.

### **Complaints Procedures**

6. A consumer or other person wishing to make a complaint to the insurer should be informed about the insurer's internal complaints procedure and referred to the Complaints Coordinator.

The Complaints Coordinator shall record the complaint and request such details and documents as may reasonable be required.

7. The Complaints Coordinator shall deal with complaints promptly and send the complainant an acknowledgement of complaint received within 3 working days of filing.
8. A complaint shall normally be settled within 30 working days from the date of the filing of the complaint.

A complainant shall be informed in writing of the company's final response to the complaint within this time limit.

Where possible, the final response letter shall indicate the reasons or circumstances which have been considered for the settlement or non settlement, as the case may be, of the claim.

The final response letter shall propose, as appropriate, any offer or other means of settlement made to the complainant.

### **Complaints Reporting**

9. A Complaints Coordinator shall submit a report of all complaints received on a regular basis which shall be not less than twice a year to the insurance company's Board of Directors.

Complaints reports shall be made available to the Commission upon request.

A complaint report may contain the following information:

- the total number of complaints received within a period of time;
- a breakdown by type of complaint received;
- the number of complaints settled and the type of settlement reached;
- the number of complaints not resolved, out of which the number of complaints referred to the Commission.

10. Further to complaints reports, the Commission may request additional information relating to the complaints handling of the insurance company.

### **Referral to the Commission**

11. A complaint may be referred to the Commission by the complainant where no settlement has been reached within 30 working days as prescribed in these Guidelines.

The Commission will entertain complaints only to the extent that all attempts to settle the complaint have failed and the consumer is not satisfied with the outcome.

The Commission may require an insurer to address a complaint and propose means of redress to the extent that the complaint deals with regulatory breaches, malpractice or unfair treatment.

In discharging its functions under these Guidelines, the Commission may request an insurer to provide copies of the complaint letter and the final response letter.

### **Record Keeping**

12. Insurance companies shall keep records of complaints for a minimum of three years from the date of filing of the complaint, and where an insurance contract extends to more than 3 years, such records shall be kept for the duration of the contract.