



How to Initiate a Complaint

Insurance House P.J.S.C

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We at Insurance House are committed to provide our valued and loyal customers with the best of services that meets or exceeds their expectations. We will strive to constantly improve our customer service delivery standards and to support our customers in their journey by creating a customer-centric culture and look into your financial needs with speed and utmost transparency in all our dealings.

In some very rare instances, due to unfortunate circumstances resulting in customer complaints, we will endeavor to do our best, to sort out your grievance swiftly to your satisfaction.

Complaint

As one of our customers, you have the right to make a complaint to seek explanation or justification from Insurance House on any of your interactions with Insurance House, within the following areas:

- Products and Services offered by Insurance House;
- Fees and Charges;
- Servicing Channels and customer touchpoints (Branches, Call Centre, Direct Sales Unit);
- Promotional/ Marketing campaigns and its materials;
- Privacy of your Data and any possible breaches;
- Refer Annexure A for a comprehensive list of complaint categories.

Making Your Complaint

Your complaint can be easily made through the following channels:

- Visiting our Branch and lodging your complaint with one of our customer service representatives;
- Visiting our Branch and lodging your complaint through our complaint box;
- Through our Call Centre at 6005 11112;
- Through SMS at 056 3873912;
- Customer Service Email ihcomplaints@insurancehouse.ae or info@insurancehouse.ae;
- Through our website <https://www.insurancehouse.ae>;
- For DHA Complaints, you can find the Ipromes link in our website.

Handling your complaints

- Once your complaint is logged, you will receive an SMS to your mobile number registered with us / Email to the registered Email ID and will provide you with your complaints' reference number.
- Your complaint will be acknowledged by one of our complaints' handling personnel within 3 hours of receipt of a complaint.
- Based on our discussion with you the complaint resolution will be provided to you within maximum 14 days.
- Once your complaint has been investigated, our staff will contact you to officially explain to you the resolution and confirm with you the closure of your complaint. The closure of your complaint will be followed by an SMS to your mobile number / Email registered with us.

Escalation of your complaint if required

- Our goal is to ensure that your complaint is resolved to your satisfaction. However, in an exceptional situation wherein, you are not satisfied with our response/ complaint resolution provided, you have the right to escalate your complaint to the Senior Management of Insurance House/ Central Bank of UAE- Insurance Supervision or Department of Health /DHA/ other regulators/ authorities.

Annexure A:

- Denial of coverage
- Rejection of claim
- Accuracy of documentation provided
- Delays in process (refunds, reimbursements, approvals, issue of membership cards, additions or deletions of members)
- Administrative or operational process or procedures
- Product dissatisfaction or suitability
- Changes to policy terms (exclusions, conditions, renewal, premiums, network coverage)
- Service provided by staff or departments (efficiency, attitudinal, behavioral, knowledge) or third party.