## Procedure for handling Customer Complaints regarding the activity of an Insurance Agent or Ancillary Insurance Intermediary BTA Baltic Insurance Company AAA



## 1. General terms

- **1.1.** The goal of this procedure is to ensure fast, equal, fair and efficient handling of Customer (a person, who has an intent to conclude an insurance contract (insurance applicant), policyholder, insured or a person, entitled to insurance indemnity or an authorized representative of the aforementioned persons) complaints, pertaining to the insurance distribution, conducted on behalf of BTA by an insurance agent and ancillary insurance intermediary, hereinafter Insurance distributor.
- **1.2.** The procedure, how, by means of out-of-court proceedings, will be considered the potential complaints and disputes between the Customer and Insurance distributor, is available for studying also in any BTA office or at the Insurance distributor.

## 2. Submitting complaints

- **2.1.** In case of any disagreement has arisen in the cooperation between the Insurance distributor and the Customer, and the Customer wants to express his discontent with the insurance distribution furnished by the Insurance distributor, the Customer may submit a complaint in writing to the Insurance distributor in person, or:
  - a) by means of mail, sending to BTA, to the address: Sporta iela 11, Rīga, LV-1013;
  - **b)** by means of electronic mail, sending to:
    - the e-mail address of the respective Insurance distributor indicated in the Insurance distributor register (<a href="https://www.bta.lv/en/contacts/insurance-distributors">https://www.bta.lv/en/contacts/insurance-distributors</a>); BTA, to the e-mail address: <a href="https://www.bta.lv/en/contacts/insurance-distributors">bta@bta.lv</a>.
- **2.2.** Customer shall include at least the following information in the Complaint:
  - **a)** information the self complaint submitter:
    - when a private individual name, surname, postal address, telephone number and e-mail address (when the Complaint submitter has one);
    - when a legal entity company name, postal address, telephone number and e-mail address (when the

Complaint submitter has one);

- **b)** Complaint preparation date;
- **c)** account of the complaint and its supporting facts and circumstances, and whenever possible, adding documents supporting the facts and circumstances referred to in the complaint.
- d) demands to settling the complaint;
- **e)** the preferred way of response receipt orally, in writing or e-mail (when the preferred way of response receipt is not indicated, the response shall be given the same way that the complaint submitted, in compliance with personal data protection requirements);
- f) signature (when feasible).

## 3. Handling of Complaints and responding to the Customer

- **3.1.** Insurance distributor, when receives a Complaint, shall immediately, though no later than within 7 (seven) days since the complaint receipt day:
  - a) hand over (forward) the complaint to BTA;
  - **b)** inform the complaint submitter about the handing over (forwarding) the complaint to BTA, which will provide a response to the complaint to the Complaint submitter.
    - **3.2.** In case the Insurance distributor receives a complaint about another market player, i.e., not concerning the insurance distribution conducted by the Insurance distributor on behalf of BTA, the Insurance distributor shall forward the complaint to the respective market player within 7 (seven) days since the complaint receipt day and notify the Customer thereof.
    - **3.3.** In order to preclude a conflict of interest, the response to the complaint shall be provided by BTA, not the Insurance distributor, ensuring that persons, the objectiveness of which may cause reasonable doubt, are not involved in complaint handling and preparation of the response.
    - **3.4.** All the received complaints shall be handled free of charge.
    - **3.5.** Response shall be provided only to a complaint, where its submitter can be unmistakably identifiable, i.e. indicated the complaint submitter's data (name, surname/company name and address or e-mail address, telephone number, etc.).
    - **3.6.** BTA will provide the response in Latvian or, when agreed so with the complaint submitter, the response may be provided in English or Russian.
    - **3.7.** BTA, having received a complaint, shall:

- **a)** conduct examination of the facts indicated in the complaint:
  - by examining all the respective evidence and information pertaining to the complaint;
  - in case of necessity, requesting from the complaint submitter and/or Insurance distributor additional information and documents regarding the facts and circumstances indicated in the complaint;
- b) vide a reasoned written response to the complaint submitter regarding the complaint within 20 (twenty) days since the complaint submitter has submitted the complaint to the Insurance distributor, informing the complaint submitter also about other complaint handling options, if the provided response to the complaint does not meet the requirements specified in the complaint by the Complaint submitter.
  In case the specified term cannot be met due to objective reasons, BTA shall send to the complaint submitter information providing reasons for the need of extension to provide an answer and a reasonable term, when the response will be provided.
  - **3.8.** At a request of the Complaint submitter, BTA shall provide information (in writing or electronic form) about the complaint handling process to the Complaint submitter.
  - **3.9.** In case the Customer is not satisfied with the received response to the complaint, then the Customer is entitled:
- a) to address the Latvian Insurers' Association Ombudsman (address: 9 Lomonosova Street, Riga, LV-1019);
- **b)** to resolve a dispute, disagreement or a claim arising from the Complaint, to go to the Court of the Republic of Latvia.
- **3.10.** All disputes, arising between the Customer and BTA regarding execution of an Insurance contract, concluded by mediation of Insurance distributor, shall be solved according to the procedure established by the respective Insurance contract.