

Complaints Handling Procedure

Cross Roads Insurance Brokers LLC



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Abbreviations and Definitions

CHP	Complaints Handling Procedure
CRI or the Company	Cross Roads Insurance Brokers LLC
DHA	Dubai Health Authority
KPI	Key Performance Indicators
TAT	Turnaround Time
UAE	United Arab Emirates

Document Version and Approval


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Version	Date	Description of Change	Approved By
1.2	07-05-2025	Updated to enhance clarity, alignment with DHA guidelines and new insurance brokerage regulations and overall complaint handling procedures	Akif P Aziz
1.1	05-11-2020	Updated to comply with latest DHA guidelines	Akif P Aziz
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Approval:

Name	Position	Signature	Date
Akif P Aziz	Director		07-05-2025

1. Introduction

Cross Roads Insurance Brokers' ("CRI" or "the Company") Complaints Handling Procedure ("CHP") is designed to guide and support the delivery of exceptional CRI customer service, going beyond the traditional notion that 'The customer is always right.' The goal is to anticipate customer needs so thoroughly that the need for complaints is eliminated entirely. Through the customer feedback encouraged by this CHP, data will be continuously monitored, analyzed, categorized, and recorded. This information will make adjustments to CRI's policies and procedures, along with ongoing employee training, all aimed at reducing complaints to zero.

2. CHP Objectives

The primary objectives of the CHP are to enhance customer trust, satisfaction, and service quality across all products and services offered by CRI, with a specific focus on adhering to regulatory standards set by the Dubai Health Authority ("DHA") for health-related offerings.

1. Enhancing customer confidence: Strengthen customer confidence in the Dubai health insurance market by demonstrating a commitment to resolving issues and providing quality service.
2. Building trust and loyalty: Foster greater customer confidence, satisfaction, and loyalty towards CRI, as well as towards health insurance advisors generally, by ensuring that customer concerns are handled with care, professionalism, and transparency.
3. Swift and fair handling of dissatisfaction: Promote the swift, effective, and fair resolution of customer dissatisfaction, ensuring that all complaints are addressed in a timely and just manner.
4. Clear escalation process: Provide a well-defined escalation process for all complaints, ensuring that customers are aware of the steps to take if they are unsatisfied with the initial response.
5. Continuous improvement through feedback: Use customer complaints as valuable feedback to enhance internal procedures, rectify any deficiencies, and continuously improve the quality of service offered by CRI.

6. Compliance with health insurance law: Allow customers to report instances where CRI's service may not be in compliance with relevant health insurance law in the United Arab Emirates ("UAE"), ensuring that the company upholds legal and regulatory standards.

7. Valuing complaints as feedback: Recognize that customer complaints provide invaluable insights, enabling CRI to identify areas for improvement and ensure better service delivery in the future.

3. Definition of a Complaint as per DHA

A complaint is any expression of dissatisfaction made by a customer, potential customer, business partner, or regulatory body, either directly or indirectly, regarding a product or service provided by the company. This includes dissatisfaction related to the company's employees, services rendered by intermediaries acting on the company's behalf, or services provided by business partners such as health claims management companies, hospitals, clinics, or physicians.

However, a complaint does not include dissatisfaction related to the denial of coverage for consultations, treatments, or procedures that are clearly excluded under the terms of the policy, or when the cost of treatment exceeds the policy's monetary limits. These types of issues are not addressed under this CHP.

4. Complaints Reception Channels

To ensure a seamless and efficient complaints process, CRI offers multiple accessible channels for customers to submit their complaints. These channels are designed to cater to a variety of preferences and ensure that all concerns are addressed in a timely and effective manner. The following are the available channels through which complaints can be submitted:

1. Website: The CRI website features an online complaint submission form that will automatically direct complaints to the designated Complaint Owner. The form can be accessed at <https://www.crisecure.com/complaints>.

2. Email: Customers can submit complaints via email to care@crisecure.com. The designated Complaint Owner has direct access to this email address to ensure prompt handling of complaints.

3. Direct Phone Call: Customers can register complaints by calling +971 50 215 5468. CRI's team is available to assist with any concerns shared over the phone.

4. Walk-In: Complaint forms are available at the front desk for customers who wish to submit complaints in person. Completed forms will be forwarded to the Complaint Owner. A copy of the Complaint Form is attached in Annexure 1. Customers are welcome to visit the office for face-to-face complaint submissions.

5. SMS: Customers can send complaints via text message to the mobile number +971 50 215 5468 at any time.

All complaint submission channels will be available in languages spoken by at least 70% of the insured members. CRI will ensure fluent speakers of English, Hindi, and Urdu are always available to assist with complaints.

Copies of this CHP will be available at the CRI office reception for easy access for walk-in customers.

5. Complaints Logging

All complaints received will be logged in a computerized Complaints Register to ensure accuracy and consistency. Each complaint entry will include the following details:

- a) Name of complainant
- b) Name of patient (where applicable)
- c) Date of complaint
- d) Staff member receiving and registering the complaint
- e) Staff member to whom the complaint has been directed
- f) Identification of repeat complaints (if the complaint is a repeat of an earlier issue from the same complainant)

- g) Policy details (for existing insured members), including policy number, member number, company name (if a corporate scheme)
- h) Category of complaint (as defined below)
- i) Detailed description of the complaint
- j) Source of complaint (e.g., Telephone, email, in-person, online submission, third-party referral, etc.)
- k) Acknowledgement date
- l) Time frame taken to resolve the complaint
- m) Complaint resolution date
- n) Escalation status (if applicable)
- o) Satisfaction grade (to assess the complainant's satisfaction with the resolution)

For complaints originating from multiple members of the same group scheme that relate to the same subject, CRI is permitted to log such complaints as a single complaint. This practice ensures efficient handling and reporting while maintaining compliance with DHA standards.

By maintaining electronic records, CRI ensures that all complaints are thoroughly documented and can be tracked through to resolution, supporting continuous improvement in customer service.

6. Complaints Categories

To ensure complaints are appropriately addressed, all complaints shall be categorized in the Complaints Register according to one of the following categories:

1. Advice provided or product suitability: Complaints related to the adequacy or accuracy of advice given or the suitability of products offered.
2. Accuracy of documentation provided: Complaints concerning errors or discrepancies in documents, forms, or other written communications.

3. Delays in process: Complaints related to delays in processing, such as the issuance of quotations or response to correspondence, approvals, reimbursements, etc.

4. Administrative or operational processes or procedures: Complaints related to the efficiency or effectiveness of processes and procedures (e.g., Concerns about the process itself, not its execution).

5. Service provided by advisers, staff, or departments: Complaints related to the quality of service, including efficiency, attitude, behavior, and knowledge of advisers, staff, or departments.

By categorizing complaints, CRI can ensure that each issue is directed to the appropriate team for timely and effective resolution.

7. Complaints Owner

Each complaint must be assigned to a designated Complaint Owner for proper handling and resolution. The primary Complaint Owner is as follows:

Name	Jinny Paul
Email	jinny@crisecure.com
Phone	+971 50 215 5468

If the above individual or their department is the subject of the complaint, the following alternative Complaint Owner will be assigned:

Name	Meer Shaffic Kings Mohammed
Email	meer@crisecure.com
Phone	+971 55 122 1134

Note: In case of further escalation or a conflict of interest, additional Complaint Owners will be designated as needed.

8. Complaint Process

All complaints, regardless of type or category, shall be promptly forwarded to the designated Complaint Owner. The following steps will be followed in handling the complaint:

1. Acknowledging the Complaint: All complaints will be acknowledged to the customer within two (2) working days. The acknowledgment will include:

- a. The complaints procedure
- b. The Complaint Owner's contact details
- c. The expected turnaround time ("TAT") for complaint resolution

2. Complaint Registration: All complaints received will be immediately recorded in the Complaints Register.

3. Further Information Request: If the information provided is insufficient for investigation, an information request will be sent to the customer via email or phone. If the customer does not respond within three (3) working days, the complaint may be considered closed.

4. Investigating the Case: During the investigation process, the following steps will be undertaken:

a. Understanding the Complaint: The Complaint Owner is well-trained to fully understand the nature of the complaint and address it promptly. If the complaint involves a specific individual or department, the Complaint Owner will engage with the relevant person(s) to gather necessary information and ensure a comprehensive understanding of the situation.

b. Identifying the Cause of the Complaint: The Complaint Owner will identify the root cause of the complaint by consulting with the relevant parties, including the individual or department against whom the complaint is raised. This collaborative approach ensures an accurate determination of the issue and the development of an effective solution.

c. Resolving the Complaint: The Complaint Owner will make every effort to resolve the issue within the agreed timeframe. This may involve working closely with the person or

department involved in the complaint to implement corrective actions. Customers will be kept informed of the progress and the actions planned to resolve the complaint within ten (10) working days from the date the complaint was logged.

5. Communicating the Resolution: Once the investigation is complete and the solution is determined, the customer will be informed of the resolution. This communication will be done through the preferred method (email or phone call). If necessary, the Complaint Owner will also communicate with the relevant individual or department to confirm that the agreed-upon actions have been taken, and the issue has been addressed.

- a. If the customer accepts the solution, the case will be considered closed.
- b. If the customer rejects the solution, the case will be kept open. The complaint will either be re-investigated or escalated to find a satisfactory resolution for the customer.

9. Escalation Process

If a complaint is not resolved within the designated time frame or if an appropriate solution has not been found, the complaint will be escalated through the following levels:

1. Escalation Level One: If the complaint remains unresolved at the Complaint Owner level, it will be escalated to **Escalation Level One** for further review and action.

Name	Meer Shaffic Kings Mohammed
Email	meer@crisecure.com
Phone	+971 55 122 1134

2. Escalation Level Two: If the complaint remains unresolved at Escalation Level One; clients are instructed to escalate the matter to the DHA through their online complaints handling system at <https://www.eclaimlink.ae/ipromes>.

10. Grading Satisfaction

Customer satisfaction is carefully monitored and graded to ensure that complaints are resolved to the customer's satisfaction. The grading is done based on the customer's feedback following the resolution of their complaint. The satisfaction levels are categorized as follows:

Grade	Description
1	Fully Satisfied
2	Largely Satisfied
3	Largely Unsatisfied
4	Completely Dissatisfied

The satisfaction grade is recorded in the Complaints Register to track improvements in CRI's services and complaint handling.

11. Reporting

1. Monthly Reporting (Internal): The Complaint Owner must submit a monthly report detailing all complaints received, along with the status of ongoing complaints to Mr. Meer Shaffic Kings Mohammed, the CEO. The report must include the Key Performance Indicators ("KPI") as listed below:

1. Actual TAT for Complaints
2. Number of Complaints Outstanding at the end of each calendar month
3. Number of Complaints Unresolved after 15, 30, and 90 days
4. Number of Complaints Escalated for external deliberation or arbitration
5. Complainant Satisfaction with Internal Resolution
6. Number of Complaints by Category
7. Number of Complaints Fully Upheld

8. Number of Complaints Partially Upheld
9. Number of Complaints Denied (prior to any external escalation)

Upon receipt of the monthly report, the CEO will review the complaint categories, reasons for the complaints, and how they were handled. They will then provide comments on the report and, in consultation with relevant staff members and possibly external consultants, will determine what adjustments should be made to CRI's policies, services, processes, or procedures to prevent the recurrence of similar complaints in the future. These adjustments will be documented, and appropriate actions will be taken to address any systemic issues identified.

2. Annually to DHA (External): An annual Complaint Report will be submitted to the DHA Health Funding Department no later than January 7 each year. The KPIs in the report will be the same as those mentioned above.

12. Training for Complaint Owners

The Complaint Owner is required to undergo training through an internal program aligned with DHA guidelines. This training will focus on effectively identifying, resolving, and recording complaints to ensure compliance and high-quality customer service.

The training program and its content are outlined in CRI's Learning and Development Policy, and all sessions will be recorded in CRI's Training Log.

13. Training for Employees Apart from Complaint Owners

All CRI employees must be trained to recognize complaints they receive and know how to appropriately direct them to the designated Complaint Owner. The process for identifying a complaint will follow the guidelines outlined in the DHA Standards Notice 02/15.

The training program and its content are outlined in CRI's Learning and Development Policy, and all sessions will be recorded in CRI's Training Log, including the employee's name and the date of the session.

Annexure 1: Customer Complaint Form

Customer Complaint Form



Fields marked with an asterisk (*) are required and must be filled out/ticked for your complaint to be processed. If you need assistance completing this form, please contact a member of our staff.

Name of complainant*

Type of customer*

☐ Individual ☐ Corporate

Complainant's email ID*

Complainant's phone number

Type of insurance product*

☐ Medical ☐ Motor ☐ General

Name of patient* (if Medical)

Name of staff member to whom the complaint has been directed

Identification of a repeat complaint

☐ Yes ☐ No

Previous complaint reference ID

Policy number

Member number (if Corporate)

Category of complaint*

☐ Advice provided or product suitability

☐ Accuracy of documentation provided

☐ Delays in process

☐ Administrative or operational processes or procedures

☐ Service provided by advisers, staff, or departments

Detail of the complaint*