



AXA Mansard Insurance Complaints Procedure

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We recognise the customer's right to complain and we continue to provide an efficient, fair and accessible mechanism for resolving customer complaints.

All complaints (oral and written) received relating to AXA Mansard Insurance Plc must be recorded, dealt with promptly and consolidated to be reported to and reviewed in aggregate by senior management.

AXA Mansard receives complaints via all channels, that is, through our phone lines, Call Back & Complaint/enquiries link on our website, email and through our various Welcome centres.

To effect this, a record of all complaints received are maintained with a sequential number assigned to each upon receipt and their status tracked and recorded. These complaints should be resolved within the stipulated turn-around time set.

These complaints are managed in 5 stages which support prompt resolution:

- First Stage- Recording and acknowledgement of complaints and resolution by first line officers.
- Second Stage- If complainant is still unsatisfied and complaint has not been resolved. The complaint should be escalated to Senior Management.
- Third Stage: And if still unresolved by Senior Management, it should be sent to the Internal Complaint Resolution Committee (in-house grievance centre)
- Fourth Stage: The complaint should be referred to NAICOM Complaint Bureau for arbitration if the complaint is not resolved.
- Fifth Stage: The case should be taken to court if still unresolved.

CUSTOMER COMPLAINTS BUREAU

1. WHAT IS THE COMPLAINTS BUREAU?

The Complaints Bureau is a unit of the National Insurance Commission, established in accordance with section 8(a) of the National Insurance Commission Act No. 1 of 1997. It serves as an organ to which members of the public may submit complaints against insurance companies and intermediaries. The Bureau is not an alternative to the court of law, where certain disputes necessarily have to be resolved. Its findings may be related to the provision of section 8 of the National Insurance Commission Act No. 1 of 1997, which empowers the Commission to enquire into the operations of insurance companies and intermediaries.

2. WHAT KIND OF DISPUTE CAN I REFER TO THE BUREAU?

All insurance disputes arising from insurance policies issued by registered insurers, such as undue delay in settlement of genuine claims, denial of liability, where the complainant is convinced that there is liability. Other matters relating to the discharge of obligations by insurance companies and intermediaries etc.

3. WHAT IS THE COMPOSITION OF THE COMMITTEE OF THE BUREAU?

Members of the Committee of Adjudication are all employees of the National Insurance Commission, who are:

- i) Fair and just,
- ii) independently minded,
- iii) knowledgeable in insurance practices,
- iv) vast in insurance laws,
- v) good listeners and
- vi) matured in conduct.

The Committee has a Chairman, a Secretary and four other members.

4. WHEN DO I SEEK THE INTERVENTION OF THE BUREAU?

Only after the complainant has failed to reach settlement with the insurer, or intermediary, in respect of a matter properly reported or lodged with the insurer or intermediary.

5. HOW DO I APPROACH THE BUREAU?

Visit or write the Bureau, to explain your complaint within three months of your failure to reach settlement with the insurer etc. The letter should indicate why you think, you have been unfairly treated, explaining your case in detail. The address to write is,

THE SECRETARY, OR,
COMPLAINTS BUREAU,
NATIONAL INSURANCE COMMISSION,
ALAGBON CLOSE, IKOYI,
P. M. B. 80144, VICTORIA ISLAND.
LAGOS.

01-2672497-99, 2672468 OR,
THE ZONAL OFFICES IN KANO, PORTHARCOURT, ILORIN AND ENUGU.

6. HOW WILL THE BUREAU DEAL WITH THE DISPUTE?

i) The Bureau, will acknowledge receipt of your complaint. Thereafter, the Committee will study the complaint and all relevant papers, and enter into correspondence with the insurer or intermediary. It may be necessary for the Bureau to seek clarification from the complainant.

ii) Depending on the issues, the Bureau may invite the parties to a hearing, whereby the two sides, are brought together for resolution of the dispute.

iii) The Committee will prepare a report to the Commissioner for Insurance with a brief on the facts and findings, indicating the approach to settling the disputes from time to time as necessary.

iv) Where appropriate the provisions of both the National Insurance Commission Act and Insurance Act of 1997 may be evoked against the insurer or intermediary as the case may be.

v) The Bureau will make its decision known to you and the insurance company/intermediary.

vi) If any of the parties is not satisfied with the decision of the Bureau, he/she is free to seek redress in a court of law.

7. HOW MUCH DO I PAY FOR THE SERVICES OF THE BUREAU?

The services are rendered free of charge as part of the statutory functions of the National Insurance