

COMPLAINTS AND DISPUTE RESOLUTION PROCESS

Axis Underwriting Services (Axis) are committed to meeting and exceeding our clients' expectations whenever possible and would like to know if your expectations haven't been met. You are entitled to make a complaint about any aspect of your relationship with Axis including the conduct of our agents and authorised representatives. The complaints process also applies to complaints regarding a declined claim, the value of a claim or financial hardship.

What is a complaint: A complaint is an expression of dissatisfaction made to or about us, related to our products, services, staff, or the handling of a complaint, where a response or resolution is explicitly or implicitly expected, or legally required.

The complaints process described below does not apply to your complaint if Axis or the relevant insurer is able to resolve the complaint to your satisfaction by the end of the 5th business day after your complaint was received by Axis, or in the circumstances where we are unable to take any further action to reasonably address the complaint and we have explained the circumstances to you. The exemption to the complaints process does not apply to complaints regarding a declined claim, the value of a claim, financial hardship or in the circumstances where a written response is requested.

This policy complies with the General Insurance Code of Practice and any relevant Australian Securities and Investments Commission (ASIC) guidelines.

Vulnerability Support and Financial Hardship

Financial Hardship involves an inability of the customer to pay a debt, rather than an unwillingness to do so. Financial Hardship can arise from a variety of situations and can be either of limited duration or long term.

If we are informed that you are experiencing Financial Hardship, we are required to supply you with an application form for Financial Hardship assistance and contact details for the National Financial Counselling hotline 1800 007 007.

We will review any applications for Vulnerability Support and/or Financial Hardship in accordance with Part 9 (Supporting customers experiencing vulnerability) and Part 10 (Financial Hardship) of the General Insurance Code of Practice and any applicable guidelines.

1. INTERNAL DISPUTE RESOLUTION PROCESS (IDR)

1.1 What to do if you have a complaint

Complaints may be referred by either email, telephone or mail:

E: complaints@axisunderwriting.com.au
T: + 61 3 8660 7000
M: Complaints Manager
Level 5, 90 Collins Street, Melbourne VIC 3000

To allow Axis to consider your complaint the following information needs to be provided (where available):

- Name, address, email and telephone number of the policyholder;
- Policy number, claim number and product type;
- Name and address of the insurance intermediary through whom the policy was obtained;
- Reasons why you are dissatisfied and an explanation of the situation that led to the complaint; and
- Copies of any supporting documentation you believe may assist Axis in addressing your complaint appropriately.

1.2 How Axis or the relevant insurer will handle your complaint

Axis or the relevant insurer aim to acknowledge receipt of your complaint by either telephone, email, social media channels or letter within 1 business day and advise the name and contact details of the employee assigned to liaise with you.

Axis or the relevant insurer will respond to your complaint in writing within 30 calendar days of first being notified of the complaint, provided Axis or the relevant insurer have all the necessary information and have completed any necessary investigations.

Axis or the relevant insurer will keep you informed of the progress no less than every 10 business days unless it is resolved earlier.

If Axis or the relevant insurer is unable respond within 30 calendar days, Axis or the relevant insurer will provide you with an Internal Dispute Resolution Delay Notification outlining the reasons for the delay and your right to complain to the Australian Financial Complaints Authority (AFCA) if you are dissatisfied.

2. EXTERNAL DISPUTE RESOLUTION PROCESS (EDR)

2.1 Australian Financial Complaints Authority

If Axis or the relevant insurer's response following the IDR process does not resolve your complaint to your satisfaction, or if Axis or the relevant insurer have not resolved your complaint within 30 calendar days of the date Axis first received your complaint, you can seek an external review via the insurer's external dispute resolution scheme administered by AFCA. AFCA is for customers and third parties as allowed under its Rules.

There may be occasions when Axis or the relevant insurer determine that a complaint should be referred to AFCA for resolution. If this is the case your consent would be obtained before any referral is made to AFCA.

AFCA is an independent national scheme for consumers, free of charge and aimed at resolving disputes between the insured and their insurance intermediary/insurer. AFCA can advise you if your dispute falls within their Rules.

Determinations made by AFCA are binding on the intermediary/insurer, where relevant. If you would like to refer your dispute to AFCA, you must do so within 2 years of the final decision from IDR. AFCA may still consider a dispute lodged after this time if AFCA considers that exceptional circumstances apply.

Australian Financial Complaints Authority contact details are:

T: 1800 931 678
E: info@afca.org.au
M: Australian Financial Complaints Authority
GPO Box 3, Melbourne VIC 3001
W: www.afca.org.au

2.2 Process

If you choose to lodge your dispute with AFCA, they will contact Axis and/or the insurer and ask for a response from both parties. Response times requested by AFCA vary depending on the situation.

If AFCA advises you that their Rules do not extend to you or your dispute, you can seek independent legal advice or access any other external dispute resolution options that may be available to you.