

**Do you have a
complaint about
your insurance?**



Insurance

**Your guide to making a complaint
about your insurance policy**

Resolving your complaint

If you're unhappy with our financial services, or the way we've handled your insurance claim, we want to hear from you. Your feedback is important to us as it helps us improve the way we do business.

Our insurance is designed to protect you and your family, and we are committed to handling any claims you make quickly, honestly and fairly.

There may be situations, however, where you are not satisfied with the outcome, and you may want to make a complaint.

We have internal and external procedures in place for resolving your complaint.

It will not cost you anything to follow these procedures and you'll find out how they both work in this brochure. If you have any questions at all, please contact us.

Complaint procedures apply to Hallmark General Insurance Company Ltd. (ABN 82 008 477 647, AFSL 243478) and Hallmark Life Insurance Company Ltd. (ABN 87 008 446 884, AFSL 243469).

How do I make a complaint?

If you have any concerns with the way we've handled your claim, or with the services we provide, please talk with us first. It's important we understand your concern, as we may be able to resolve it straight away for you.

You can make your complaint by:

- phoning 1800 800 230 during business hours (8.30am to 5pm AEST) Monday to Friday
- sending an email to latitude.insurancecomplaints@latitudefinancial.com
- sending a fax to 1300 362 642, or
- writing to us at GPO Box 1571, Sydney NSW 1025.

If you need any assistance making your complaint, we can help with that too.

Your complaint will go through our **internal dispute resolution procedure** first. If you are not satisfied with the outcome, you can then take it through the **external dispute resolution procedure**.

Internal resolution of your complaint

To ensure your complaint is handled fairly, you will have the chance to present your concern to us. Wherever possible, staff not involved in the subject matter of your complaint will investigate it on your behalf.

Step 1: First contact

If you call us, we may be able to resolve your complaint over the phone.

If you write to us, someone will contact you within three business days to discuss your complaint. They may be able to resolve it for you immediately, and they will be your point of contact throughout the process and will keep you informed at every step.

Step 2: Gathering the information

Once we have all the relevant information and we've completed any necessary investigation, we'll make a decision about your complaint within 15 business days. If we need more information or if a longer assessment period is required, we'll agree a reasonable timeframe with you.

If you're not happy with that timeframe, we will treat your complaint as a dispute, and our Dispute Review Panel will assess it.

Step 3: Keeping you informed

We will let you know how our investigation is progressing at least every 10 business days.

If we have not resolved your complaint within 45 days, we will write to you to explain the delay and advise you of other external procedures you can follow to resolve your complaint.

Step 4: Making a decision

If it takes five business days or more to make a decision about your complaint, we will provide the reasons for our decision in writing and inform you of how you can have our decision reviewed.

What can I expect from the resolution?

Once we've made a decision on your complaint, we may decide to:

- accept your complaint and provide appropriate compensation, or
- offer compensation without accepting your complaint or any liability in relation to your concern, or
- reject your complaint and give you our reasons for doing so.

How does the Dispute Review Panel work?

If you are not satisfied with our initial response to your complaint, you can request a review of our decision and we will treat it as a dispute. Our panel of qualified insurance representatives will review your case.

To do this, please contact our Complaints Resolution Specialist, using any of the methods listed under the heading **'How do I make a complaint?'**. We will consider any additional information you supply, and reply in writing with the outcome of your complaint and our reasons for the decision.

The time frames that apply to our internal resolution process also apply to the Dispute Panel Review.

External resolution of your dispute

We hope that we can resolve your complaint through our internal resolution process. However, you may decide to follow the external resolution process if you are not happy with our decision, or if we do not make a decision about your complaint within 15 business days (or within the agreed timeframe).

How long do I have to decide?

You can take your complaint to the external dispute resolution body within two years of our decision.

Who do I contact?

If your complaint relates to a general insurance product or a life insurance product, you can take it to:

Australian Financial Complaints Authority (“AFCA”)

GPO Box 3

Melbourne VIC 3001

Phone: 1800 931 678

Email: info@afca.org.au

AFCA is an independent and impartial body. Its external dispute resolution procedures are approved by the Australian Securities and Investments Commission.

Will it cost me anything to use this service?

No, AFCA procedures are available to you for free.

What happens once AFCA has made a decision?

Hallmark General Insurance Company Ltd. must comply with the decision AFCA makes about your complaint. However, if you are still not happy with the result you are able to take further legal action if you wish.

For more information about AFCA, please visit www.afca.org.au