

COMPLAINTS HANDLING

Complaint may be filed by any client, potential client or his/her representative on the basis of power of attorney (hereinafter only “the complainant”).

Filing is considered as a complaint if it is made by the complainant where the complainant expresses her/his disagreement with the accuracy and quality of services provided by the company NOVIS Insurance company Inc. (NOVIS Poist'ovňa, a.s. – hereinafter only “the Insurer”). Filing which has the nature of the demand, statements, opinions, requests, initiative or proposal is not considered as a complaint.

The complaint may be submitted as follows:

- a) in writing to the registered postal address of the Insurer sent via post or courier:
NOVIS Poist'ovňa a.s., Námestie Ľudovíta Štúra 2, 811 01 Bratislava, Slovakia
- b) personal delivery directly at the registered seat of the Insurer,
- c) in writing through the distribution partner of the Insurer,
- d) via email: fyrirspurnir@novis.eu.

A complaint must in case of a natural person includes the name and surname of the complainant, permanent residence of the complainant and in case the complainant doesn't present at the address of permanent residence, there will be written the address at which retrieves the mail or e-mail address when the complainant expresses in the complaint that the complainant wants to deliver the result of investigation electronically. In the case of a legal person the complaint includes company name, business address and contact information for the person or email address when expressed in the complaint that the complainant wants to deliver the result of investigation electronically.

In his complaint, the complainant specifies the scope of complaint, describes the reasons for the complaint and submits the documents on which bases its complaint is. Anonymous complaints will not be investigated by the Insurer.

If the complainant fails to submit the documents on which bases its complaint is, the Insurer in writing invites the complainant to submit them with the warning that if the complainant fails to submit the requested documents within 10 days and it will be impossible to investigate the complaint without them, the Insurer has the right to handle such a complaint as the unsubstantiated for failure to document evidence.

The Insurer has the right to handle the complaint as the unsubstantiated in case that:

- it does not consist the above mentioned requirements,
- it is clear that in the case which is the subject of the complaint, the court, prosecution or other authority law enforcement acts,
- it is found that the complaint relates to another person than who filed the complaint and the power of attorney is missing,
- the event to which the complaint relates is passed on the day of its delivery more than five years,
- it is a subsequent repeated complaint,
- it is a complaint against the handling of such a complaint,

- there is the absence of the information needed to investigate the complaint and the complainant even after the Insurer's written notice within 10 calendar days fails to complete the requested information.

Complaints are handled in order of receipt to the headquarter of the Insurer.

The period for complaint handling is 30 calendar days from the date of receipt of the complaint to the headquarter of the Insurer.

In case of serious reasons the complaint cannot be handled within the period specified in previous sentence, the Insurer may extend the period for a complaint handling to a maximum of 60 calendar days from the date of receipt of the complaint to the headquarter of the Insurer and also has to announce the complainant the reasons for extending the deadline to 60 calendar days within 30 calendar days of receipt of the complaint.

Responsible person of the Insurer who is appointed according to internal rules of the Insurer to solve the complaint is obliged to inform the complainant:

- to inform the complainant about the receipt of a complaint as soon as possible after the assessment that it is a complaint within the meaning of the internal rules of the Insurer,
- to inform the complainant who is the responsible person for handling his complaint and this need to be done in the average period not longer than the period for the complaint handling,
- to inform the complainant about the estimated time when his complaint will be handled.

The complainant is latest 30 (or 60 according to above mentioned) calendar days from receipt of the complaint by the Insurer informed about the results of complaint's investigation, in writing, in the form of a registered letter to the address which is written in the complaint. If the complainant this letter does not accept, it is considered that such a letter is delivered on the date on which the letter was returned to the registered address of the Insurer. In case that the complainant had requested in the complaint electronic communication, the Insurer will announce the result of complaint's investigation to the complainant via e-mail and it is deemed that the announcement is delivered by sending an e-mail if an e-mail within 24 hours from sending will not return as undelivered. If the email is returned as undeliverable, the Insurer will send the result of complaint's investigation to the complainant in writing, according to the first and second sentences of this paragraph.

If the complaint is heading to a particular employee of NOVIS, such employee is not entitled to handle such complaints.

If the complainant is unsatisfied with the solution of his/her complaint, the complainant has the right to contact the Financial Supervisory Authority, Iceland, with registered seat at Katrinartuni 2, 105, Reykjavik, Iceland by submitting a written or electronic complaint or initiative.
(<https://en.fme.is/supervision/consumer-affairs/>)