

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, NOVIS Versicherungsgesellschaft, NOVIS Compagnia di Assicurazioni, NOVIS Poist'ovňa a.s. (hereinafter only "the Insurer") or by the financial intermediaries with whom the Insurer has a contract under which such persons mediate insurance on behalf of the Insurer. By submitting the complaint, the client seeks to protect his/her rights or legitimately protected interests, or draws attention to specific shortcomings, particularly violations of the law. 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 Insurance Company, NOVIS Versicherungsgesellschaft, NOVIS Compagnia di Assicurazioni, 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: fyirirspurnir@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. An anonymous complaint shall be dealt with only if it contains specific information indicating that a generally binding prescription, contractual obligation or internal procedure of the Insurer has been violated.

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,

- in the case of a complaint against the result of the investigation of the insured event and after investigating the complaint, the Insurer finds that the documents that justified the change of the result of the insured event investigation client submitted to investigation of the complaint and not to the investigation of the insured event and at the same time the necessity of submission other documents the Insurer within the investigation of the insured event could not find out,
- after investigation of all circumstances mentioned in the complaint the Insurer will not satisfy the complaint.

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, via e-mail which the complainant specified on the insurance contract 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 the same day as the e-mail returned as undeliverable (if this day will not be working day, then the closest working day) in writing to the address of permanent residence/registered address, eventually to correspondence address if it is mentioned and will proceed as it mentioned in the last sentence of this paragraph. In case the complainant does not have the e-mail address or expressly requested delivery in writing to the address, the Insurer will send the result of complaint's investigation latest in the day when the complaint was handled, in writing via mail 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 address of the Insurer.

If the complaint is heading to a particular employee of the Insurer, 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/>)