

COMPLAINTS HANDLING PROCEDURE FOR CLAIMS HANDLING AND SETTLING SERVICES

Application

Procare takes pride in the high-quality service offered to customers. Having an open and accessible complaints process helps us to understand our customers and provides us with the opportunity to improve.

This procedure applies if you have a complaint about a 'Claims Handling and Settlement Service' (CHSS). We have a separate process for these Services to meet legislative and regulatory requirements and ensure that your interests are protected.

What is a CHSS?

Relevant to the types of Services that Procure provides, a CHSS is defined by legislation to be a service involving the following activities:

- making a recommendation or stating an opinion in response to an inquiry about a claim or potential claim
- making a recommendation or stating an opinion that could influence a decision about making or continuing with a claim
- representing someone in pursuing a claim
- assisting another person to make a claim
- assessing whether an insurer is liable under an insurance product
- making a decision to accept or reject all or part of a claim
- quantifying an insurer's liability under an insurance product
- offering to settle all or part of a claim, or
- satisfying a liability of an insurer under a claim

The following services are excluded from the definition of CHSS:

- loss assessors or loss adjusters
- specialists who are providing an expert opinion to help an insurer assess a claim (e.g. engineers, geologists, forensic accountants)
- investigators
- other 'fulfilment providers' (e.g. builders, smash repairers) – unless they are authorised to reject claims
- independent medical examiners • debt collection agents,
- legal services,
- superannuation trustees.

What Do You Do if You have a Complaint in Relation to a CHSS?

Step 1. Contact Us

You can make your complaint by either:

1. Calling Us on (02) 9086 8000 and one of our staff will assist you to obtain sufficient details to complete the above Complaint Form.
2. Emailing Us: info@procaregroup.com.au
3. Writing to us at
Level 1, Building 3, 190 Bourke Rd
Alexandria, NSW 2015

Step 2. We Will Investigate Your complaint

When we receive your complaint, we will acknowledge receipt within 1 business day and commence investigations.

The means by which you lodged your complaint and the nature and seriousness of the complaint will determine who will manage your complaint and the amount of time it will take us to provide an outcome to your complaint. We will:

1. endeavour to resolve your complaint within 5 business days. We will not provide you with a written response unless:
 - a. You ask for a written response
 - b. You are experiencing hardship
 - c. We are declining your insurance claim
 - d. The complaint is in relation to the value of an insurance claim; and
2. if it is not possible to provide an outcome within 5 days, we will provide you with a written response within 30 calendar days of receipt of your complaint.

We will provide you with an update every 10 calendar days.

We will not make a decision later than 30 calendar days without providing you with a written notice explaining the reason for the delay. We will only provide you with this Delay Notification Notice if there is no reasonable opportunity for us to provide a response within 30 calendar days (e.g. due to complexity or matter is outside of our control). If we delay and you are not satisfied by the delay, you may escalate to the Australian Financial Complaints Authority (AFCA) as per step 4.

Step 3. The Outcome of Your Complaint.

In our final response to your complaint, we will provide a written explanation of:

- Our investigation into your complaint
- Attempts to resolve your complaint
- Reasons for our decision
- How you can access any documents considered
- The escalation process as per step 4. This escalation process applies if you not be satisfied with the outcome of your complaint.

Step 4. What if You Are Not Satisfied with a Delay or the Outcome of Your Complaint?

If your complaint has not been resolved to your complete satisfaction, and your complaint comes within the AFCA Rules, you can lodge a complaint with AFCA via:

Website: www.afca.org.au

Email: info@afca.org.au

Telephone: 1800 931 678 (free call)

In writing to: Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001

AFCA is an independent dispute resolution scheme approved by the Australian Securities Commission (ASIC). We are a member of AFCA and we agree to be bound by its determinations about a dispute

Time limits may apply to complaints to AFCA. You may wish to consult the AFCA website or contact AFCA directly to find out if there is a time limit on lodging a complaint with AFCA.

Do You Need Assistance to Make a Complaint?

If you have special hearing or communication needs you may use the following to assist you to lodge your complaint:

1. For hearing or speech impairment you may like to use the National Relay Service.
2. For Translating and Interpreting Service (TIS National). TIS National can be contacted on 131450.

Can someone else make a complaint on Your behalf?

You can authorise someone else to make a complaint on your behalf. However, to protect your privacy, you will need to give us written confirmation. You can amend or withdraw this authorisation at any time.