

COMPLAINTS PROCEDURE



1. INTRODUCTION

Harland Green is committed to the highest standards of compliance with complaints legislation and other requirements and seeks to follow best practice where it is able. The complaints procedures includes templates for our required product disclosures, instruction on handling complaints to ensure all staff are clear on requirements and templates for corresponding with complainants.

The Australian Securities and Investments Commission (ASIC) stipulates in Regulatory Guide 271: Internal Dispute Resolution that financial firms must have a dispute resolution system that consists of:

- An internal dispute resolution (IDR) procedure that meets the standard or requirements made or approved by ASIC; and
- Membership of the Australian Financial Complaints Authority (AFCA).

In addition, as a Lloyd's Coverholder, we have adopted the General Insurance Code of Practice, subject to certain specific qualifications and also the requirements imposed by Lloyd's Australia for any escalation of complaints related to the policy issued or claims.

In this procedural document, references to "we"/"us"/"our" means Harland Green and its subsidiaries, and "you" means you as a director, employee or other person who works for Harland Green and any of its subsidiaries.

2. VERSION CONTROL

This procedural document is reviewed annually by the Chief Executive Officer.

Version	Authored	Approved by	Release date
1.01	Peter Drinnan	Glen Drinnan	1 September 2024
1.02	Michelle Macris	Glen Drinnan	4 December 2024

3. PURPOSE

The purpose of these procedures is to inform all our staff of the required approach to ensure compliance ASIC's regulatory guide (RG) 271 and to advise our staff of the relevant policies and procedures with which they are expected to comply. It ensures we:

- (1) meet our own obligations; and
- (2) meet the obligations required as a Coverholder of Lloyd's;

The Complaints Procedures provide a simple approach for ensuring we are both compliant with RG 271 and are appropriately managing our customers concerns with an element of our service.



4. WHAT IS A COMPLAINT?

A complaint is defined as “an expression of dissatisfaction made to or about an organisation, related to its products, services, staff or the handling of a complaint, where a response or resolution is explicitly or implicitly expected or legally required”.

5. WHAT IS AN ELIGIBLE COMPLAINANT?

Whilst there is no official definition of a complainant in Australia, under RG271, it includes, at a minimum, “an individual consumer or guarantor” and a “small business” as defined by s761G of the Corporations Act.

In addition, the Australian Financial Complaints Authority (‘AFCA’) has jurisdiction to review complaints from an ‘Eligible Person’, which is defined in its Rules to include:

- a) an individual or individuals (including those acting as a trustee, legal personal representative or otherwise);
- b) a partnership comprising of individuals – if the partnership carries on a business, the business must be a Small Business;
- c) the corporate trustee of a self-managed superannuation fund or a family trust – if the trust carries on a business, the business must be a Small Business;
- d) a Small Business (whether a sole trader or constituted as a company, partnership, trust or otherwise);
- e) a club or incorporated association – if the club or incorporated association carries on a business, the business must be a Small Business;
- f) a not-for-profit organisation or club – if it carries on a business, the business must be a Small Business unless the not-for-profit organisation or club is also a charity registered with the Australian Charities and Not-for-Profits Commission;
- g) a body corporate of a strata title or company title building which is wholly occupied for residential or Small Business purposes; or
- h) the policy holder of a group life or group general insurance policy, where the complaint relates to the payment of benefits under that policy.

In relation to:

- (i) Retail General Insurance Policy (i.e. home, motor, sickness & accident, travel and personal and domestic property, including valuables, pleasurecraft, caravans, fine art, farm etc;
- (ii) Residential Strata Title Insurance Product; and
- (iii) Small Business Insurance Product, defined by the Rules (currently excluding cover in relation to Contractors All Risks, Fidelity Guarantee, Legal Liability, Professional Indemnity and Industrial Special Risks). Small Business means a business employing under 100 employees.

In all cases, the ‘complainant’ is the person on whose behalf the complaint is being made (ie the individual or the company, not the broker or representative). If the complainant is being represented by a broker or other third party, this will be made clear in our file, with appropriate authority included.

Note: We will follow the Complaints Handling process set out below regardless of whether the complainant is an “Eligible Person” as defined by ASIC.

6. INTERNAL DISPUTE RESOLUTION PROCEDURES

Our procedures are made up of several elements:

- **Policy Disclosures** – to inform our customers of our process, we attach the following to our products under “Important Information” at the front of policy documentation:



Complaints and Disputes

If you have any concerns or wish to make a complaint in relation to this policy, our services or your insurance claim, please let us know and we will attempt to resolve your concerns in accordance with our Internal Dispute Resolution procedure. Please contact Harland Green in the first instance:

Email: complaints@harlandgreen.com or
Telephone: (02) 9542 2651

We will acknowledge receipt of your complaint and do our utmost to resolve the complaint to your satisfaction within 10 business days.

If we cannot resolve your complaint to your satisfaction, we will escalate your matter to Lloyd's Australia who will determine whether it will be reviewed by their office or the Lloyd's UK Complaints team. Lloyd's Australia Limited contact details are:

Email: ldraustralia@lloyds.com
Telephone: (02) 8298 0783
Post: Lloyd's Australia Ltd, Grosvenor Place, Level 32, 225 George Street, Sydney NSW 2000

A final decision will be provided to you within 30 calendar days of the date on which you first made the complaint unless certain exceptions apply.

You may refer your complaint to the Australian Financial Complaints Authority (AFCA), if your complaint is not resolved to your satisfaction within 30 calendar days of the date on which you first made the complaint or at any time. AFCA can be contacted as follows:

Telephone: 1800 931 678
Email: info@afca.org.au
Post: GPO Box 3 Melbourne VIC 3001
Website: www.afca.org.au

Your complaint must be referred to AFCA within 2 years of the final decision, unless AFCA considers special circumstances apply. If your complaint is not eligible for consideration by AFCA, you may be referred to the Financial Ombudsman Service (UK) or you can seek independent legal advice. You can also access any other external dispute resolution or other options that may be available to you.

The Underwriters accepting this Insurance agree that:

- (i) if a dispute arises under this Insurance, this Insurance will be subject to Australian law and practice and the Underwriters will submit to the jurisdiction of any competent Court in the Commonwealth of Australia;
- (ii) any summons notice or process to be served upon the Underwriters may be served upon:

Lloyd's Underwriters' General Representative in Australia
Grosvenor Place,
Level 32, 225 George Street
Sydney NSW 2000

who has authority to accept service on the Underwriters' behalf;



- (iii) if a suit is instituted against any of the Underwriters, all Underwriters participating in this Insurance will abide by the final decision of such Court or any competent Appellate Court.

In the event of a claim arising under this Insurance notice should be given as soon as possible to:
claims@harlandgreen.com

- **Staff Training** will be conducted at Induction and at least every 12 months for all staff. Our training will cover various topics including:
 - Understanding what a complaint is: to ensure our team can **recognise** that a complaint can come in different forms and expressions and that there is no requirement for a complaint to be made in writing. If a complaint is received by phone, a comprehensive file note must be recorded. While many complaints are obvious, they can also be very subtle. Often there is reticence to consider any expression of dissatisfaction as an official complaint however it still must be recognised as one.
 - Complaints handling process: to ensure our team understand the need to immediately commence our Complaints/IDR procedures and to comply with certain timeframes and guidelines during the handling of a complaint.
 - External Dispute Resolution
 - Avenues for referral
 - Requirement to keep accurate records

7. COMPLAINTS HANDLING PROCEDURES

- **Internal Dispute Resolution Process** – on receipt of a complaint, the following steps must be followed:
 1. **Record the Complaint** – record the complaint and pertinent details in our Complaints Register and the Lloyds Australia Notification Spreadsheet. These first 2 steps of the process should happen immediately upon receipt of the complaint and no later than 4 hours after the report. The Harland Green Complaints Register captures all information required for reporting purposes along with some additional information.
 2. **Acknowledgement of Complaint** – an [Acknowledgement Letter](#) must be sent to the complainant within 1 business day, which confirms receipt of their complaint and provides the name and contact details of the person that will be handling that Complaint. If the complaint is in relation to a Claims matter, our Head of Underwriting will manage the complaint and if the complaint is in relation to an Underwriting matter, our Head of Claims will manage the complaint. If the complaint is in relation to anything other than Claims or Underwriting, then it will be managed by the CEO.
 3. **Triage** – of the incident should occur within 24 hours of receipt of the complaint and should be conducted by the head of the appropriate area (claims, underwriting, technology, operations, etc). The triage process must include a quick but thorough assessment of the facts with a primary objective to identify a quick satisfactory resolution. Following this, regardless of whether a resolution has been found, we must either communicate our solution or communicate our position and next steps. This should ideally be a phone conversation and followed up in writing.
 4. **Root Cause Analysis** – regardless of the triage outcome, we must investigate the cause of the problem that led to the complaint. That starts with a thorough understanding of the problem itself. With a clear statement of the problem, we can get to root cause that led to the complaint. This process involves representatives from claims, underwriting and technology to ensure we both



understand the problem and have the capability to diagnose the cause and required action to prevent it from happening again.

5. If the complaint is resolved within 5 days of its receipt, we do not need to send a Resolution Letter unless the Complainant has requested one or the complaint relates to a denial of a claim, the value of a claim or financial hardship. For these complaints resolved within 5 days we must record a detailed File Note must be kept including:
 - Date and time of conversation
 - Name of staff member and complainant
 - Summary of call including detail of the complaint and desired response or resolution
 - Precise resolution
 - Explicit confirmation that the action resolves the complaint
6. If we need to request **further information** from the complainant we send the [Request for Further Information Letter](#).
7. If we **resolve** the complaint to the customer's satisfaction, within 10 days of receipt we must issue a [Stage One Resolution Letter](#) setting out the reasons for the decision and details of any remediation action to be taken.

Remediation – mostly involves fixing the problem and putting the complainant in the same position if the incident did not occur. Depending on the incident, whether it is considered reportable and the likely involvement of other parties, it can also involve compensation, fines and penalties.

8. If we do not resolve the complaint within 10 business days of receipt, we must keep the complainant updated on the progress of the complaint every **10 business days** using the [10-day update letter](#). At this stage, we can request an extension from Lloyds Australia for Stage One, via IDRAustralia@lloyds.com.
9. If the complaint is not resolved within 10 business days, and an extension from Lloyds Australia is not requested/granted, then the complaint is **auto-escalated to Stage Two**. We must send the complainant the [Advice of Escalation to Stage 2](#) letter to advise the complainant of this.

We must escalate the complaint to Lloyds by email using [Stage 2 Escalation form](#), attaching the full file which includes the Policy Wording, Schedule, Claim Form, internal and external correspondence, reports and call recordings and case notes.

For complaints that are not related to either the Claims or Underwriting function, we will continue to manage within Harland Green until a final decision is made, or 30 days has expired. Managing these types of complaints within Harland Green means we can do so quickly and efficiently whilst applying local knowledge where relevant.
10. A final decision is due within 30 calendar days of receipt of the complaint. If a final decision cannot be made an [IDR Delay Notification Letter](#) must be sent to the complainant, including reasons for delay, the right to refer to AFCA and AFCA contact details.
11. When the final decision is made, it is to be **recorded** in our Complaints Register and the Lloyds Australia Notification spreadsheet. The final decision/outcome must also be advised to the CEO of Harland Green.
12. If the complaint has proceeded to External Dispute Resolution and AFCA has made a determination, we are bound by that determination and must implement it promptly and entirely.



Any payments must be made within the timeframe stipulated or, if not stipulated, 14 calendar days.

13. **Post Complaint Review** – within 30 days of closure of the complaint, a review is to be conducted by the CEO to ensure all actions, including customer remediation and any reporting requirements have been fulfilled. The review will also consider improvements to our process to avoid similar incidents.
- **Notification / reporting to Lloyds** – during our complaints handling process we will keep Lloyds updated at the required intervals:
 14. Notify Lloyds of receipt of a complaint within **5 business days** using the [Lloyds Australia Notification Spreadsheet](#). This is to be sent to Lloyds via CareSmart DEX messaging or emailing the spreadsheet to complaints-notification@lloyds.com.
 15. If AFCA or UK FOS refers a complaint to the us in the first instance, we will inform Lloyds Australia immediately. Lloyd's will then have the matter reregistered in Lloyd's name.
 16. We must also notify Lloyds of the outcome of every complaint within **2 business days** of the outcome.

When submitting documents to Lloyds, they must be submitted in PDF format via a secure file sharing arrangement, or if by email they must be password protected using our password provided to Lloyd's Dispute Resolution team.

- **Privacy considerations**

In line with our Privacy Policy, any email correspondence will only contain data relating to a single policy holder. The only exception to this is the Lloyds Australia Notification Spreadsheet.
- **Compliance with General Insurance Code of Practice** – the above process complies with GICOP procedures and our undertaking to Lloyd's Australia under the Deed of Adoption.

8. RECORD KEEPING

Records that depict our compliance with complaints procedures are kept for seven (7) years however actual complaint records, investigations, communications and resolutions are kept indefinitely.

