

VANDENI KINDLUSTUSMAAKLERID AS PROCEDURE FOR REVIEWING AND SETTLING COMPLAINTS

1. General provisions

This procedure for reviewing and settling complaints establishes the procedural mechanisms and terms for submitting and reviewing complaints submitted by clients of Vandeni Kindlustusmaaklerid AS. In addition, this procedure for reviewing and settling complaints provides information about the possibility of recourse to the competent national authorities in case of disagreements.

2. Definitions

2.1. The most common terms used in the procedure for reviewing and settling complaints, and their meanings shall be the following:

“Insurance Broker” – an insurance broker employed by Vandeni Kindlustusmaaklerid AS;

“Client” – a policyholder, who has entered into an insurance contract through an Insurance Broker and who wants to file a complaint against the activities of the Insurance Broker;

“Procedure” – this procedure for reviewing and settling complaints;

“Complaint” – a complaint (either verbal or written) submitted by the Client with regard to the activities of an Insurance Broker.

3. Filing a Complaint

3.1. In case of submission of any claims or complaints concerning the activities of an Insurance Broker, the Client has the right to file a Complaint to the Insurance Broker by following the procedural requirements established with the Procedure.

3.2. In order to file a Complaint, the Client should contact the Insurance Broker by sending a written Complaint to the contact details available on the website of the Insurance Broker, and this Complaint should include at least the following information:

3.2.1. The Client’s name and personal identification code; registry code in case of a legal person;

3.2.2. The Client’s contact information, at least telephone number and email address;

3.2.3. A description of the facts on which the Complaint is based and a list of evidence (with the evidence), verifying the facts on which the Complaint is based;

3.2.4. A claim that has been clearly expressed by the Client, i.e. a claim that requires the Insurance Brokers to carry out or abstain from any acts/transactions by which the Client considers the Complaint to be satisfied.

3.3. The Complaint shall be signed by the Client either on paper or digitally. In a situation where the Insurance Broker has developed a Complaint form, the Insurance Broker publishes it on its website and informs the Client.

3.4. In a situation where the Complaint is filed by a person who does not have a direct contractual relationship with the Insurance Broker (e.g. beneficiary), the Insurance Broker establishes his/her identity, by being entitled to request an identity document and consent for the processing of personal data.

3.5. In a situation where the Complaint is filed through a representative, a document certifying the right of representation (authorisation document) should be submitted to the Insurance Broker, and if it is not a person known to the Insurance Broker, the identity document of the representative should also be presented.



- 3.6. In case of accepting the Complaint, the Insurance Broker shall immediately notify the person who has filed the Complaint via the contact details provided in the Complaint. The Insurance Broker shall also inform the Client of the term for reviewing the Complaint and the way of forwarding the reply.
- 3.7. If the Complaint is rejected, the Insurance Broker shall immediately communicate the reasons for not accepting (i.e. rejecting) the Complaint.

4. Terms for processing a Complaint and requirements for the Insurance Broker's reply

- 4.1. The Insurance Broker shall settle the Complaint as soon as possible, however, in case of a Client who is a private person, no later than within 15 days, and in case of a Client who is a legal person, no later than within 30 days of filing the Complaint. The term for processing the Complaint starts on the working day following the filing of the Complaint (regardless of whether the Insurance Broker has informed the Client about the acceptance of the Complaint).
- 4.2. The Insurance Broker may extend the term for settling the Complaint as established in clause 4.1 of the Procedure. In such a case, the Insurance Broker shall inform the Client in a format that can be reproduced in writing, stating the reasons for the extension of the procedure and the latest term for settling the Complaint.
- 4.3. After settling the Complaint, the Insurance Broker shall provide the Client with a reply that includes at least the following:
- 4.3.1. The name and contact details of the person who has filed the Complaint;
 - 4.3.2. The date of receipt of the Complaint;
 - 4.3.3. The acts carried out to settle the Complaint (inquires, etc.);
 - 4.3.4. The motivation for approving (including partial approval) and rejecting the claim included in the Complaint.
- 4.4. The reply to the Complaint is sent to the email address of the person who has filed the Complaint and signed by the representative of the Insurance Broker. In a situation where the Client has not indicated his/her email address, the Insurance Broker informs the Client about the options to receive a reply from the Insurance Broker's office or delivers the reply to the address indicated by the Client if this has been previously agreed with the Client.

5. Rejecting and dismissing the Complaint

- 5.1. In a situation where the Insurance Broker rejects the Complaint or does not settle the Complaint in the manner requested by the Client, the latter has the right to contact the following authorities, depending on the nature of the Complaint and its claim:
- 5.1.1. Financial Supervision Authority, address City of Tallinn, Sakala 4, email info@fi.ee;
 - 5.1.2. Consumer Protection Board, address City of Tallinn, Pronksi 12, email info@tarbijajakaitseamet.ee;
 - 5.1.3. Data Protection Inspectorate, address City of Tallinn, Väike-Ameeria 19, email info@aki.ee;
 - 5.1.4. A court. According to the general jurisdiction, the claims against the Insurance Broker are settled by Harju County Court, address City of Tallinn, Kentmanni tn 13.

