



CUSTOMER SERVICE CHARTER (CSC)

INTRODUCTION

At AIG, we strive to be our customer's most valued insurer by reducing fear of the future and empowering our customer through our risk expertise and financial strength. We have the courage to make difficult promises and the integrity to keep them. We also learn and collaborate to solve our customers' problems, highly valuing the diversity of perspectives that comes from all places and people.

We offer a variety of general insurance services worldwide including foreign workers bond, trade credit insurance and loss prevention.

Locally and internationally, you can be sure that you have a dedicated partner in AIG. We are focused on responding to customer feedback and aim for each customer relationship to be a true partnership. We will take on your challenge as if it were our own. By meeting straightforward needs as well as solving complex issues, we make your confidence our number one priority.

As a part of our continual effort to improve the provided services with consistent and high quality, we pledge to commit these FOUR pillars of commitment to deliver what matters most to you:

1. INSURANCE MADE ACCESSIBLE
2. KNOW OUR CUSTOMER
3. DELIVER TIMELY, TRANSPARENT & EFFICIENT SERVICE
4. OUR FAIR, TIMELY & TRANSPARENT CLAIMS SETTLEMENT PROCESS

PILLAR 1: INSURANCE MADE ACCESSIBLE

Our commitment to make our insurance products easily accessible, for you to obtain information, purchase or make enquiries via multi channels, physically and virtually.

You will be kept informed on the physical and engagement channels available for you to purchase products or to make enquiries. Channels availability may vary from time to time, and you will be informed accordingly.

We will actively seek feedback, suggestions or complaints on how we can serve you better. You can contact us through these channels:



- Visit any of our branches nationwide
- Call our toll free hotline:
1-800-8888-11 (within Malaysia)
+603 2118 0188 (outside Malaysia)
- Write to us at:

Address: AIG Malaysia Insurance Berhad (200701037463)
P O Box 11768
50756 Kuala Lumpur
Fax: +603 2118 0288
Email: AIGMYCare@aig.com

- Visit us on our website at www.aig.my

For more details, please visit www.aig.my/Contact-us or www.facebook.com/AIGInsuranceMalaysia/

We will conduct periodic customer satisfaction feedback/surveys to ensure that your needs are fulfilled.

PILLAR 2: KNOW OUR CUSTOMER

We will strive to help you find the right product to suit your needs. Our knowledgeable, well trained and ethical staff/ agents are available to serve you based on your needs and wants.

In order to understand your profile adequately, we, including our agents shall:-

- Listen to you attentively.
- Acknowledge and properly understand your needs and preferences.
- Acquire information and documents from you in accordance with the Industry's Code of Practice on the Personal Data Protection Act 2010.
- Offer options of suitable products and services to meet your needs and wants.
- Any options provided to you shall be explained and on an "opt-in-basis", e.g. riders, sharing/using customer information for marketing and research purposes.



PILLAR 3: DELIVER TIMELY, TRANSPARENT & EFFICIENT SERVICE

We will set a standard commitment on clear responsibilities towards you and uphold it. This Customer Service Charter covers a concise objective and mission, the values to be provided to you (e.g. fairness, transparency, integrity, ethics, professionalism and timeliness) and the efficiency/ effectiveness of our communication channels.

We will set clear expectation on time taken for various services as follows:

Policy Servicing

We will ensure efficient policy servicing and providing relevant documentation in a timely manner. You shall be informed of each step and documentation required to alter, renew, surrender or cancel a policy, (e.g: what happens when there are changes to the policy, notice on renewal, etc.) as well as consequence arising from any of these actions.

You will be reminded in the renewal notice to inform us of any changes in the risk before renewal.

Our policing servicing is based on the following service level:-

1. Policy Issuance

i) Motor

Issuance of cover note is immediate for e-policies/ policies purchased online.

For policies purchased through non online channels, issuance is within 5 working days.

(With the exception of new vehicles to be registered with JPJ)

ii) Non-Motor

Issuance of policies is within 10 working days.

(Applicable for individuals only, not applicable to group)

2. Change of policy details / reissuance upon lapse / endorsement

i) Motor

Change of policies details, reissuance upon lapse and endorsement is within 3 working days

ii) Non-Motor

Change of policies details, reissuance upon lapse and endorsement is within 5 working days.

3. Renewal notice issuance is within 30 calendar days before expiry of existing policy.

4. Cancellation/ surrendering of policy (including refund of premium).



i) Motor

Cancellation or surrendering of policies is within 5 working days.

ii) Non-Motor

Cancellation or surrendering of policies is within 7 working days.

We will be open and transparent in our dealings. The following information shall be easily accessible and made available through the various channels of communication such as branches / brochures / call centers / social media / website:

1. Product related details, (i.e. product features, product disclosure sheets, terms and conditions, key facts and exclusions) will be shared at the point of sale.
2. Fees, charges (other than premiums), and interest (if any) as well as obligations in the use of a product or service (e.g. when premium needs to be paid and explaining payment before cover warranty).
3. Anti-fraud statement and key points to remember, (i.e. confidentiality of your information, free look period of not less than 15 calendar days & we have the right to reject or accept applications).
4. All the above information shall be explained and stated using simple words and in an easy to understand manner.

We will follow through and provide the requisite answers / updates to your queries & complaints promptly through these channels:

Phone Enquiries

Our phone services are based on the following service level:-

1. Enquiries that do not require follow-up will be resolved during the first call
2. Enquiries where follow up is required will be resolved within 3 working days from the date of the first call.



Written Enquiries (Email, fax, written letter & social media)

Our written services are based on the following service level:-

1. Email/ Social media:-

- i) We will provide acknowledgement response within 1 calendar day.
- ii) An acknowledgement to include expected timeline and any other relevant information.
- iii) For non-complex enquiry we will respond within 3 working days from date of receipt.

2. Letter or fax

- i) Enquiries will be replied within 3 working days from the date of receipt on non-complex enquiries.

Counter/Branches Enquiries

Our walk-in services are based on the following service level:-

- 1. You will be served within 10 minutes of joining the customer service queue.
- 2. Enquiries/complaints that do not require follow-up will be resolved on that one visit.
- 3. If a follow-up is required, you should receive a response from us within 5 working days from the date of your first visit.

Note: Where enquiry is complex, we will provide a reasonable timeframe and keep you updated accordingly.

Complaints Handling

We will ensure consistent and thorough complaints handling. Our complaints handling process is based on the following principles:-

- 1. You can submit your complaint through the following channels:

AIG Malaysia Insurance Berhad (200701037463)
Complaints Handling Unit
P O Box 11768
50756 Kuala Lumpur.



Toll Free: 1 800 88 88 11 (Within Malaysia)
+603 2118 0188 (Outside Malaysia)

Fax: 03 2118 0288
Email: AIGMYComplain@aig.com
Website: www.aig.my/Contact-us

2. A verification process has to be performed on the policyholders / participants.
3. We will acknowledge receipt of your complaint within 3 calendar days.
4. We will communicate clearly on the issue and gather adequate information for an informed resolution.
5. We will address the issue in an equitable, objective and timely manner by informing you on our decision no later than 14 calendar days from the date of the receipt of the complaint.
6. If the case is complicated or requires further investigation, we shall inform you accordingly within 14 calendar days from the date of the receipt of the complaint. If not resolved, we shall update you within another 14 calendar days. Thereafter, after every 30 calendar days.
7. We will keep you updated if unable to address issues within the stipulated timeframe.
8. If you are still not satisfied with our response to your complaint, you may wish to have the matter reviewed by the Financial Markets Ombudsman Service (FMOS) at:-

Financial Markets Ombudsman Service (FMOS)
Level 14, Main Block, Menara Takaful Malaysia,
No. 4, Jalan Sultan Sulaiman,
50000 Kuala Lumpur.
Phone: 03 - 2272 2811
Website: www.fmos.org.my



You may also choose to refer your matter to Bank Negara Malaysia (BNM) at:-

Mailing address:

BNMTELELINK,
Bank Negara Malaysia,
P.O Box 10922,
50929 Kuala Lumpur.

Tel: 1 300 88 5465 (Local)/ +603 2174 1717 (Overseas)

Fax: +603 2174 1515

Email: bnmtelelink@bnm.gov.my

Website: www.bnm.gov.my

Physical Visits : BNMLINK will receive visitors by appointment only. You may request for an appointment through their website or telephone.

Operating Hours: 9.00 a.m. - 5.00 p.m. (Monday - Friday)

PILLAR 4: OUR FAIR, TIMELY & TRANSPARENT CLAIMS SETTLEMENT PROCESS

Our Commitment to You

We will set clear timeline for claims settlement process and strive to settle claims within these prescribed timeline and in a transparent manner by adopting the following procedures:-

Motor Claims Settlement Process

1. We will acknowledge receipt of a claim within 3 working days from the first notification of claims.
2. Appointment of a registered adjuster and/or assignment of our in-house assessor within 5 working days from the date of receipt of repair estimate and relevant documents.
3. If documentation or information is incomplete, the customer shall be informed within 7 working days of the acknowledgement of the claim.
4. Completion of claims assessment reports by registered adjuster and/or in-house assessor:
 - within 10 working days from the date of receipt of all completed and relevant documents except the exception circumstances below:
 - Motor accidents involving extensive vehicle damage that require longer time to inspect;



- Natural catastrophe losses and large event losses such as major floods or other significant disaster event; or
 - Suspected fraud cases that require further investigation
- within 45 working days from the date of notification for theft claims.
5. Claims status will be provided for claim under investigation within 21 working days from the date of first notification and at regular interval thereafter.
6. Approval of claims and/or Rejection Letter:
- within 5 working days upon receipt of the complete adjuster or in-house assessor report and claims documentation.
 - within 60 working days from the date of notification for theft claims.
7. We will issue payment within 7 working days upon receipt of acceptance offer and/or discharge voucher and all required documents.

****Applicable to Motor Own Damage including Motor Own damage Knock-for-Knock Claims, Windscreen, Theft and Motor Add-on Claims.***

Non-Motor Claims Settlement Process

We will set clear timeline for claims settlement process and strive to settle claims within these prescribed timeline and in a transparent manner by adopting the following procedures:-

1. You will be informed of the estimated time taken for claims settlement process and expected service standard.
2. You shall be informed on the acknowledgment of their claim within 7 working days from receipt of claims notification.
3. All claims notifications through agents must reach us within 3 working days, except for crime related claims which should be notified within 24 hours from time of loss.
4. If documentation/information is incomplete, you shall be informed within 14 working days from acknowledgement of the claim by the Claims Department.
5. We will state key claims procedures and assign timelines to it, (i.e. appointment of adjuster, claims assessment, etc.)



6. You will be updated on the progress / decision every 14 working days.
7. In the event of a catastrophe / disaster, (e.g. large number of claims may be received), as such meeting timelines stipulated may not be possible, we will strive to update every 20 working days on the progress.

We will keep you informed of the next level of escalation if the claims settlement /repudiation are not to your satisfaction, you can write to us at:

AIG Malaysia Insurance Berhad (200701037463)
Complaints Handling Unit
P O Box 11768
50756 Kuala Lumpur.

Toll Free: 1 800 88 88 11 (Within Malaysia)
+603 2118 0188 (Outside Malaysia)
Fax: +603 2118 0288
Email: AIGMYComplain@aig.com
Website: www.aig.my/Contact-us

If you are still not satisfied with our response to your claims, you may wish to have the matter reviewed by the Financial Markets Ombudsman Service (FMOS) at:-

Financial Markets Ombudsman Service (FMOS)
Level 14, Main Block, Menara Takaful Malaysia,
No. 4, Jalan Sultan Sulaiman,
50000 Kuala Lumpur.
Phone: 03 - 2272 2811
Website: www.fmos.org.my



You may also choose to refer your matter to Bank Negara Malaysia (BNM) at:-

Mailing address:

BNMTELELINK

Bank Negara Malaysia,
P.O Box 10922,
50929 Kuala Lumpur.

Tel: 1 300 88 5465 (Local)/ +603 2174 1717 (Overseas)

Fax: +603 2174 1515

Email: bnmtelelink@bnm.gov.my

Website: www.bnm.gov.my

Physical Visits : BNMLINK will receive visitors by appointment only. You may request for an appointment through their website or telephone.

Operating Hours: 9.00 a.m. - 5.00 p.m. (Monday – Friday)

Any letter of rejection/repudiation of any element of a claim and dispute on quantum which is within the purview of the Financial Ombudsman Scheme will contain the following statement prominently: -

"Any person who is not satisfied with the decision of the Insurer / Takaful Operator, should refer to the procedure for appeal as stated in the leaflet issued by the Financial Ombudsman Scheme, entitled:

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(Note: for the policy owners who made a claim/report)."

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