Guide to Procedures for Filing a Complaint with the Gulf Insurance Group

Introduction

Gulf Insurance Group strives to deliver excellence across all elements of operation. We encourage feedback from all sources to increase the quality of our services. We aim to achieve excellence through complaint handling and resolution by ensuring the simplicity and ease of complaint filing for our customers and supporting them throughout the process.
Gulf Insurance Group welcomes and adopts all feedback, and as we mentioned earlier, we use all feedback to learn and improve our services to our customers.

Complaints Service Center Working Hours

The complaints analysis staff at Gulf Insurance Group are available during working hours: Sunday to Thursday from 7:30 a.m. to 3 p.m. As for times outside of working hours, call center agents can receive complaints 24 hours a day, seven days a week.

Documents and Information Required to File a Complaint

1. The subject of the complaint and its details/explanation, the party in question, and the phone number for communication.
2. Copy of the Civil ID.
3. A copy of the insurance related to the complaint (insurance card or policy) or document number.
4. For the health insurance, attach the medical reports related to the complaint (if any).
5. For motor insurance, attach the driver's license, the car book, and the accident report.
6. Accident file for car insurance, if any.

Procedures for Receiving Complaints are received from several sources, namely:

1. Call center
2. The company's offices and branches.
3. The website of the Insurance Control Complaints Unit (irusoft) is https://portal.iru.gov.kw/
    - All complaints must be registered immediately on our CRM system/tickets for quality, tracking, and review purposes. A complaint reference number will be created and sent to the insured through a text message stating that the complaint is registered.
    - Gulf Insurance Group aims to resolve all complaints received within 14 working days.
    - Once the complaint is received, the complaint details are entered into the CRM system by an authorized user of the CRM system.
    - Once the complaint is entered into the system, the complaint status remains active in the system, and the assigned complaints officer receives a notification that there is a complaint that requires resolution/action. The designated complaints officer will take charge of the complaint until the case is finalized.
    - When registering a complaint, it is necessary to document the complaint accurately and according to the facts, as the complaint information must be recorded promptly, and the details of the complaint must be accurately and appropriately stated.
    - Any updates about complaints such as discussions with the complainant, status updates, and other feedback must be recorded immediately.

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- Once the complaint category is identified, the Complaint Analysis Officer will start investigating the complaint based on the information provided by the complainant. If necessary, the Complaint Analysis Officer may collect additional details either from the Member or from other parties involved in the event (service provider, staff...). At this stage, the complaints analysis employee can resolve the complaint or refer it to the relevant departments for further review.
- Complaints can be resolved within 14 working days and can be updated in the irusoft system - if they come from the Insurance Monitoring Unit website - and CRM and the status can be changed from an open complaint to a resolved complaint only in the CRM system.
- If a particular department resolves the complaint, the resolution actions will be immediately recorded in the airsoft and CRM system and the complaints resolution officer will be notified of the resolution via e-mail. The complaint remains active until the complaint resolution officer notifies the solution to the complainant. If the complainant is satisfied with the solution, the complaint status will be updated for resolution in the CRM system and the complainant will be asked to close it in irusoft. If the complainant is not satisfied with the resolution, the complaint will remain active, and further investigations will be required.
- The complainant has the option to escalate the complaint to the Insurance Regulatory Unit if he is not satisfied with the solution offered within 60 days after the first 14 days.
- To close the complaint, the assigned complaints team informs the complainant of the results of the investigation by:
- Phone call (all cases).
- Letter (written complaint).
- E-mail (complaint by electronic correspondence).
- If the complainant is not satisfied with the proposed solution/response provided, the Complaint Analysis Officer will collect any feedback in detail and re-evaluate the case. It is important to note that the complaining party has the right to request an internal review of the decisions made in connection with the complaint.

General Conditions Related to Complaints Submitted to the Insurance Regulatory Unit

- Allow the complainant to escalate the case after receiving an unsatisfactory resolution from Gulf Insurance Group within 60 days.
- Reject all complaints that fall under one or more of the following categories:
  1. Complaints brought before the judiciary or referred to the Public Prosecution Office.
  2. Complaints against entities not subject to the Unit's control.
  3. Complaints that have no specific content or malicious complaint.
  4. Complaints about refund amounts between the entities subject to the Unit's monitoring.
  5. Complaints from the employees of the entities subject to the Unit's control against their superiors.
  6. Complaints previously submitted by the complainant, unless they include new matters and can be examined.
  7. Complaints that do not meet all the attachments and documents indicating the complaint.
  8. Complaints that do not meet all the attachments and documents indicating the legal capacity of the complainant if he is an agent, trustee, or legal representative of a natural or legal person.