

Your Insurance Broker Pty Ltd

Complaints and disputes resolution process

Your Insurance Broker Pty Ltd (Your Insurance Broker) is committed to meeting and exceeding our clients' expectations whenever possible and would like to know if your expectations haven't been met.

What is a complaint: A complaint is an expression of dissatisfaction relating to our products or services or our complaints handling process itself, where a response or resolution is explicitly or implicitly expected.

You are entitled to make a complaint about any aspect of your relationship with and including the conduct of its agents and authorised representatives. We will attempt in good faith to resolve any complaint/dispute in a fair, transparent and timely manner.

The complaints process described below, does not apply to your complaint, if Your Insurance Broker resolves it to your satisfaction at any time after the registration of your complaint.

This policy complies with the General Insurance Code of Practice and the Insurance Brokers' Code of Practice.

Financial hardship

Your Insurance Broker and the Insurer/Underwriter will review any financial hardship application in accordance with Section 8 of the General Insurance Code of Practice and any other applicable guidelines.

Complaints Process

What to do if you have a complaint

Complaints should be referred by either email or mail:

E: info@yib.com.au

T: 1 300 139 931

M: P.O. Box 1444, CALOUNDRA, QLD, 4551

To enable us to assist you with your complaint the following information may need to be provided (where available):

- Name, address, email and telephone number of the policyholder;
- Policy number, claim number and product type (if applicable);
- Name of the insurance company nominated on the policy (if applicable);
- An explanation of your complaint and details of what resolution you are seeking; and
- Copies of any additional documentation or investigations nominated in our acknowledgement of your complaint, that will assist us in addressing your complaint appropriately.

How we will initially handle your complaint

Stage 1 – Acknowledgement of Your Complaint

Your Insurance Broker aims to acknowledge receipt of your complaint by either email or letter within two (2) business days and advise the name and contact details of the employee assigned to liaise with you.

We will respond to your complaint in writing within fifteen (15) business days of receiving any additional information or investigations requested in our acknowledgement of your complaint.

Stage 2 – Internal Complaints Resolution

If we cannot respond within fifteen (15) business days, we will seek to agree a reasonable alternative timetable with you. We will keep you informed of the progress no less than every ten (10) business days, unless an alternate timetable is agreed. If we cannot reach a reasonable alternative timetable, or a satisfactory resolution will advise you of your right to escalate the complaint to Stage 3 of the complaints process.

Stage 3 – Internal Complaints Resolution

If Your Insurance Broker's Stage 2 decision does not resolve your complaint to your satisfaction, you may advise us that you wish to escalate your complaint to Stage 3. Your complaint will be escalated and referred for review by the Underwriter's Complaints Management Review Committee. You will be advised in writing, by the Underwriter of the result of their formal review within fifteen (15) business days.

Stages 1,2 and 3 will not exceed forty-five (45) business days in total. If a final decision cannot be provided within forty-five (45) business days, the Insurer/Underwriter will advise you of the reasons for such delay and your right to escalate the matter to AFCA.

You will be kept informed of the progress of the review at least every ten (10) business days. Generally, you will receive a full written response to your complaint within fifteen (15) business days of requesting an escalation of the complaint to Stage 2 and Stage 3 provided all necessary information is received and investigations have been completed.

Stage 4 – External Dispute Resolution

If your complaint is not resolved in a manner satisfactory to you after the Insurer/Underwriter's formal review, you may refer the matter to AFCA which is an independent national scheme for consumers in Australia, free of charge and established for resolving disputes between the insured and their insurance intermediary/insurer. AFCA will advise you if your dispute falls within their rules

Where your complaint is eligible for referral to the Australian Financial Complaints Authority (AFCA) who will likely have the appropriate authority to deal with your dispute;

Determinations made by AFCA are binding on the insurer/intermediary, where relevant. If you would like to refer your dispute to AFCA, you must do so within two years of the

final decision from Stage 3. AFCA may still Contact details for consider a dispute lodged after this time if AFCA considers that exceptional circumstances apply.

Contact details for AFCA are:

Australian Financial Complaints Authority contact details are:

T: [1800 931 678](tel:1800931678)

E: info@afca.org.au

M: Australian Financial Complaints Authority, GPO Box 3, Melbourne, Vic, 3001

W: www.afca.org.au

Before AFCA can consider your dispute, Your Insurance Broker and the applicable Underwriter/Insurer must be given an opportunity to resolve the complaint/dispute with you directly. After your dispute is lodged with AFCA (where applicable), they will contact and ask for a response from both parties. Response times requested by AFCA vary depending on the situation.

If AFCA advises you that their rules do not extend to you or your dispute, you can seek independent legal advice or access any other external dispute resolution options that may be available to you.

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