



Assurance - When you need it most

**THE NEW INDIA ASSURANCE COMPANY
(TRINIDAD & TOBAGO) LIMITED**

COMPLAINTS POLICY

Document Control Sheet

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1. Our Internal Ombudsman

The New India Assurance Co (T&T) Ltd (“NIATT”) is committed to delivering quality service to all our customers and, to ensure this we have, in accordance with the Insurance Act, 2018, appointed an Internal Ombudsman.

The Ombudsman is tasked to receive, investigate and resolve any customer complaints against NIATT.

2. Who can make a Complaint?

Any client, claimant or member of the public, whether individual or corporate, is entitled to complain if they feel they are dissatisfied with NIATT in respect of our services/products/communication whether their issue (coverage, claim, communication, service, etc) was dealt with directly at NIATT’s Head Office, any of its branches or via any of its Agents or Brokers.

3. To Whom do you make the complaint?

All complaints shall be referred to our Internal Ombudsman.

4. Available options for making a complaint.

A complaint may be initiated in four (4) ways:

- i. The complainant may visit any of our offices listed hereunder to submit their complaint/(s).
- ii. The Complainant may email our Internal Ombudsman at ombudsman@newindiatt.com.
- iii. The complainant may complete the enclosed form submit to the previously advised e-mail address or otherwise deliver to NIATT.
- iv. The complainant may also simply give NIATT a telephone call on 1-868-623-1326 to initiate the Complaint process.

Kindly note your complaint will be treated in the utmost confidence in order to ensure your rights are not prejudiced in any way.

5. Procedure/s when a complaint is made

Once a complaint is initiated whether via in person, email, website or telephone the Ombudsman will do the following:

- a) An official acknowledgement will be sent within 48 hours of receipt.
- b) A Complaints register will be maintained. Each complaint will be assigned a unique sequential reference number.
- c) An initial assessment of the complaint will be made to determine whether it can be resolved immediately or if it will have to be escalated.
- d) Any complaint which cannot be immediately resolved will be escalated via reference to Head Office and, if necessary, a full investigation will be conducted. This will ensure the application of a collective thought process in addressing the matter since a similar problem may arise in another jurisdiction.
- e) Once all the information is collected, it is reviewed in an impartial manner and a solution is identified. This is then communicated to the complainant in writing and may also include a telephone discussion and/or a scheduled meeting of the Ombudsman and the Complainant.
- f) After the communication/s identified in step 5, the resolution of the complaint offered by NIATT will be formally communicated to the complainant in writing. This e-mail/letter will also identify the Regulatory Body to which the complainant may escalate the complaint if the resolution provided by NIATT does not satisfy the complainant.
- g) The Regulator is The Central Bank of Trinidad and Tobago (CBTT) and any escalation by the complainant may be made to The Office of the Financial Services Ombudsman at Eric Williams Plaza, Independence Square, Port-of-Spain. NIATT asks to be notified if/whenever such a situation arises.
- h) Once a report is made to The Office of the Financial Services Ombudsman, they will conduct their own inquiries and seek to investigate, intervene and attempt to assist in resolving complaints.

6. Contact Details of Internal Ombudsman

Need to make a complaint?, see below for contact details:

Internal Ombudsman:	General Manager
Telephone No.:	1-868-623-1326
Address:	New India Assurance Building, 6A Victoria Avenue, Port-of-Spain
Email:	ombudsman@newindiatt.com
Website:	https://www.newindia.co.tt/
Office Hours:	8:00AM to 4PM – Monday to Friday (excl. public holidays)

See attached Complaint Form on next page.

Complaint Form

MEMORANDUM OF COMPLAINT

TO:
Internal Ombudsman
The New India Assurance Co. (T&T) Ltd.

FROM:
Name of Complainant:
Address.....
.....
.....
Date:.....

Dear Sir/Madam

Re: _____

Complainant's Signature