



POLICYHOLDER COMPLAINTS HANDLING PROCEDURE



AMANA
TAKAFUL INSURANCE
LIFE

Document Details

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Table of Contents

Document Details	1
Table of Contents	2
Introduction	3
Definitions	3
Policyholder complaints handling procedure - Infographic	4
Indicative complaint handling timelines	4
How to make a complaint	5
To whom to address the complaint	5
Documents and information to be produced along with a complaint	6
When the complaint will be acknowledged	6
How to check the present status with regard to a complaint made	6
Designation and contact details of the 'Officer Reviewing Appeals': To whom an appeal to be referred to if the complainant is not satisfied with the initial resolution	7
Alternative Dispute Resolution (ADR) mechanisms available, if the complainant is not satisfied with the final resolution	7

1. Introduction

Amana Takaful Life PLC, the pioneer provider for the Takaful way of Life Insurance in Sri Lanka is a firm believer of keeping our customers delighted and going one step forward to keep them satisfied. Customer complaints are an effective source of analyzing their perceptions and experiences which enable us to follow a course of periodical corrective actions on our processes and procedures.

In preparing this policy, Amana Takaful Life PLC has endeavored to align our procedures with the relevant legal requirements and current best practices whilst complying with the guidelines provided by the IRCSL on complaints handling for Insurers and Brokers.

This Policyholder Complaints Handling Procedure outlines the standard approach followed Amana Takaful Life PLC to ensure that policyholder complaints are acknowledged, reviewed, and resolved in a fair and timely manner. We are committed to delivering our services with integrity, professionalism, and transparency to all policyholders. While we strive to maintain the highest standards of service, we recognize that situations may arise where policyholders may be dissatisfied with the service provided. In such instances, this procedure ensures that concerns are addressed promptly, impartially, and effectively.

To support effective resolution of such concerns, Amana Takaful Life PLC maintains a comprehensive Complaints Management Function in accordance with the Company's Complaints Management Policy. A designated complaints handling officer named "Officer-In-Charge of Policyholder Complaints Management Function" oversees the process to ensure that each complaint is handled with impartiality, clarity, and due care.

This document serves as a guide for policyholders on how to lodge a complaint and outlines the steps involved in handling, escalating, and resolving complaints, in compliance with the Guidelines on Complaints Handling by Insurers and Brokers (2016) issued by the Insurance Regulatory Commission of Sri Lanka (IRCSL).

2. Definitions

For the purpose of the Guidelines on Complaints Handling by Insurers and Brokers (2016), following definitions are applicable for this procedure:

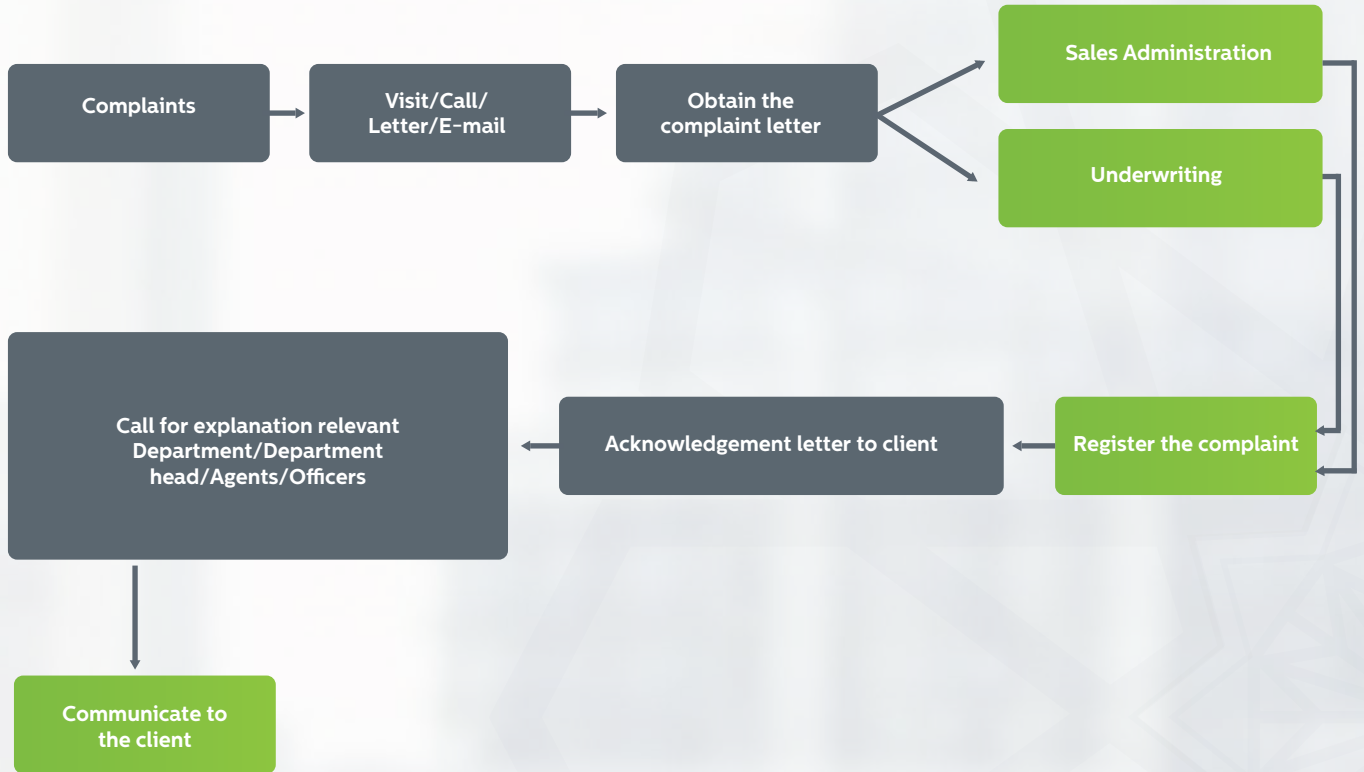
'Complaint' - An expression of dissatisfaction made to an insurer or broker about the services provided by such insurer, broker or an agent.

'Complainant' - A person who has made a complaint to an insurer or a broker.

'Officer-In-Charge of Policyholder Complaints Management Function' - Designated senior managerial personnel of the insurer who holds primary responsibility for overseeing, managing, and ensuring the effective, fair, and timely handling of policyholder complaints.

Officer Reviewing Appeals’ - The Principal Officer or Specified Officer of the insurer serving as the second level of complaint escalation, responsible for resolving appeals efficiently and effectively while safeguarding policyholder interests.

3. Policyholder complaints handling procedure – Infographic



4. Indicative complaint handling timelines

The timelines provided below represent the minimum standards prescribed under the Guidelines on Complaints Handling by Insurers and Brokers, 2016 for handling policyholder complaints.

Process	Turnaround Time (TAT)
Acknowledgement of the complaint	Within 3 working days from the date of receipt
Resolution of complaint and communication to the complainant on the resolution or any delays in resolution	Within 14 working days from the date of receipt (Complainant shall be kept informed on a continuous basis until a resolution is provided)
Acceptance of appeals	Within 30 days from date of communicating the resolution or response
Response to an appeal made against a resolution provided	Within 30 days from the date of receipt of the appeal

* These timelines may be extended in situations where the complaint is complex in nature. Such complexity may arise due to various factors and if this occurs, we will explain the reasons for the delay and keep you updated until the matter is fully resolved.

5. How to make a complaint

Complaints may be submitted in Sinhala, Tamil, or English. Responses will be communicated in the same language in which the complaint is made.

We provide multiple convenient channels for policyholders to submit complaints regarding any dissatisfaction with our products or services. Our dedicated Policyholder Complaints Management Team can be contacted through any of the communication methods listed below:

Mode of Communication	Contact Number/ Address/ E-mail Address
Verbally	
i. Telephone	Rushdi Zarook - Manager Legal Direct Line +94117501000
ii. Visiting	660 1/1, Galle Road, Colombo 03 In addition, you can lodge your complaint by reaching out to any of our branches.
Writing	
i. Email	Complaints@takaful.lk
ii. Fax	+94112597429
iii. Post	660 1/1, Galle Road, Colombo 03
iv. Online	<ul style="list-style-type: none">• URL of the website of the Company - https://www.takaful.lk/life?site=life• Link for the online complaint submission form, if available - https://www.takaful.lk/contact-us?site=life

6. To whom to address the complaint

Your complaints should be directed to the Officer-In-Charge of the Policyholder Complaints Management Function

Direct Contact of Officer-In-Charge of Policyholder Complaints Management Function	
Name	Rushdi Zarook
Designation	Manager Legal
Address	660 1/1, Galle Road, Colombo 03
Direct Line	+94117501000
Mobile	+94773114775
Fax	+94112597429
E-mail	Complaints@takaful.lk

7. Documents and information to be produced along with a complaint

A policyholder may lodge a verbal complaint through the call center; however, it is strongly recommended to submit a written complaint along with the following documents/information to gather all relevant evidence and information in investigating a complaint.

- i. A written complaint letter, clearly stating the Policyholder's full name, address, Policy Number, or the National Identity Card (NIC) number.
- ii. A detailed outline of all relevant events, including any circumstances or occurrences that may have a bearing on the complaint.
- iii. Copies of all supporting documents related to the matter, such as letters, quotations, and previous correspondence.
- iv. Proof of any losses sustained, where applicable.
- v. A statement specifying the expected resolution or remedial action the complainant believes is necessary to address the issue.
- vi. Any additional documents or information that the Company may reasonably request based on the nature and complexity of the complaint.

8. When the complaint will be acknowledged

All complaints will be registered and acknowledged within 3 working days of receipt via a [SMS/ Letter/ Email]. A reference number for each complaint will be provided along with the acknowledgement. The acknowledgement contains the name, designation, and contact details of the officer to be contacted by you in relation to the complaint.

Further, if a resolution can be provided to a complaint within 3 working days, the resolution will also be communicated along with the acknowledgement.

9. How to check the present status with regard to a complaint made

Policyholders can simply check the present status of the complaint by contacting our Call Center on +94117501000 or Complaint Management Division/Unit on +94775478828. In addition, any communication channel used to lodge the complaint, as mentioned in Section No. 5 above, may also be used to track its progress. When making a status inquiry, policyholders are required to provide the unique reference number assigned to their complaint to facilitate prompt assistance.

10. Designation and contact details of the 'Officer Reviewing Appeals': To whom an appeal to be referred to if the complainant is not satisfied with the initial resolution

Policyholders may submit an appeal to the 'Officer Reviewing Appeals' if they are not satisfied with the initial resolution provided by the Company's Complaints Management Division/Unit. The Officer Reviewing Appeals who is the Principal Officer or Specified Officer of the Company serves as the second level of complaint escalation within the Company, ensuring that complaints are resolved efficiently and effectively while safeguarding policyholder interests.

Direct Contact of the 'Officer Reviewing Appeals'

Name	Gehan Rajapakse
Designation	Chief Executive Officer
Address	660 1/1, Galle Road, Colombo 03
Direct Line	+94117501000
Fax	+94112597429
E-mail	gehan.rajapakse@takaful.lk

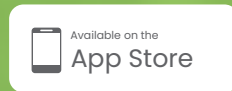
11. Alternative Dispute Resolution (ADR) mechanisms available, if the complainant is not satisfied with the final resolution

If policyholders are not satisfied with the final resolution provided by the Company upon completion of the appeal process, they may seek further redress by pursuing any of the Alternative Dispute Resolution (ADR) mechanisms listed below, which are available as external dispute resolution options.

ADR Mechanisms Available

Mechanism	The Sri Lanka Insurance Ombudsman	Insurance Regulatory Commission of Sri Lanka
Address	The Sri Lanka Insurance Ombudsman No 1, Bethesda Place Colombo 05	Director - Investigation Insurance Regulatory Commission of Sri Lanka Level 11, East Tower World Trade Centre Colombo 01
Contact Number	011-2505542/ 011-2505041	011-2396184-9/ 011-2335167
Email	info@insuranceombudsman.lk	investigation@ircsl.gov.lk info@ircsl.gov.lk
Website	insuranceombudsman.lk	lkhttp://ircsl.gov.lk

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HOTLINE: 011 750 1000

www.takaful.lk

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