

# BBA Insurance Brokers VIC Pty Ltd

## Complaints and disputes resolution process

BBA Insurance Brokers VIC Pty Ltd (**BBA**) 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 BBA including the conduct of its agents and authorised representatives. LIB 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 BBA 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:

BBA and the Insurer/Underwriter will review any financial hardship application by following Section 8 of the General Insurance Code of Practice and any other applicable guidelines.

### BBA Complaints Process:

#### What to do if you have a complaint:

Complaints should be referred by either email, telephone or mail:

E: [john@bba.net.au](mailto:john@bba.net.au)

T: 03 9470 3322

M: C/ BBA Insurance Brokers 543 High Street, Preston Vic 3072

To enable BBA 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;
- Name and address of the insurance company nominated on the policy;
- An explanation of your complaint and details of what resolution you are seeking; and
- Copies of any additional documentation or investigations nominated in our acknowledgment of your complaint will assist us in addressing your complaint appropriately.

### How BBA will initially handle your complaint:

#### Stage 1 – Acknowledgement of Your Complaint

LIB aims to acknowledge receipt of your complaint by either email or letter within two (2) business days with a comprehensive explanation of our complaints management process and advise the name and contact details of the employee assigned to liaise with you.

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

### Stage 2 – Internal Complaints Resolution

If BBA cannot respond within fifteen (15) business days, BBA will seek to agree to a reasonable alternative timetable with you. BBA 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 BBA will advise you of your right to escalate the complaint to Stage 3 of the complaints process.

### Stage 3 – Internal Disputes Resolution

If LIB's Stage 2 decision does not resolve your complaint to your satisfaction, you may advise BBA 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 its 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 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

E: [info@afca.org.au](mailto:info@afca.org.au)

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

W: [www.afca.org.au](http://www.afca.org.au)

Before AFCA can consider your dispute, BBA and the applicable Underwriter/Insurer must be allowed to resolve the complaint/dispute with you directly. After your dispute is lodged with AFCA (where applicable), they will contact BBA 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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