

INSURANCE & TAKAFUL COMPLAINT/DISPUTE FORM

1. PROCEDURE ON LODGING A COMPLAINT/DISPUTE

Before you lodge a complaint/dispute with the Ombudsman for Financial Services (OFS), you must first refer your complaint/dispute to the Financial Service Provider (FSP) concerned, who is a Member of the Financial Ombudsman Scheme (FOS) with a view to finding an amicable settlement.

2. TIME LIMIT FOR LODGING A COMPLAINT/DISPUTE

- (1) You may refer your complaint/dispute to the OFS:
 - (a) within 6 months from the date of the final decision by the FSP concerned; or
 - (b) after 60 calendar days from the date of your complaint/dispute was first referred to the FSP concerned in respect of which no response has been received from that FSP.

- (2) For more information on the type of complaints/disputes that can be referred to the OFS, you can refer to OFS' website at www.ofs.org.my.

3. ELIGIBILITY TO LODGE A COMPLAINT/DISPUTE

You may bring a complaint/dispute to the OFS if you are –

- (1) a financial consumer who uses or has used any financial services or products provided by a FSP, who is a Member of the FOS –
 - (a) for personal, domestic or household purposes; or
 - (b) in connection with a small business.**

- (2) a financial consumer includes:
 - (a) a person insured under group policy or a person covered under a group takaful certificate where premiums or contributions are paid by the person insured or the person covered;
 - (b) a third party who is:
 - (i) an insurance/takaful claimant for motor third party property damage;
 - (ii) a nominee/beneficiary of a life policy/family takaful certificate, including a beneficiary under a group insurance or a group takaful certificate; and
 - (iii) a person insured under a group policy and his beneficiaries or a person covered under a group takaful certificate and his beneficiaries, where the premiums or the contributions are paid by the Federal and or State Government.

** a small business refers to a small and medium enterprises (SMEs) as defined in the "Guideline for New SME Definition" issued by SME Corporation Malaysia in October 2013.

4. MONETARY THRESHOLD

Complaints/disputes that are referred to the OFS must be within the following monetary thresholds:

- (1) insurance or takaful claims not exceeding **RM250,000.00**; and
- (2) motor third party property damage claims not exceeding **RM10,000.00**.

5. COMPLAINTS/DISPUTES OUTSIDE THE SCOPE OF OFS

OFS will **not** consider the following complaints/disputes:

- (1) A complaint/dispute that is beyond the monetary limit specified in the Schedule 2 of the Term of Reference (TOR) of the OFS, save where mutually agreed in writing by the OFS, the Eligible Complainant and the Member in accordance with the TOR;
- (2) A complaint/dispute on general pricing, product features, credit or underwriting decisions, or applications to restructure or reschedule a loan or financing which are commercial decisions within the discretion of a Member;
- (3) A complaint/dispute concerning the actuarial standards, tables and principles which a Member applies to its long term insurance business (including the method of calculation of surrender values, paid up policy values and the bonus rate applicable to the policy in question) for insurance or takaful claims, except guaranteed payments which are explicitly mentioned in the terms and conditions of the policy;
- (4) A complaint/dispute relating to a contract of employment between a Member and its officers and employees or agency matters concerning a Member;
- (5) A complaint/dispute that has been filed in a court or arbitration or referred to arbitration or has been decided by a court or arbitrator;
- (6) A complaint/dispute that is referred to the FOS after more than six months from the date the Member has provided its final decision;
- (7) A complaint/dispute that is time barred under the Limitation Act 1953 or Limitation Ordinance (Sabah) (Cap.72) or Limitation Ordinance (Sarawak) (Cap. 49);
- (8) A complaint/dispute that had been previously decided by the OFS (including a dispute decided under the Predecessor Scheme) unless new evidence, which are material facts that could change the earlier decision, is available for the OFS' consideration;
- (9) A complaint/dispute on investment performance of a financial product except in relation to non-disclosure of facts or misrepresentation;
- (10) A complaint/dispute on capital market services and products offered or marketed by a Member;

- (11) A complaint/dispute that involves more than one Eligible Complainant and has been referred to the FOS without the consent of the other Eligible Complainant, and the OFS is of the view that it would be inappropriate to deal with the complaint/dispute without that consent;
- (12) A complaint/dispute involving claims arising from a third party bodily injury or death; and
- (13) A complaint/dispute relating to the payment of policy moneys under a life policy and personal accident policy or payment of takaful benefits under a family takaful certificate and personal accident takaful certificate made in accordance with the provisions set out in Schedule 10 of the Financial Services Act 2013 and the Islamic Financial Services Act 2013, respectively.

Kindly send your complaint to:

The Chief Executive Officer,
Ombudsman for Financial Services
(formerly known as Financial Mediation Bureau)
Level 14, Main Block
Menara Takaful Malaysia
No. 4 Jalan Sultan Sulaiman
50000 Kuala Lumpur

Tel. No. : 03-2272 2811

Fax : 03-2272 1577

Email : enquiry@ofs.org.my



OMBUDSMAN FOR FINANCIAL SERVICES
OMBUDSMAN PERKHIDMATAN KEWANGAN

**BORANG ADUAN INSURANS & TAKAFUL
INSURANCE & TAKAFUL COMPLAINT/DISPUTE FORM**

1. MAKLUMAT PEMEGANG POLISI/PESERTA/ POLICYHOLDER/PARTICIPANT'S DETAILS		
Nama: <i>Name:</i>	No. K.P/No. Pasport: <i>NRIC No./Passport no.:</i>	
No. Tel. Rumah/ <i>House Tel. No.:</i> No. Tel. Bimbit/ <i>Mobile Tel. No.:</i>	Pekerjaan/Profesion: <i>Occupation/Profession:</i>	
Faks: <i>Fax:</i>	No. Tel. Pejabat: <i>Office Tel. No.:</i>	E-Mel: <i>E-Mail:</i>
Alamat Surat Menyurat (sertakan poskod) : <i>Correspondence Address (include postcode)</i>		
Hubungan dengan Penyedia Perkhidmatan Kewangan (termasuk Syarikat Insurans dan/atau Pengendali Takaful): <i>Complainant's Relationship with Financial Service Providers (including Insurance Companies and/or Takaful Operators)</i> (sila tandakan (✓))/please tick (✓)		
a) <input type="checkbox"/> Pengguna Perkhidmatan Kewangan untuk kegunaan persendirian atau domestik atau isi rumah atau berkaitan dengan perniagaan kecil/ <i>Financial Consumer for personal, domestic or household purposes; or in connection with a small business; atau/or</i>		
b) <input type="checkbox"/> Pihak Ketiga yang merupakan/ <i>Third Parties who are:</i>		
<input type="checkbox"/> orang yang menuntut untuk kerosakan harta yang berpunca dari polisi motor insurans atau takaful/ <i>claimants for motor third party property damage; atau</i>		
<input type="checkbox"/> penama atau benefisiari kepada pelanggan Penyedia Perkhidmatan Kewangan/ <i>nominees or beneficiaries to Financial Service Providers' customers</i>		
<input type="checkbox"/> orang yang diinsuranskan dan benefisiari mereka di bawah insurans atau takaful berkelompok/ <i>persons insured or covered and their beneficiaries under group insurance/takaful.</i>		
2. MAKLUMAT PENGADU/COMPLAINANT'S DETAILS (jika bukan Pemegang Polisi/Peserta atau bagi pihak Pemegang Polisi/Peserta atau syarikat/perniagaan) <i>[if not Policyholder/Participant or on behalf of Policyholder/Participant or company/business entity]</i>		
Nama: <i>Name:</i>	Untuk entiti perniagaan, [sila tandakan (✓)]/for business entity, [please tick (✓)]	
No. K.P/No. Pasport: <i>NRIC No./Passport no.:</i>	<input type="checkbox"/> Keempunyaan Tunggal/ <i>Sole proprietorship</i>	
Pekerjaan/Profesion: <i>Occupation/Profession:</i>	<input type="checkbox"/> Perkongsian/ <i>Partnership</i>	
	<input type="checkbox"/> Syarikat/ <i>Company</i>	
Hubungan (jika bagi pihak individu): <i>Relationship (if on behalf of individual):</i>	Nama Jawatan (jika bagi pihak syarikat/perniagaan): <i>Job Title (if on behalf of company/business entity):</i>	
No. Tel. Rumah/ <i>House Tel. No.:</i> No. Tel. Bimbit/ <i>Mobile Tel. No.:</i>	No. Tel. Pejabat: <i>Office Tel. No.:</i>	
No. Faks: <i>Fax No.:</i>	E-Mel: <i>E-Mail:</i>	

Alamat Surat Menyurat (sertakan poskod):
Correspondence Address (include postcode):

3. MAKLUMAT ADUAN PERTIKAIAN / DETAILS OF COMPLAINT/DISPUTE

Aduan Terhadap Penyedia Perkhidmatan Kewangan [sila tandakan (✓)]:
Complaint against Financial Service Providers [please tick (✓)]:

- Kategori/Categories:
- Syarikat Insurans Berlesen/Licensed Insurance Companies
 - Pengendali Takaful Berlesen/Licensed Takaful Operators
 - Broker Insurans yang Diluluskan/Approved Insurance Brokers
 - Broker Takaful yang Diluluskan/Approved Takaful Brokers
 - Penasihat Kewangan yang Diluluskan/Approved Financial Advisers
 - Penasihat Kewangan Islam yang Diluluskan/Approved Islamic Financial Advisers

Nama Penyedia Perkhidmatan Kewangan:
Name of Financial Service Provider:

No. Polisi Insuran/Sijil Takaful : <i>Insurance Policy/Takaful Certificate No.:</i>	No. Rujukan : <i>Reference No.:</i>
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Jumlah Diinsurankan/Dilindungi : <i>Amount Insured/Covered:</i>	Jumlah Yang Dituntut : <i>Claim Amount:</i>
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4. JENIS ADUAN/PERTIKAIAN [sila tandakan (✓)] / TYPE OF COMPLAINT/DISPUTE [please tick (✓)]

- | | |
|------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Penolakan Tuntutan/Repudiation of Claim | <input type="checkbox"/> Tidak Berpuashati dengan Tawaran/Unsatisfactory Offer |
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Lain-lain (sila nyatakan)/Others (please specify) :

Sudahkah anda menerima surat keputusan Syarikat Insuran/Pengendali Takaful/Broker/Penasihat Kewangan? Jika ya, sila tandakan (✓) dan nyatakan tarikh Surat Keputusan. Jika tiada, nyatakan tarikh aduan dibuat. *Have You Received the Insurance/Takaful Company's/Broker's/Financial Adviser's Decision Letter? If yes, please tick (✓) and state the date of Decision Letter. If no, please state the date complaint made.*

- Ya/Yes Tarikh/Date : _____
- Tidak/No Tarikh Aduan kepada PPK /Date of Complaint to FSP : _____

5. JENIS POLISI INSURAN/SIJIL TAKAFUL [sila tandakan (✓)] / TYPE OF INSURANCE POLICY /TAKAFUL CERTIFICATE [please tick (✓)]

- | | |
|------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Kecurian/Burglary | <input type="checkbox"/> Motor/Motor |
| <input type="checkbox"/> Kebakaran/Fire | <input type="checkbox"/> Gadai Janji/MRTA |
| <input type="checkbox"/> Hospital & Pembedahan/
<i>Hospitalisation & Surgical</i> | <input type="checkbox"/> Kemalangan Diri/Personal Accident |
| <input type="checkbox"/> Empunya Rumah/Isi Rumah/
<i>Houseowner/Householder</i> | <input type="checkbox"/> Liabiliti Awam/Public Liability |
| <input type="checkbox"/> Hayat atau Keluarga/Life or Family | <input type="checkbox"/> Perjalanan/Travel |
| <input type="checkbox"/> Lain-lain (sila nyatakan)/Others (please specify) :
_____ | |

6. SALINAN DOKUMEN DILAMPIRKAN [sila tandakan (✓)] / COPIES OF DOCUMENTS ATTACHED [please tick (✓)]

<input type="checkbox"/> Surat Keputusan Syarikat Insuran/Pengendali Takaful/Broker/Penasihat Kewangan (Wajib) <i>Decision Letter from Insurance Company/Takaful Operator/Broker/Financial Adviser(Compulsory)</i>	<input type="checkbox"/> Surat Aduan kepada Syarikat Insuran/Pengendali Takaful/Broker/Penasihat Kewangan (sekiranya Syarikat Insuran/Pengendali Takaful/Broker/Penasihat Kewangan tidak mengeluarkan keputusan akhir selepas tempoh 60 hari dari tarikh aduan pertama kali dikemukakan) (Wajib) <i>Complaint/Dispute Letter to the Insurance Company/Takaful Operator/Broker/Financial Adviser (If the Insurance Company/Takaful Operator/Broker/Financial Adviser has not issued a final decision after 60 calendar days from the date the complaint/dispute was first referred) (Compulsory)</i>
<input type="checkbox"/> Dokumen Polisi Insuran/Sijil Takaful <i>Insurance Policy/Takaful Certificate Document</i>	
<input type="checkbox"/> Laporan polis/ <i>Police report</i>	<input type="checkbox"/> Laporan Perubatan/ <i>Medical Report</i>
<input type="checkbox"/> Kad Pengenalan Pengadu <i>Complainant's Identity Card</i>	<input type="checkbox"/> Lain-lain (sila nyatakan)/ <i>Others (please specify) :</i>

7. PENERANGAN MENGENAI ADUAN/PERTIKAIAN / DESCRIPTION OF COMPLAINT/DISPUTE

Aduan saya adalah seperti berikut (Sila beri penerangan jelas mengenai aduan anda. Jika anda memerlukan lebih ruang, sila lampirkan keterangan aduan di dalam kertas berasingan. Anda boleh lampirkan dokumen tambahan berkaitan dengan aduan anda bersama-sama Borang ini):

My complaint/dispute is as follows (Please provide a clear explanation on your complaint/dispute. If more space is required, please attach the description of the complaint/dispute on a separate sheet of paper. You may attach additional documents relevant to your complaint/dispute together with this Form):

Tandatangan/Signature : Tarikh/Date:

Nama Pengadu/Complainant's Name :

Untuk Kegunaan Pejabat Sahaja/For Office Use Only

Diuruskan Oleh/Attended to by : No. Ruj./Ref. No.: OFS/.....

(Nama Kakitangan OPK/Name of OFS Staff)