



Reason Global  
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## **COMPLAINTS HANDLING PROCEDURES**

Reason Global Insurance Ltd is required by its Regulator, the Financial Services Authority, to have in place effective internal complaints handling procedures for handling any expression of dissatisfaction from its clients, whether oral or written and whether justified or not, about its general insurance related activities.

Set out below are the procedures that we have put in place to ensure that complaints are handled fairly, effectively and promptly, and resolved at the earliest possible opportunity. Our objective is to resolve complaints internally, whenever possible, in order to minimise the number of cases where our clients need to refer the issue to a higher dispute resolution authority.

### **How to complain**

If you should have any complaint about a general insurance related matter or about our service generally, we would ask you to make your complaint to The Compliance Officer at the following address:

Reason Global Insurance Ltd 4 <sup>th</sup> Floor, Lydean House, 43-46 Queens Road, BRIGHTON BN1 3XB
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You may make your complaint at any time and by any reasonable means (for example by letter, telephone, fax, e-mail or in person), although we would prefer you to contact us in writing, detailing the precise nature of your complaint, so that there can be no misunderstanding.

### **How we will investigate your complaint**

Our Compliance Officer will record your complaint. The complaint will then be handled either by The Compliance Officer or, where appropriate, by a member of staff of sufficient competence who was not directly involved in the matter which is the subject of your complaint.

The person handling the investigation will, however, have authority to settle complaints (including the offering of redress where appropriate) or have ready access to the Managing Director, who has that authority.

### **How we will respond to your complaint**

Within five business days of receiving your complaint we will send you a written acknowledgement giving you the name and job title of the person who will be carrying out the investigation and when you can expect to receive a response.

Should we receive a complaint which does not relate to any general insurance product or general insurance related service that we provide, or should more appropriately be referred to another organisation, we will advise you in writing within five business days of receipt of the complaint. Where possible, we will provide you with details of to whom the complaint should be directed.

Within four weeks of receipt of your complaint we will:

Send you a written response informing you of the outcome of our investigation. This letter will detail the nature and terms of any offer of compensation which we may consider appropriate or,



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alternatively, our reasons for rejecting the complaint. At that time we will also inform you that if you are dissatisfied with our final response, you may refer your complaint to an Approved Dispute Resolution Facility.

**or**

Inform you in writing of the reasons why we are not yet in a position to resolve your complaint and indicate when we will make further contact.

Within eight weeks of receipt of your complaint we will:

Send you a written response informing you of the outcome of our investigation. This letter will detail the nature and terms of any offer of compensation which we may consider appropriate or, alternatively, our reasons for rejecting the complaint. At that time we will also inform you that if you are dissatisfied with our final response, you may refer your complaint to an Approved Dispute Resolution Facility.

**or**

Inform you in writing of the reasons why we are still not in a position to make a final response to resolve your complaint and indicate when we expect to be able to make a final response. At that time we will also inform you that if you are dissatisfied with the delay, you may refer your complaint to an Approved Dispute Resolution Facility.

### **Approved Dispute Resolution Facilities**

Eligible and Non Eligible Complainants

#### **Definitions:**

##### **1. Eligible Complainant**

The Financial Ombudsman defines an Eligible complainant as:

- i) He is a potential customer, a current customer or a past customer of Reason Global Insurance Ltd
- ii) The complaint arises out of matters relevant to his being or having been a customer as described in (i) above.
- iii) He is :
  - a private individual;
  - a business with a group annual turnover of less than £1,000,000 at the time the complainant refers the complaint to Reason Global Insurance Ltd;
  - a charity with an annual income of less than £1,000,000 at the time the complainant refers the complaint to Reason Global Insurance Ltd ;
  - a trustee of a trust with a net asset value of less than £1,000,000 at the time the complainant refers the complaint to Reason Global Insurance Ltd.

**If you are an eligible complainant The Financial Ombudsman Service's explanatory leaflet will be enclosed with our communication.**

##### **2. Non-Eligible Complainant:**

Insurance companies use various Dispute Resolution Facilities and we will provide you with full details of the appropriate body with our final response as detailed above.