

16.

Insured Defence Service



GRIEVANCES AND COMPLAINTS FILED

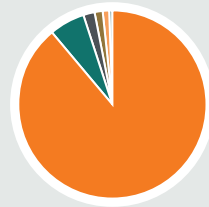
Most of the cases brought, namely 5,145, or 87.6% of the total, relate to grievances and complaints filed directly by the insured persons themselves.

Among the different channels for the entry of claims, the most frequently used was email (in 73.8% of cases), followed by the website (with 17.0%), with postal mail coming third (with 5.2%), where it was traditionally the second frequently most used.

Multirisk accounts for 65.8% of the grievances and complaints by insurance type.

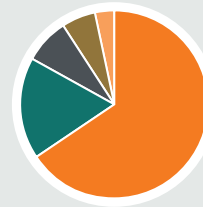
Once registration with the Insured Defence Service, they are distributed into three "Processes" (Claims, Underwriting and Administration), is completed of which is subdivided into various "Reasons" identified for this purpose.

SOURCE



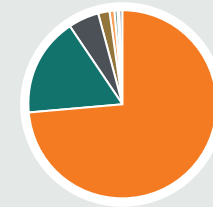
- Insured 87.6%
- OMIC and CCAA 6.0%
- Consumers' associations 1.9%
- Aggrieved parties and others 1.5%
- Lawyers 1.2%
- Brokers 0.3%

LINES



- Multirisk 65.8%
- Other lines 17.3%
- Motor 8%
- Health 5.8%
- Life 3.1%

MEANS USED



- E-mail 73.8%
- Casar website 17.0%
- Postal mail 5.2%
- Telematic sending 2.1%
- By hand 0.7%
- Fax 0.6%
- Registered fax 0.4%
- Certified post 0.3%

Of the three reasons that account for the most complaints, two relate to the Claims process, which accounts for 62.7% of the total. Thus, first there is the rejection of benefit (34.2% of records), followed by requests for cancellation of policies not handled in a timely manner (the Underwriting process, 13.8%), while the third most frequently reason relates to processing delays (11.0%).

GRIEVANCES AND COMPLAINTS SETTLED

During the year under consideration, the Insured Defence Service managed and resolved 5,857 grievances and complaints.

Of the cases managed, 2,119 ended with a decision in favour of the complainant, with their claim being upheld either in whole or in part. These resolutions account for 36.2% of the total.

Rejected claims, i.e. those favourable to the Company, including referrals to expert proceedings and other non-unfavourable pronouncements, amounted to 3,738, or 63.8% of the total.

GRIEVANCES AND COMPLAINTS FILED

Individual	Homogenous groups	2020		2019	
		No	%	No	%
Claim rejections	Claims	2,181	37.1	1,756	34.1
Customer cancellation/non-renewal request	Underwriting, issuance and portfolio	812	13.8	786	15.3
Delays	Claims	712	12.1	657	12.8
Disagreement with indemnity	Claims	287	4.9	306	5.9
Disagreement with reparation	Claims	302	5.1	243	4.7
Premium increase	Underwriting, issuance and portfolio	251	4.3	197	3.8
Request for payment of invoices, expenses and services	Claims	239	4.1	228	4.4
Admittance/modification of policy without customer authorisation	Underwriting, issuance and portfolio	122	2.1	122	2.4
Disagreement with action. Other reasons	Claims	106	1.8	38	0.7
Premium refund	Underwriting, issuance and portfolio	92	1.6	85	1.7
Disagreement with action in process	Underwriting, issuance and portfolio	77	1.3	22	0.4
Cancellation upon expiry by Company	Underwriting, issuance and portfolio	70	1.2	72	1.4
Incorrect collection and request for reimbursement of expenses	Administration and other	48	0.8	55	1.1
Other		576	9.8	581	11.3
Total		5,875	100	5,148	100

DGSFP GRIEVANCES AND COMPLAINTS

As at 31 December 2020, the number of claims notified to the Caser Group by the Complaints Service of the Directorate-General of Insurance and Pension Funds amounted to 315, compared to 326 notified at the end of the previous financial year.

One of the Supervisor's main objectives for this Service is to ensure that the complaints of the insured persons are resolved internally, which is achieved owing to the relatively small percentage of the claims filed with the Management Body, both in relation to the volume of operations of the Group and that of prior claims to the Insured Defence Service (in the latter case and pending the year-end close by the DGSFP, only 5.4% in this financial year).

As regards the outcome of the complaints initiated with the Directorate-General of Insurance and Pension Funds, reported Resolutions amount to 431, of which 118 are favourable to the Company (27.4% of all cases), 62 are favourable to complainants

(14.4%), 239 were referred to expert proceedings, omissions of decision and others (55.4%), and 12 mutual agreements, when the Company reviews the claim it has received from DGSFP and decides to accept it, before receiving an Unfavourable Resolution (2.8%).

RECOMMENDATIONS SUBMITTED

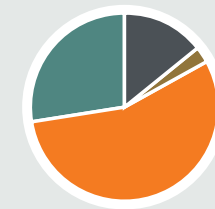
As a result of the analysis of grievances and complaints received, and with a constant customer-service orientation, to increase information transparency for the insured and the use of the complaint to identify areas of improvement, the Insured Defence Service made several specific recommendations to the different areas of the Companies, also taking into account the criteria of the Complaint Service of the Directorate General of Insurance and Pension Funds, aimed at compliance with regulations on transparency, customer protection and good insurance practices.

S.D.A. RESOLUTIONS



- Favourable to claimants 36.2%
- Favourable to Company 63.8%

DGSFP RESOLUTIONS



- Favourable to claimants 14.4%
- Favourable to Company 2.8%
- Art.38 LCS, Omissions and other 55.4%
- Mutual agreements 27.4%