

# Explaining our Complaints Process

Your feedback is important to us. It gives us the opportunity to make things right. We aim to provide you with a brilliant experience. If this has not been the case we would like to hear from you, so we can start resolving your concerns as quickly and as fairly as possible. We will handle your Complaint confidentially and in ways consistent with our obligations under privacy law.

## If you have a Complaint:

The first step is to contact us and let us know.

## Once we receive your Complaint:

We will review it and attempt to resolve it in a reasonable timeframe (see page 2).

## If you are not satisfied with the outcome:

We will give you the External Dispute Resolution bodies that you can contact (see page 3).

## We're here to help

If you are dissatisfied with any aspect of our products, service, or conduct – including that of our partners or representatives – please contact us:

**Call:** 1300 139 418

**Mail:** Allianz Australia Insurance Limited,  
GPO Box 4049, Sydney NSW 2001

**Visit:** [www.allianz.com.au/contact-us.html](http://www.allianz.com.au/contact-us.html)

## Interpreter and other support services

If you would find it easier to speak with us in a language other than English, when you contact us, we will find you an interpreter in your preferred language where possible. Or, to find your own interpreter, visit [www.tisnational.gov.au](http://www.tisnational.gov.au) or call them directly on 1300 041 474.

If you need other support, we are here to help, visit [www.allianz.com.au/contact-us.html](http://www.allianz.com.au/contact-us.html)



## What we will do when we receive your Complaint

- Acknowledge that we have received your Complaint within 24 hours (or one business day), or as soon as practicable.
- Log your Complaint and provide you with a Complaint reference number.
- Keep you informed of the progress of your Complaint.
- Provide you with the name and contact information of the person or team handling your Complaint. (They will have the appropriate authority, knowledge, and experience to address your Complaint, and will not be the person/people whose decision or conduct you have complained about.)
- Work with you to resolve the Complaint as soon as we possibly can.
- We will always respond in writing if your Complaint is about a declined claim, the value of a claim, about financial hardship, or if you have requested a response in writing.
- Our written response to you will include the reasons for our decision and inform you of your right to take your Complaint to the Australian Financial Complaints Authority (AFCA) if you are not satisfied with our decision. We will provide you with its contact details and the timeframe in which you are able to complain to it.

## General Insurance - Timeframes

We will acknowledge your Complaint within 24 hours (or one business day) of receiving it, or as soon as practicable.

If we resolve your Complaint to your satisfaction within 5 business days, we may not provide a further written response unless you request it or your Complaint is related to financial hardship, declined claim or the value of your claim.

We will keep you informed of the progress of your Complaint at least every 10 business days (unless you agree on an alternative time frame).

To assist us in resolving your Complaint we will only ask for, and rely on, information that is relevant to our decision.

If we are not able to form a decision or resolve your Complaint within 30 calendar days, within this time, we will let you know in writing the reasons for the delay and your right to take your Complaint to AFCA (see next page).

If you ask for the documents and information relevant to your Complaint that we relied on, we will send them to you within 10 business days.

## Life Insurance - Timeframes

We will acknowledge your Complaint within 24 hours (or one business day) of receiving it, or as soon as practicable.

If we resolve your Complaint to your satisfaction within 5 business days, we may not provide a further written response unless your request or Complaint is related to financial hardship, declined claim or the value of your claim.

We will only ask for and rely on information relevant to our investigation into your Complaint and our response.

If we are not able to form a decision or resolve your Complaint within 30 calendar days, within this time, we will let you know in writing the reasons for the delay and your right to take your Complaint to AFCA (see next page).

If you ask for the documents and information relevant to your Complaint that we relied on, we will send them to you within 10 business days.



## If you are not satisfied with the outcome

Our priority is to resolve your Complaint in a fair and transparent way. If you are unhappy with the Complaint resolution, or we have not provided a resolution within 30 calendar days after receiving your Complaint, you may take it to an External Dispute Resolution body. You may do this even if we are still considering your Complaint/dispute.

## General & Life Insurance External Dispute Resolution

AFCA provides consumers and small businesses with fair, free, and independent dispute resolution for financial Complaints, and its decisions are binding for us to follow.

### AFCA

**Mail:** GPO Box 3 Melbourne VIC 3001

**Call:** 1800 931 678

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

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

AFCA will not consider a Complaint/dispute unless it is lodged before the earlier of the following time limits:

- Within 2 years of the date of our final Internal Dispute Resolution response; and
- Within 6 years of the date when you first became aware (or should reasonably have become aware) that you suffered the loss.

However, AFCA may still consider a Complaint/dispute lodged after either of these time limits if it considers that exceptional circumstances apply. Refer to AFCA website for more detail.

## CTP External Dispute Resolution

If we are not able to resolve your CTP Complaint/dispute to your satisfaction, you may contact the relevant body listed below:

### NSW CTP

Independent Review Office (IRO)

**Call:** 13 94 76

**Email:** [contact@iro.nsw.gov.au](mailto:contact@iro.nsw.gov.au)

### SA CTP

CTP Insurance Regulator

**Call:** 1300 303 558

**Email:** [ctp@sa.gov.au](mailto:ctp@sa.gov.au)

### QLD CTP

We will provide advice regarding the appropriate external dispute resolution pathway based on the type of dispute.

## Codes of Practice

### General Insurance

Allianz Australia Insurance Limited is a subscriber to the General Insurance Code of Practice (Code) and supports its principles of value, transparency, trust, integrity, respect, fairness, and accessibility.

Contact us or visit: [www.insurancecouncil.com.au](http://www.insurancecouncil.com.au) for more information.

### Life Insurance

Allianz Australia Life Insurance Limited has adopted the Life Insurance Code of Practice (Life Code), which contains minimum standards of service that customers can expect from life insurers.

Contact us or visit: <https://cali.org.au/life-code/> for more information.

## Privacy Complaints

Our Privacy Policy sets out the ways in which we collect and handle your personal information, including how you can access the personal information we hold about you. Our Privacy Policy is available [www.allianz.com.au/privacy-policy.html](http://www.allianz.com.au/privacy-policy.html) or by contacting Allianz on **1300 139 418**

If you don't believe that we have met our privacy obligations, you can contact us to lodge a Complaint. If we don't respond to your Complaint within 30 calendar days or you're not satisfied with our response, you can make a Complaint to the privacy regulator at:

### Office of the Australian Information Commissioner

**Mail:** GPO Box 5218 Sydney NSW 2001

**Call:** 1300 363 992

**Email:** [enquiries@oaic.gov.au](mailto:enquiries@oaic.gov.au)

## Use of your information

We will only ask for, and take into account, relevant information when deciding on your Complaint/dispute. You can seek access to information about you that we have relied on in assessing your Complaint/dispute and correct any mistakes or inaccuracies.

In special circumstances, we may decline to release some information, such as if it is protected from disclosure by law, including by privacy legislation, where a claim is being or has been investigated, where the release of it would prejudice us in relation to a dispute about your insurance cover or your claim or in relation to your Complaint/dispute (subject to limited exceptions). However, we will not do so unreasonably, and we will give you reasons and provide them in writing on request along with details of our Complaints process.