

COMPLAINT

What is your complaint? (Please provide us with any documentation/correspondence related to the complaint)

If not stated above what do you think should be done to resolve the matter

Have you referred your dispute to any other organisation for resolution? E.g. IBANZ – If Yes, please give details Y N

Is this the first time you have made this complaint? If, no please give details Y N

PRIVACY ACT 1993

The personal information supplied by you to Classic Cover, or obtained about you by Classic Cover, will be used only for the investigation of your complaint or, at the conclusion of the investigation, for reference purposes with Classic Cover.

To enable the investigation of your complaint, personal information about you may be disclosed to the insurance company, or to a third party, unless you advise Classic Cover that you wish specific information not to be disclosed.

You have the right to request access to and correction of any personal information held by Classic Cover. You are entitled to be supplied, on request, with details of any agencies to which Classic Cover has disclosed personal information about you.

Failure to supply any personal information requested by Classic Cover may affect the ability of Classic Cover to consider and investigate your complaint.

I/We accept that my/our complaint will be investigated in accordance with the provisions of the Privacy Act 1993

SIGNATURE/CLIENT(S)

DATE

SIGNATURE/COMPLAINT(S) (IF NOT THE CLIENT)

DATE

UNDERSTANDING YOU BETTER CLIENT COMPLAINT GUIDE



CLASSIC COVER
SINCE 1983

AT CLASSIC COVER WE SEE COMPLAINTS AS A MEANS TO UNDERSTAND YOUR REQUIREMENTS BETTER AND TO IMPROVE THE SERVICE WE DELIVER TO YOU

UNDERSTANDING YOU BETTER

We are always open to receiving complaints from our clients and appreciate the time taken to notify us of your concerns.

Some complaints may require no action but every complaint is important and we review all complaints regularly to establish where there are opportunities to make your experience with us that much better in the future.

IMPROVING OUR SERVICE

When action is required the following will help you understand the steps that will be followed when a complaint is made.

CLASSIC COVER WILL RECORD YOUR COMPLAINT

- If you make a complaint by email or telephone we will request information from you.
- You may be asked to complete a Complaint Form. This will ensure you are given the opportunity to fully explain your complaint. It also means we have the information required to review and investigate your complaint.
- All complaints will be recorded.

CLASSIC COVER WILL ACKNOWLEDGE YOUR COMPLAINT

We know that making a complaint involves some inconvenience and possibly, expense. You are looking for a resolution and we will keep you informed of progress.

We will respond to your complaint within three working days.

It may be that we cannot resolve the issue within three working days. In this case we will acknowledge that your complaint has been received and is being reviewed.

CLASSIC COVER WILL INVESTIGATE AND REVIEW YOUR COMPLAINT

When we are investigating and reviewing your complaint we will:

- be fair
- strive to understand both sides of the story
- keep a record of all meetings, conversations and findings
- forward the complaint to the appropriate level of authority for resolution
- keep you informed of progress if your complaint cannot be resolved within 10 days of acknowledging your complaint
- ensure resolutions are consistent with company policy and company values

CLASSIC COVER WILL PROPOSE A RESOLUTION TO YOUR COMPLAINT

We will respond with a resolution to your complaint within 20 working days or less.

We will check any necessary action has been carried out and that you are satisfied with the resolution.

For Service related issues:

We will undertake an independent internal review of your complaint. After this a final decision will be made and a formal communication provided.

If you do not agree with our final decision you can contact Financial Services Complaints Ltd (FSCL). They are an independent not-for-profit External Disputes Resolution (EDR) scheme approved by the Minister of Consumer Affairs under the Financial Service Providers (Registration and Dispute Resolution) Act 2008.

This service will cost you nothing, and will help us resolve any disagreements.

You can contact Financial Services Complaints Ltd (FSCL) at:
PO Box 5967
Wellington 6011

Telephone (04) 472 3725
www.fscl.org.nz

For Claim Decision related issues:

We will pass your complaint to our underwriter for a full review. After this a final decision will be made on your complaint and a formal communication provided.

If you do not agree with this decision you can contact the Insurance & Financial Services Ombudsman's scheme, which considers complaints relating to insurance claims.

This is an independent scheme that's free of charge to you.

The Insurance & Financial Services Ombudsman has the authority to make decisions binding upon insurance companies for certain claims up to the value of \$200,000 (excluding GST).

Should you wish to have your complaint considered by the Insurance & Financial Services Ombudsman, you will need to contact the Insurance & Financial Services Ombudsman's office no later than three months after we inform you that deadlock has been reached with your complaint.

Insurance & Financial Services Ombudsman's office:
PO Box 10-845
Wellington 6143

Telephone 0800 888 202 or (04) 499 7612
Fax (04) 499 7614
www.ifso.nz

OUR COMPANY

Classic Cover Insurance Ltd is a majority New Zealand owned company specialising in insuring extra ordinary vehicles since 1983. For more information visit www.classiccover.co.nz.

COMPLAINT FORM

Thank you for taking the time to lodge a complaint.

Please complete this form fully so that we may resolve your complaint as quickly and fairly as possible.

Please return this form to admin@classiccover.co.nz or to PO Box 12-129, Penrose, Auckland 1642.

YOUR DETAILS

Complainant(s) (If complainant is not the policyholder, please explain relationship)

CLIENT DETAILS

Company name (If applicable)

Title: Mrs/Ms/Miss/Mr

Surname

First name

Street address

Postal address

Home telephone

Work telephone

Mobile telephone

Fax

Email address

POLICY DETAILS

(If available and/or relevant)

Insurance company name

Classic Cover branch

Policy No

Type of policy

Expiry date of policy

Amount in dispute