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WEHBE INSURANCE SERVICES L.L.C.

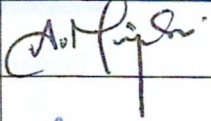




COMPLAINT MANAGEMENT POLICY

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DOCUMENT CONTROL

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Owner	Wehbe Insurance Services LLC

REVIEW AND APPROVAL HISTORY

Action	Name	Title	Date	Signature
Prepared by	Manjusri Achuthan	Compliance Officer/MLRO	30/06/2025	
Reviewed by	Mohamed Shafeeque	Chief Finance Officer	30/06/2025	
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Reviewed by	David McMorrow	Deputy Chief Executive Officer	30/06/2025	
Approved by	Omar Wehbe	Chief Executive Officer	30/06/2025	

REVISION HISTORY

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INTRODUCTION

WEHBE Insurance Services LLC or WIS (the “Company”) is committed to ensuring that all customer complaints are managed in a responsive, efficient, effective, and fair manner. This policy is designed to ensure that customer complaints about the services provided by WIS are managed through an effective and consistent process.

PRINCIPLES

WIS recognizes the importance of continuous improvement through customer feedback, suggestions or complaints. We uphold the following principles in our complaints management process:

- Acting fairly and proportionately without unlawful discrimination or prejudice
- Being customer focused and handling complaints sensitively
- Putting things right by providing prompt, appropriate and proportionate response
- Being open and accountable through transparency in engagement
- Seeking continuous improvement using customer feedback
- Appropriately managing any conflict of interest

OBJECTIVES AND SCOPE

The objective is to improve customer confidence, satisfaction, and loyalty in respect of services rendered by WIS and to:

- Promote the swift, effective and fair handling of customer dissatisfaction by companies
- Provide a clear escalation process regarding complaints received both internally and externally. Use complaints to enhance procedures and correct policy deficiencies.
- Allow customers to report instances where parties are not complying with the regulations of the Insurance Authority, DHA or Department of Health Abu Dhabi.

This policy applies to all customers, third parties, partners, and stakeholders. Employee complaints are generally handled through WIS internal grievance process.

RESPONSIBILITIES

- The CEO is responsible for ensuring the policy approval and implementation.
- Escalated matters that are not resolved within the department are taken care of by the Deputy CEO and brought to a closure.
- The Compliance Officer/Head of Compliance is responsible for development, maintenance, enforcement, and

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Classification: Restricted

endorsement of the policy.

- All WIS employees are responsible for reading, understanding and adhering to this policy in their day-to-day activities.
- The Compliance Officer/Head of Compliance is responsible for ensuring that all WIS employees are aware of the policy.
- Head of Department/Managers are responsible for compliance with this policy within their area(s) of concern/department.
- Heads of Department/Managers are responsible for ensuring registration of the complaints in Ozone Insuria as well as for documenting the complaint handling process for each case.
- The Head of Department/Managers (Medical) is responsible for updating the Annual Report Complaint Log and sharing it with the Compliance Officer/Head of Compliance, well ahead of the submission date (7th January) every year.
- The Compliance Officer/Head of Compliance and the Internal Auditor who form part of the Complaints Management Team are responsible for carrying out periodic checks on the level of implementation of the policy.
- The Complaints Management Team should be aware of each complaint received and how it was handled. The team should ensure that the whole process is documented properly.

DEFINITION AND TYPES

COMPLAINTS

Any expression of dissatisfaction by a customer, potential customer or other business partner or any regulatory body made to WIS either directly or indirectly which is related to a product or service provided by WIS, or which is related to an employee of the company, or which is related to a service provided by WIS will be classed as a complaint.

Guidance:

An explicit comment or statement from the customer or third-party such as “I want to make a complaint” or “Who do I complain to about this?” indicates the existence of a complaint.

An expression of dissatisfaction such as “I am not happy with...” or “I am not satisfied with what you are saying...” or “This policy that I was sold does not meet my needs” indicates the existence of a complaint.

A statement that expectations were not met such as “I was told that.... but this has not happened” or “You promised to... but...” or “I asked for...but did not receive...” indicates the existence of a complaint.

NOT COMPLAINTS

Any expression of dissatisfaction concerning the denial of coverage that is not covered under the policy or where the cost of a claim exceeds the monetary limit under the terms of the policy are not complaints. However, where the complaint relates wholly or in part to vague descriptions or unclear definitions in the policy wording, terms and conditions, or table of benefits, it will be considered a complaint.

COMPLAINT HANDLER

The complaint handler includes administrative employees, sales employees, insurance agents, insurance advisors, financial advisors, business development directors, managers or executives or other insurance sales representatives acting on behalf of WIS. Their responsibilities will include receiving complaints from clients/policy holders; recording all complaints in the designated complaints register; forwarding complaints in the event of required escalation and ensuring appropriate feedback is given within the specified time frame.

TYPE OF COMPLAINTS

WIS has separated complaints into two types:

1. Internal complaints pertaining to WIS employees and their services
2. External complaints in relation to the insurance companies' products and services.

CATEGORIES OF COMPLAINTS

C1. Insurance application and product	C3: WEHBE Service
<ul style="list-style-type: none"> • Product dissatisfaction or suitability. • Changes to policy terms (exclusions, application conditions, coverage, renewal, premiums). • Misleading information. 	<ul style="list-style-type: none"> • Complaint against WIS employee (attitude, efficacy, behavior and knowledge). • Administrative or operational process or procedures. • Customer instruction not executed in a timely manner. • Mis-selling of a particular product.
C2. Claims/Refunds	C4: Others
<ul style="list-style-type: none"> • Denial of claims or coverage when ideally it should have been paid. • Claim or request was not handled in a timely manner or there was a delay. • Unsatisfactory settlement. • Delay in refunds. 	<ul style="list-style-type: none"> • Any other complaints in relation to marketing or sales pressure or any other category not falling under C1 or C2 or C3.

COMPLAINT CHANNELS

The customer can use the following communication channels to lodge a complaint with WIS: phone call, email, submitting the complaint form on the website, physical visit to the office, or through their respective adviser at WIS.

Telephone	Email	Website form	Physical Address
+97147048600	complaints@wehbeinsured.com	www.wehbeinsured.com	5th Floor, Oud Metha Offices, P. O. Box 2550 Dubai, UAE

Escalated matters will be addressed to david.mcmorrow@wehbeinsured.com (Mr. David McMorrow - Deputy CEO). The matter will be handled by the Complaints Management Team headed by the Deputy CEO. The team includes the Deputy CEO, Internal Auditor, Chief Financial Officer, Compliance Officer and the relevant Head of Department.

Each complaint received will be recorded in our complaints log. We will retain and maintain a full record of these complaints and their documentation for at least 10 years from the date the complaint was received.

COMPLAINTS MANAGEMENT PROCESS



IDENTIFY

Any employee can receive the complaint. The receiver of the complaint from any reception channel should understand and analyze whether the issue raised is a complaint or not. Unless the complaint has been resolved at the outset, the receiver shall email the issue/complaint to the Head of the relevant department and the Complaints Management Team.

Log in complaints register

The complaint will be recorded in the WIS complaints register along with supporting information.

The record of the complaint will document:

- Name of complainant
- Name of patient (where applicable)
- Date of complaint
- Name of staff member receiving and registering the complaint
- Name of staff member to whom the complaint has been directed
- Identification of a repeat complaint (if it is a repeat of an earlier complaint made by the same complainant)
- Policy details (if an existing insured member) including policy number, member number, company name (if a corporate scheme)
- Intermediary name (if applicable)
- Category of complaint (see below)
- Details of the complaint
- Sources of complaints (telephone, email, personal visit, online facility, via a third party, etc.)

INVESTIGATE

Assign Investigator

The Head of Department will assign the investigator/complaint handler, who would be a senior member of the team. WIS will address each complaint in an equitable, objective, and unbiased manner. The Head of Department will

ensure that the person handling the complaint is different from any staff member whose conduct or service is being complained about.

Acknowledge

An acknowledgement will be sent by the complaint handler within 3 days from the receipt of the complaint along with the request for additional information if required and/or provide a tentative timeline for addressing the complaint. Consideration will be given to the most appropriate medium for communicating with the person making a complaint.

Assessment

When assessing how a complaint will be managed, WIS will consider:

- How serious, complicated, or urgent is the complaint?
- Whether the complaint raises concerns about people's health and safety.
- How is the person making the complaint being affected?
- The risks involved if resolution of the complaint is delayed
- Whether a resolution requires the involvement of other organizations.

Confidentiality

In case of sensitive complaints, WIS will protect the identity of people making complaints where this is practical and appropriate. Such sensitive complaints shall be dealt with in a manner similar to the medical department complaints with restricted access.

RESOLVE

Informing

The complaint handler will keep the person making the complaint up to date on progress, particularly if there are any delays.

Outcomes

Following consideration of the complaint and any investigation into the issues raised, the complaint handler or Head of Department will contact the person making the complaint and advise them of:

- the outcome of the complaint and any action taken
- the reason/s for the decision
- the remedy or resolution/s that WIS has proposed or put in place, and
- any options for review that may be available to the complainant, such as an internal review, external review, or an appeal.

Closure

WIS aims to resolve all complaints related to WIS within 7-10 days and within 15 days in cases where the complaints relate to an insurance provider or third party. In instances where more information is requested from the person making the complaint or where there are unavoidable delays, the complaint handler will keep the person notified of the same.

WIS will keep comprehensive records of the following:

- How the complaint handler managed the complaint.
- The outcome of the complaint, including whether it or any aspect of it was substantiated, any recommendations made to address problems identified and any decisions made on those recommendations.
- Any outstanding actions that need to be followed up.

Upon resolution of the complaint, the complaint handler/Head of Department shall place a request with the Compliance Officer/Head of Compliance for closure of complaint along with the investigation outcomes.

Complaints received through the Authorities

For any complaints received through the Insurance Authority, Dubai Health Authority or Department of Health, WIS will respond through the same channel of communication from the Authorities and provide timely updates to the Authorities. The process of the investigation will be similar to the one above and resolutions will be provided directly to the Authorities.

REPORT

We will ensure that outcomes are properly implemented, monitored, and reported to the Compliance Officer/Head of Compliance and/or the Executive Management. As part of ongoing oversight into the status of complaints, WIS will carry out internal reporting to the Executive Management and external reporting to the Health Authorities and Central Bank of UAE.

Frequency	Details	Ownership
Monthly	A monthly report on all medical complaints received and their status to be submitted to the Complaints Management Team and the Compliance Officer/Head of Compliance.	Head of Department
Annually	An annual report covering the calendar year must be submitted to Dubai Health Authority, Health Funding Department no later than 7 January each year	Head of Compliance / Compliance Officer

LEARN AND TRAIN

To avoid any repetitive internal complaints for WIS, learning from the complaint shall be factored into the operational process review and policies and procedures. WIS employees will be trained at least annually in the Complaints Management Policy by the Compliance Officer/Head of Compliance and specific training within the department shall be conducted by the Head of Department. A training log is maintained to record the training related to complaints handling topics.

COMPLAINT ESCALATION

INTERNAL ESCALATION

In case the complainant is dissatisfied with the outcome of the complaint, this shall be escalated to the Deputy CEO and a decision (in discussion with the Complaints Management Team) shall be notified to the complainant within 10 working days from the date of escalation.

EXTERNAL ESCALATION

In case the complainant is still dissatisfied with the escalated response, they can raise the matter with the Central Bank of UAE which regulates and supervises the insurance sector in the UAE, and with the relevant Health Authorities in the UAE if it pertains to medical insurance.

Authorities	Complaints Management System of Ombudsman Unit of United Arab Emirates (SANADAK)	Dubai Health Authority	Department of Health – Abu Dhabi
Complaints Link	https://www.sanadak.gov.ae/	https://www.isahd.ae/Home/Ipromes	https://www.doh.gov.ae/en/contact-us

CONTENTS OF COMPLAINT LOG

The complaints log must contain a minimum of all the items of the complaints register which is specified in the complaints management process section.

KEY PERFORMANCE INDICATORS IN ANNUAL REPORT OF COMPLAINT LOG

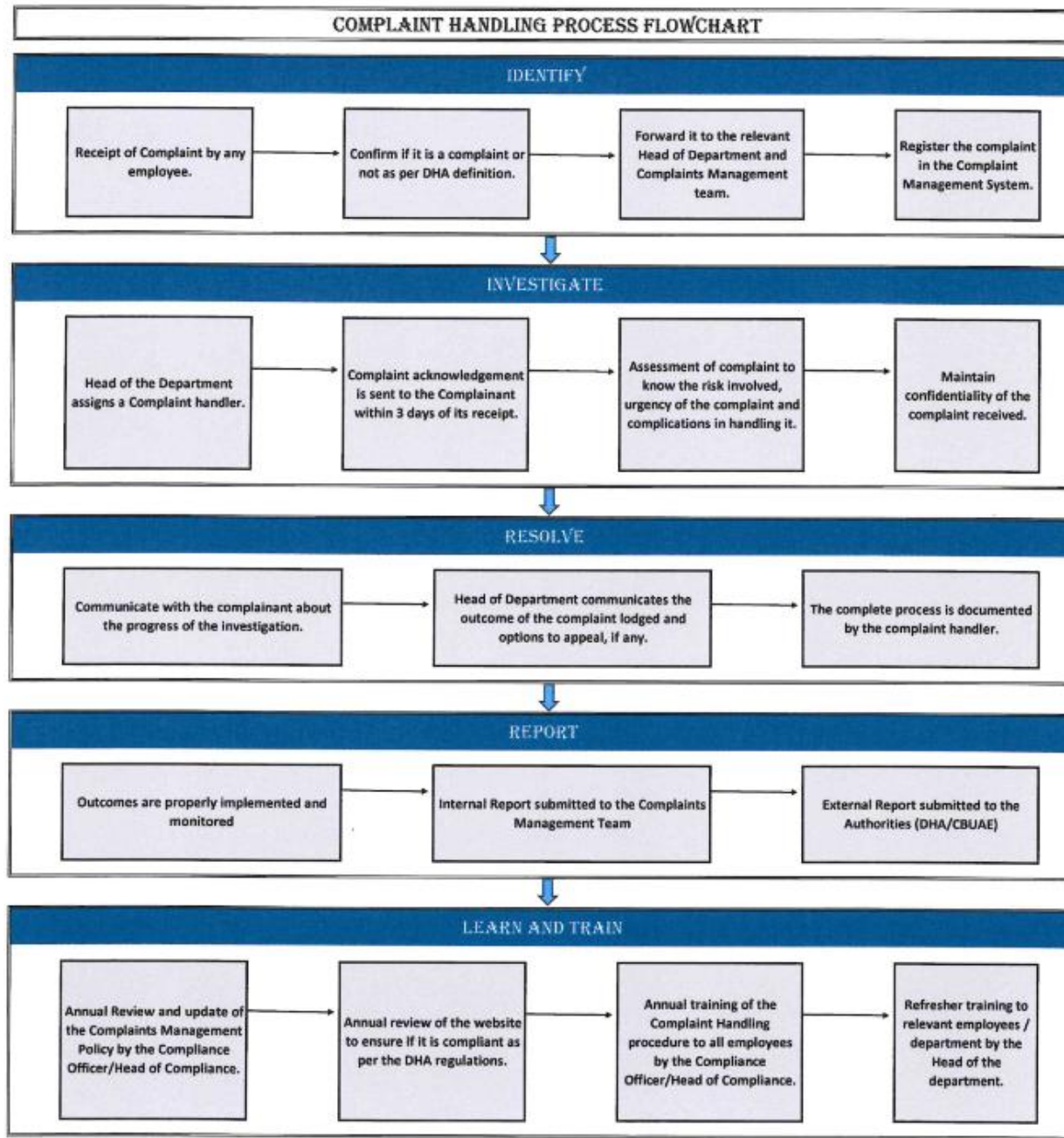
The following key performance indicators are included in the annual report of complaints for that particular year.

- Complaints actual TATs (Turnaround time)
- Number of complaints outstanding at end of each calendar month
- Number of complaints unresolved after 15, 30, and 90 days
- The number of complaints escalated for outside deliberation or arbitration.
- Complainant satisfaction with outcome of internal dealing with the complaint (as a minimum a scoring system with 1= fully satisfied, 2= largely satisfied, 3= largely unsatisfied, 4= completely dissatisfied)
- Number of complaints by category
- Number of complaints fully upheld
- Number of complaints partially upheld
- Number of complaints denied (prior to any external escalation)

REVIEW

The Policy will be periodically reviewed for any changes or at least annually.

WIS COMPLAINT FLOWCHART



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