

Complaints Procedure

Citizens Insurance
(Netherlands Antilles & Aruba Assurance Company N.V.)



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1. Introduction

At Citizens Insurance, we are committed to providing high-quality products and services to our clients on Bonaire. If you are not satisfied with any aspect of our products or services, we encourage you to let us know.

This Complaints Procedure explains how you can submit a complaint and how we will handle it. Our aim is to handle all complaints carefully, fairly, consistently, and within the timeframes set out below.

2. Article 1 - Definitions

In this Complaints Procedure, the following terms are used:

a. Insurer

Citizens Insurance, the Bonaire branch of Netherlands Antilles & Aruba Assurance Company N.V., which provides insurance policies and handles claims under those policies.

b. Policyholder

The person or organisation that has taken out an insurance policy with the Insurer. Where relevant, this also includes an insured person, beneficiary, claimant, or prospective policyholder.

c. Complaint

A written message expressing dissatisfaction about an insurance policy, a claim, the services provided by the Insurer, or the conduct of a person working for or on behalf of the Insurer.

d. Complaint Handler

The person working for or on behalf of the Insurer who reviews and handles the complaint and who was not directly involved in the matter that led to it.

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e. Complaint File

The digital or physical file in which all information relating to the complaint is recorded.

f. Business Day

A weekday other than a public holiday observed on Bonaire.

g. Complaints Procedure

The procedure described in this document for receiving, reviewing, deciding, and recording complaints.

3. Article 2 - Submission of a Complaint

1. A Policyholder can submit a complaint through the complaint form on www.citizensbonaire.com. A completed downloadable form or a complaint written in another format may also be sent to info@citizensbonaire.com.

2. The complaint should include:

- the name and contact details of the Policyholder;
- the policy number and, where relevant, the claim number;
- a clear description of the complaint, including the relevant date or period;
- the outcome or solution requested; and
- any relevant documents or supporting information, if available.

3. If a Policyholder needs assistance recording a complaint in writing, the Policyholder may contact the Bonaire office. The complaint will be written down and confirmed with the Policyholder before it is registered.

4. This Complaints Procedure, the complaint form, and the Insurer's contact details are available on the Insurer's website.

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4. Article 3 - Handling of the Complaint

1. The Insurer will appoint a Complaint Handler who was not directly involved in the matter that led to the complaint.
2. The Complaint Handler will confirm receipt of the complaint in writing within five (5) Business Days and will provide the Policyholder with a contact point for further communication.
3. The Complaint Handler will check whether the information needed to review the complaint is available. If additional information is required, the Policyholder will be contacted as soon as reasonably possible.
4. The complaint will be investigated carefully and objectively. The Complaint Handler may contact the Policyholder, involved employees, or other relevant persons and may review relevant records and documents.
5. The investigation will normally be completed within four (4) weeks after receipt of the complaint. The written response will be sent within five (5) Business Days after completion of the investigation.
6. The written response will explain the findings, whether the complaint is accepted in whole or in part or rejected, any action to be taken, and how an objection may be submitted.
7. If more time is required, the Policyholder will be informed in writing before the expected response date, together with the reason for the delay and a revised response date.

5. Article 4 - Complaint File

The Insurer keeps a Complaint File for each complaint. The file records at least:

- a. the name, address, email address, and telephone number of the Policyholder;
- b. the date on which the complaint was received;
- c. a description of the complaint;

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- d. the insurance policy and any claim to which the complaint relates;
- e. the relevant correspondence and supporting documents;
- f. the steps taken to investigate and handle the complaint; and
- g. the assessment, decision, and any action taken.

The complaint information is treated confidentially and is accessible only to persons who need it to handle, review, or oversee the complaint. The file is retained for at least one (1) year after the complaint has been closed, or longer where another legal or legitimate retention requirement applies.

6. Article 5 - Objection Procedure

1. If the Policyholder does not agree with the written response, the Policyholder may submit a reasoned objection within two (2) weeks after receiving it. The objection may be sent to info@citizensbonaire.com with the subject line **Objection to Complaint Decision**.
2. The objection will be referred to the Supervisory Board of Netherlands Antilles & Aruba Assurance Company N.V. It will be reviewed by persons who were not involved in the matter that led to the complaint or in the initial complaint decision.
3. The Policyholder will receive a reasoned written decision on the objection within four (4) weeks after the objection is received. If more time is required, the Policyholder will be informed in writing of the reason and the revised response date.

7. Article 6 - Further Options

1. Policyholder may also report a concern about a financial service or product to the Netherlands Authority for the Financial Markets through its consumer contact form. The authority uses reports for supervisory purposes and does not provide individual advice, mediation, or a decision on compensation.

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2. This Complaints Procedure does not restrict any legal right or remedy available to the Policyholder.

AFM consumer contact form: www.afm.nl/nl-nl/contact/contactformulier-consumenten