

Complaints and dispute resolution process

Our commitment to you

Guild Insurance Limited works hard at building strong individual relationships with its clients. This requires communication, accessibility, and a commitment to quality products and services, in order to produce an organisational culture focused on exceeding client expectations. However, disputes may still arise. We have therefore developed the following Complaints and Dispute Resolution Process which is fair, efficient and accessible to all our clients.

Complaints

If you would like to make a complaint please telephone us on **1800 810 213** and speak to one of our friendly staff, who will do their best to assist you. If our staff member is not able to resolve your complaint they will refer the complaint to a manager.

We will respond to your complaint within 15 business days provided we have all the information necessary to deal with your complaint. If we need further information we will agree on an alternative timeframe with you.

Where a complaint cannot be resolved by the manager, you can request that the matter be referred to a member of our Dispute Resolution Panel who will treat your complaint as a dispute and endeavour to resolve it.

Dispute Resolution process

The Dispute Resolution Process is available at no cost to you. We will keep you fully informed throughout the process and will reply to you within 15 business days provided we have sufficient

information to deal with the dispute. Where we need further information we will agree on an alternative timeframe with you.

Complaints and Dispute identification procedures

The Guild Insurance Complaints and Dispute Resolution Process applies to all complaints and disputes arising out of any General Insurance product or service we provide to clients, and any action or omission by us, our officers or service providers*. It includes complaints and disputes about:

- > Any aspect of our service
- > Denial of cover or liability for a claim.
- > Our service providers (ie. rehabilitation providers, investigators, etc)
- > Gaining access to information we hold about you, including information we have used to assess your application or claim
- > Financial hardship claims

A dispute is defined as “an unresolved complaint” conveyed to us, together with a request that we remedy the situation. A dispute has arisen when:

- i. you advise that a dispute has arisen and request that the matter be dealt with by Guild Insurance’s Dispute Resolution Process;
- ii. you are asked by us whether or not you wish the matter be dealt with by Guild Insurance’s Dispute Resolution Process as a dispute and you request us to do so; or
- iii. we of our own instigation refer the matter to the Guild Insurance Dispute Resolution Process as a dispute.

Dispute resolution objectives

- > Simple and efficient procedure
- > Speedy resolution of disputes
- > Open and transparent communication
- > Fair and reasonable outcome
- > Easy access by participants.

External dispute resolution

If we are unable to resolve your complaint to your satisfaction within 15 days we will inform you of the reasons for the delay and that you may take the complaint or dispute to an external dispute resolution scheme even if we are still considering it.

There are several external dispute resolution options which may be available to you.

These include:

- > the Australian Financial Complaints Authority or ‘AFCA’ (previously Financial Ombudsman Service (FOS)) – we will provide details of this free service
- > the Office of the Australian Information Commissioner (we will provide details of this service, which applies in the instance of disputes regarding the collection, use and disclosure of personal information)
- > the formal legal process, including:
 - > the courts
 - > mediation
 - > arbitration.

1800 810 213
guildinsurance.com.au



Don't go it alone