DearTime

TOUCHING ONE MORE LIFE

Client Charter

Ensure that relevant, accurate, balanced and timely information is made.

Objectives

The Life Insurance Association of Malaysia (LIAM) has launched the revised Customer Service Charter (CSC) for Insurance industry. The Charter was first introduced in 2011 which was aimed at underscoring the insurers' commitment to deliver a consistent high standard of customer service.

This revised Charter takes it a step further by introducing certain minimum industry standards with regard to turnaround times for specified services. There are four (4) pillars of services standards under the charter as follows:

Pillar 1
Insurance Made Accessible

Pillar 2
Know Your Customer

Pillar 3
Timely, Transparent & Efficient Service

Pillar 4
Fairly, Timely Transparent Claims Settlement Process

Click on the link and find out details on the service level target under the respective pillar. This revised CSC comes into effect from 1 January 2018.

Insurance Made Accessible

Offer an active engagement model wherein a customer is aware of:

- Multi-channel options & accessibility for purchase and enquiry.
- Where and how to provide feedback, suggestions and to complain.

Expected Outcome

Better Engagement & Improved Services

Service Level Target

1. Multi-channels and appropriate channels are being used for purchase and enquiry.
2. Online channels are being used for purchase and enquiry.
3. Feedback, suggestions and complaints are received via channels provided.

Commitment

We will make insurance products easily accessible via various channels, physically and virtually, to obtain information, purchase or make enquiries

1. We engage you at every touch point from Pre to Post sales and ensure you are aware of the following:

- Being a digital Service provider, we will ensure sufficient attention is available to draw our customers to our web and mobile app in order to both know more about us as well as our products and services.

- Feedback, suggestions and complaints are critical information in assisting us to consistently meet customer expectations, so our customers can provide us feedback via many channels as stated below.

2. Being a digital service provider our products and services would be accessible virtually. You may engage us either to purchase products or to make enquiries: -

Corporate Website
https://deartime.com

Email
DearTimeCare@deartime.com

Self-service Customer Web Portal
https://deartime.com/customerPortal

Call Centre
+603-86053511

Social media
Facebook: https://www.facebook.com/deartime.insurance/

LinkedIn: https://www.linkedin.com/company/deartime/

Mobile App
Chatbox

3. Channel availability may vary from time to time, we will inform you accordingly.

Commitment

We will actively seek feedback, suggestions or complaints on how insurers can serve customers better

1. Customers are provided with available channels to provide feedback and suggestions via:

   Corporate website

   Self-service customer web portal

   Mobile App

   Call centre
   +603 xxxx (TBC)

   Email
   DearTimeCare@deartime.com

   Social Media (if applicable).

2. We will conduct periodic customer satisfaction feedback/surveys to ensure that customers' needs are fulfilled.

Know Your Customer

To understand a customer profile adequately which enables the insurers to:

- Know and anticipate the customer's needs and preference.
- Ask for requisite information and documents to best advise the customer.
- Offer suitable products and services.

Expected Outcome

Build Trust

Service Level Target

1. 90% of customers are served with suitable products and services which fit their needs and wants.
2. Minimal complaints (ratio of 5% of total complaints) from customers in which the nature of complaint relates to lack of understanding of the product that was offered and/ or not having the suitable products and services.

Commitment

We will strive to help customers find the right product to suit their needs

DearTime Berhad is a digital service provider and our products are pure protection type products thus they are primarily bought rather than sold.

Considering this we do have customer education and tools to assist you in making the right decision for yourself in terms of right product and sum insured or coverage.

On top of that, should you contact our chatbox or our staff via call center rest assured that they will be: =

1. Knowledgeable and ethical and available to serve you.

2. Training

   - properly trained on products and services offered.

   - Trained any time a new product is launched and regularly as refresher courses on existing products.

3. Understanding Customers' Needs — In order to understand the customers' profile adequately, we will:-

- Listen attentively to you.

- Acknowledge and properly understand your needs and preferences.

- Ask for requisite information and documents to advise you accordingly and in accordance with the Industry's Code of Practice on the Personal Data Protection Act 2010.

- Offer options of suitable products and services to meet your needs and wants.

4. Any options provided to you shall be explained and on an "opt-in-basis", e.g. coverage, sharing/using your information for marketing and research purposes.

Note: Handling of customer information is governed by Bank Negara Malaysia's Policy Document on Management of Customer Information and Permitted Disclosures and insurers shall operate accordingly.

Timely, Transparent & Efficient Service

Deliver a seamless service wherein customers are aware of:

- Insurers' responsibilities towards customers.
- Expected service standard and time taken to deliver these services, i.e. time taken to answer enquiries / resolve complaints.
- Where and how to obtain information required i.e. product features and costs.

Expected Outcome

Customer Satisfaction

Service Level Target

1. 80% of customers are being served within the expected service level and timelines.
2. 100% of customers are issued with policy documents in a timely manner.
3. Declining complaints ratio.

Commitment

We will set clear responsibilities towards customers and uphold it.

We are committed to you, to find out more, kindly click on the links below;

1. A clear and concise objective of the Charter
2. Mission
3. Corporate Values
4. Efficient/effective communication channels
    - Facebook
    - LinkedIn

Commitment

We will set clear expectation on time taken for various services.

Being a digital service provider, all your transactions would be virtual or online with the exception of a few transactions where we have intentionally kept is semi-automated for security purposes and to deter fraud.

1. You will be informed of each step and documentation required to alter, renew, surrender or cancel a policy, e.g. what happens when there are changes to the policy, notice on renewal, etc. as well as consequence arising from any of these actions.
2. You will also be reminded in the renewal notice to inform us of any changes in the risk before renewal, e.g. changes to your occupation.
3. The standard operating procedure on dealings with customers shall be clearly complied with, however as a digital service provider, most if not all transactions would be initiated by yourself online and from there you would be able to track the service request.

Commitment

We will ensure efficient policy servicing and providing relevant documentation in a timely manner.

Life & Health

Policy Account Turnaround Time (from receipt of full documentation, information and payment of premium):-

a) Policy Issuance (upon acceptance in the policy system) — New and Existing Customer: -

   i. Standard cases – Immediately upon completing the sales process and making payment, you will receive the email with a link to your policy which you may download or view at anytime during the course of the policy being active as it would be available in your mobile app.

   ii. Additional information required / pre-existing medical condition / complex cases – Dear Time would only underwrite standard cases during the early stages of our launch. We are working on underwriting modules that would include non-standard life and we will inform you via our communication channels once this is available.

b) Change of policy account details (endorsement):

   i. Policy Changes (Non-financial): Non-financial changes would be made immediately with following exceptions: -

      a. Changes to Name

      b. Changes to National Registration Number

      c. Changes to email if you had registered via email

      d. Changes to handphone number if you had registered with Handphone number

      e. Changes to age

The above changes would be executed via call or email to our customer Service. We would conduct additional verification to certify the authenticity of the request and the requestor before making the changes. These changes can be made immediately upon satisfactory verification.

ii. Policy Changes (Financial):

a. All financial changes to the policy may be made via the mobile app this would be instantaneous upon completion of the change process.

b. However, it is to be noted that whist the change request may be accepted the final execution of the change would only take effect at the next policy anniversary or next due date or even immediate depending on the nature of the change request so please refer to the contract or PDS for information on the exact terms and conditions.

c) There is no reinstatement per say in DearTime contracts, we do however have grace period by which you need to settle the outstanding premium otherwise the contract would be deactivated and cover not available.

d) Renewal notice issuance:

i. For policy with guaranteed renewal, premium due notice will be issued not less than 30 calendar days before the next premium due date.

ii. Notification of Revised Premium to renewable basic term policy / term rider will be issued not less than 30 calendar days before the expiry of existing policy / rider.

e) Cancellation/surrendering of policy: all cancellation/surrender with the exception of objections to policy, would only take effect at the next premium due date thus there would be no refund of premium due to cancellation. The contract and PDS clearly explains how to affect a cancellation or surrender of your coverage.

f) Issuance of medical / hospitalization card for individuals - Within same business day of policy issuance.

Note: The timelines above do not take into account onboarding process – insurers have their own onboarding process/introduction to its products and services.

Commitment

We will be open and transparent in our dealings

The following information shall be easily accessible and made available through the various channels of communication such as brochures / call centers / social media / website:

1. Product related details, i.e product features, product disclosure sheets, terms and conditions, key facts and exclusions will be shared at the point of sales.

2. Fees, charges (other than premiums), and interest (if any) as well as obligations in the use of a product or service (e.g. when premium needs to be paid and explaining payment before cover warranty).

3. Anti-fraud statement and key points to remember, i.e. confidentiality of customer information, free look period of not less than 15 calendar days to reject or accept applications.

4. All the above information shall be explained and stated using simple words and in an easy to understand manner.

Commitment

We will follow through and provide the requisite answers / updates to customers' queries & complaints promptly

1. Phone

    - Where no follow up is required – Immediate such as first call resolution.

    - Where follow up is required – Within 3 working days from the date of the first call.

2. Written (Email, fax, written letter & social media). For Email/Social media:-

    - Provide acknowledgement response within 1 calendar day.

    - Acknowledgement to include expected timeline and any other relevant information.

    - Non-complex enquiry - respond within 3 working days from date of receipt.

Note: Where enquiry is complex, insurers will provide a reasonable timeframe and keep the customer updated accordingly.

Commitment

We will ensure consistent and thorough complaints handling

1. Customers shall be informed of the various options for submitting a complaint through available channels, depending on the insurers channel presence and whichever applicable, i.e. provide complaints unit contact details (telephone number and address), website, social media, etc.

2. A verification process has to be performed on the policyholders / participants.

3. Communicate clearly on the issue and gather adequate information for an informed resolution.

4. Address the issue in an equitable, objective and timely manner by informing the complainants on insurers' decision no later than 14 calendar days from the date of the receipt of the complaints.

5. If the case is complicated or requires further investigation, insurers shall inform the complainant accordingly and update progress every 14 calendar days. If not resolved, to update within another 14 calendar days. Thereafter, after every 30 calendar days.

6. Keep the complainants updated if unable to address issues within the stipulated timeframe.

7. Refer the complainants to the next level of escalation if the resolutions are not to the satisfaction of the complainants. Contact details of Bank Negara Malaysia LINK, BNMTELELINK and Ombudsman of Financial Services must be clearly provided.

Note: Complaints handling and timelines is governed by Bank Negara Malaysia (BNM)'s Guidelines on Complaints Handling and insurers shall operate accordingly.

Fair, Timely & Transparent Claims Settlement Process

Deliver a seamless claims processing and settlement experience wherein customers are aware of:

- Procedures, documentation and steps including various options (if any) for first notification of loss in an event of a claim.
- Expected service standard for claims processing and specific time taken for each step within the claims processing stages.
- Various redress mechanisms for unsatisfactory claims payment.

Expected Outcome

Provide Peace Of Mind To Customers

Service Level Target

1. 75% of the customers are satisfied with the claims decisions and processes.
2. Declining complaints ratio over the years from customers on claims settlement and processes.
3. 100% of legitimate claims are paid accordingly.

Commitment

We will set clear timeline for claims settlement process and strive to settle claims within these prescribed timelines and in a transparent manner.

To set clear timeline for claims settlement process and strive to settle claims within these prescribed timelines and in a transparent manner by adopting the following procedures: -

1. Customers will be informed of the estimated time taken for claims settlement process and expected service standard. This information shall be made available through various channels (i.e. e-brochures/call centers/ social media/website).

2. Customers shall receive notification on the acknowledgment of their claim within 1 working days from receipt of claims notification via the app

3. All claims' notifications through the app must reach the Us within 3 working days, except for crime related claims which should be notified within 24 hours from time of loss.

4. If documentation/information is incomplete, customers shall be informed within 14 working days from acknowledgement of the claim by the Claims Department.

5. To state key claims procedures and assign timelines to it, i.e. appointment of adjuster, claims assessment, etc.

6. Customers will be updated on the progress / decision of claims handling every 14 working days.

7. In the event of a catastrophe / disaster, e.g. large number of claims may be received, as such meeting timelines stipulated may not be possible, the insurers will strive to update every 20 working days on the progress.

You can go to Claims FAQ for more details.

To keep the customer informed of the next level of escalation if the claims settlement /repudiation is not to his/her satisfaction.

1. Customers shall be provided with available channels to appeal on a decision / raise disputes (i.e. call center / website).

2. Any letter of rejection/repudiation of any element of a claim and dispute on quantum must contain the following statement prominently:-

- Any person who is not satisfied with the decision of the Insurer, should refer to the procedure for appeal with BNMLINK or BNMTELELINK

(Note: for the policy owners who made a claim/report involving claims settlement/rejection which is not to his/her satisfaction).