



APPROVED by
Order No 01-06/23 of 19-11-2019
of the Head of COMPAGNIE FRANCAISE D'ASSURANCE POUR LE COMMERCE
EXTERIEUR Baltics Affiliate

EFFECTIVE AS OF THE APPROVAL DATE

COMPLAINT EXAMINATION PROCEDURE OF COFACE BALTICS

GENERAL PROVISIONS

The complaint examination procedure establishes the procedure for submission, examination of and responding to complaints of policyholders, beneficiaries and third persons of COMPAGNIE FRANCAISE D'ASSURANCE POUR LE COMMERCE EXTERIEUR Baltics Affiliate (hereinafter – Insurer) that arise from insurance or associated legal relationships.

The complaint examination procedure has been drawn up in consideration of the provisions of the legal acts of the Republic of Lithuania, requirements of insurance supervisory authority and corporate requirements of COMPAGNIE FRANCAISE D'ASSURANCE POUR LE COMMERCE EXTERIEUR.

DEFINITIONS

Applicant – policyholder, beneficiary or third person who has submitted a written complaint to the Insurer. These may be natural persons or legal entities, or representatives of both.

Representative – a duly authorised natural person who has the right to represent the interests of the Applicant.

Complaint – a written address of the Applicant to the Insurer specifying that the rights and legitimate interests of the Applicant were breached in insurance or associated contractual relationships.

Response – a response to be submitted by the Insurer in writing concerning the examined complaint and decision made.

1. COMPLAINT SUBMISSION

1.1. An Applicant who believes that their rights and legitimate interests were breached in insurance or associated contractual relationships should apply to the Insurer in writing specifying: (i) the manner of breach and the rights and/or legitimate interests that were breached; (ii) the substance of complaint and corroborating circumstances; (iii) motivated and clear demands or request to the Insurer, enclosing the documents proving the validity of the complaint.

1.2. In the complaint, the Applicant should also specify the following: a company to which the complaint is addressed; details of the Applicant (including an accurate address to which the response of the Insurer is to be served, email address, and contact numbers at which the Applicant can be reached); and the complaint submission date. Illegible, incomprehensible and unsigned requests or complaints will be returned to the Applicant stating the cause of return.

1.3 Complaints can be served in one of the following ways:

1.3.1 filling a complaint form on our website;

1.3.2. by email to: complaint.lithuania@coface.com;

1.3.3 by post to: A. Tumėno g. 4, LT-01109 Vilnius.

1.4 The Insurer shall register written complaints received from the Applicant using one of the methods above on the complaint receipt day. Only the complaints drawn up in the Lithuanian or English language, legible and signed by an authorised person shall be registered and examined. The Applicant



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has the right to submit a complaint through the person who represents their interests and whose authorisation has been executed in accordance with the procedure established by the legal acts.

2. EXAMINATION OF COMPLAINTS AND DECISION-MAKING

2.1 Complaints shall be examined in consideration of the requirements provided for by the legal acts of the Republic of Lithuania, European Union legal acts applicable to the Insurer, principles of equity, reasonability, integrity, and objectiveness, and corporate requirements of COMPAGNIE FRANCAISE D'ASSURANCE POUR LE COMMERCE EXTERIEUR.

2.2. Complaints shall be examined free of charge.

2.3 Complaints shall be examined and responses to the Applicants shall be provided by the person appointed by the director of the company.

2.4 Where the person examining the complaint believes that further examination of the complaint requires additional evidence or explanations, they shall have the right to contact the Applicant or another person asking them for additional information.

2.5 Should the Applicant retract the complaint at any time in the course of the complaint examination, the Insurer shall terminate further complaint examination without a separate notice to the Applicant.

3. PROVISION OF RESPONSE

3.1 Not more than 5 working days after the receipt of the complaint, the Insurer shall provide to the Applicant a confirmation of complaint receipt including a reference code.

3.2 The Insurer shall provide a complete, motivated and documented response in writing or using another durable medium within 15 working days from the complaint receipt date.

3.3 In exceptional cases when due to the reasons outside the control of the Insurer the response cannot be provided within 15 working days, the Insurer shall provide a provisional response clearly stipulating the reasons for the delay to reply to the complaint and the date by which the Applicant will receive the final response.

3.4 Original response including the enclosed documents shall be sent by registered letter to the address given by the Applicant.

4. FINAL PROVISIONS

4.1 If the Applicant is unsatisfied with the response of the Insurer, he/she shall be entitled to apply to the Bank of Lithuania (Žalgirio g. 90, LT-09128 Vilnius; www.lb.lt) in writing or by email within one year from contacting the Insurer.

4.2 The decision of the Insurer may be appealed against by applying to the court in accordance with the procedure established by the legal acts of the Republic of Lithuania.