

What Happens After You Submit a Complaint?

This leaflet outlines the process that follows the submission of your complaint, how it will be handled by the Insurance Authority (“IA”), and what you can expect from us throughout the process.

Step 1: Initial Review

We will carefully examine your complaint and the supporting documents to assess whether it involves any conduct issues falling within our regulatory remit under the Insurance Ordinance (Cap. 41) (“Ordinance”). We may also contact you from time to time for clarification, if needed.



Step 2: Subsequent Handling

Our handling approach depends on the nature of your complaint:

Conduct-Related Complaints (e.g. misrepresentation, dishonesty, or breaches of regulatory requirements)

- While we actively handle your complaint, we may first refer it to the relevant insurer and/or intermediary so that they can respond to you directly. This also helps us understand both sides of the story.
- We will consider all information both provided by you and the insurer and/or intermediary concerned and will take proactive action if any potential misconduct is identified.



Non-Conduct-Related Complaints (e.g. administration/service matters, claim disputes, determination of policy return/dividend, or disagreement over policy terms/pricing)

- These complaints generally fall outside the IA’s regulatory remit.
- Where appropriate, we may refer your complaint to the following parties for further handling:
 - the relevant insurer and/or intermediary (for administrative/service matters, determination of policy return/dividend, or disagreement over policy terms/pricing);
 - the Insurance Complaints Bureau (for personal insurance claims disputes); and/or
 - The Voluntary Health Insurance Scheme (“VHIS”) Office (for complaints related to VHIS products).



Complaints Involving Multiple Matters

It is common for a complaint to involve multiple matters, some of which may fall within the IA’s remit, while others may not. In such cases, we will generally invite the relevant insurer and/or intermediary to respond to all matters to you directly while keeping us in the loop. This helps us to gain a comprehensive understanding before determining the appropriate course of action.



Complaints Against Banks as Licensed Insurance Agencies

For complaints against banks who act in the capacity of licensed insurance agencies, or their technical representatives, the IA will refer these cases to the Hong Kong Monetary Authority for handling, as it is also responsible for supervising banks on insurance-related matters under the Ordinance.

Step 3: Outcome of Conduct-Related Complaints

After reviewing information from all parties, if we do not find sufficient evidence to substantiate any misconduct, we will inform you why this is so and conclude the case. On the other hand, if there is sufficient evidence to support the conduct-related allegations, we will determine the appropriate action based on nature of the matter and the severity. This may include:

For Serious Matters:

- ✚ The case may be escalated to our Enforcement Division for statutory investigation, and you may be asked to provide further assistance. If the party is found guilty of misconduct, disciplinary actions may follow, such as private or public reprimands, fines, or suspension/revocation of licences. If the matter amounts to a criminal offence, the party may be prosecuted. We will inform you of the outcome once the enforcement action is completed. Details of the enforcement actions will also be made available on our website (e.g. Enforcement News or Register of Licensed Insurance Intermediaries).



For Other Matters:

- ✚ We may take regulatory action by issuing a reminder letter, compliance advice letter or letter of concern to the relevant insurer and/or intermediary, and requiring them to take corrective actions (e.g. improve internal controls or procedures).
- ✚ These regulatory actions form part of our compliance records, and if the party ignores or repeats the failure, more serious regulatory consequences may follow.
- ✚ While we are unable to share specific details of the regulatory action with you due to the secrecy provision under the Ordinance, we will inform you that appropriate regulatory action has been taken against the relevant party.



Let us assure you that your concerns matter and they will be addressed fairly with care.

Insurance Authority

Our Commitment

Throughout the process, we:

- ❖ ensure **all parties** have an opportunity to be heard;
- ❖ handle all complaints with strict confidentiality with your **written consent**;
- ❖ endeavor to conduct a thorough review of your complaint;
- ❖ while we generally don't respond to status enquiries within the first three months or offer meetings, but we are happy to provide updates upon request after that period; and
- ❖ aim to conclude **80% of complaints within six months** of receiving all requisite information.

Our Limitation

Subject to the scope of the IA's function, we **cannot**:

- ❖ adjudicate disputes relating to the policy terms or pricing;
- ❖ adjudicate claims or order an insurer to pay claims; and
- ❖ order an insurer or an insurance intermediary to pay compensation.

Such matters may be better handled by other appropriate channels — **which we will help guide you to**, where needed.

Friendly Reminders

- ❖ Anonymous or incomplete complaints may not be processed.
- ❖ Complaints that are unreasonable or unsupported may not be pursued.
- ❖ Abusive or inappropriate communication may result in the termination of correspondence.