

TREAT CUSTOMERS FAIRLY CHARTER (Version 2.0 with effect from 27 March 2025)

The Board of Directors and Senior Management of The Pacific Insurance Berhad are committed to deliver good financial consumer outcomes to our customers. We believe in building long-term and mutually beneficial relationships with our customers in line with our philosophy of *Speed, Service and Tender Loving Care* (“SSTLC”). This Charter specifies our commitment to provide the highest standards of fairness in all our dealings with our customers, and to protect the interests and financial well-being of our customers:

- 1. We commit to embed fair dealing into our institution’s corporate culture and core values**
 - a) Setting standards on fair business practices in all dealings with all customers that includes providing financial services or products to best meeting our customers’ financial circumstances and preserving the confidentiality of our customers’ information;
 - b) Attending to customers by providing quality advice and suitable recommendations;
 - c) Soliciting customers’ feedback regularly and to provide immediate constructive feedback to our staff.
- 2. We commit to ensure that customers are provided with fair terms**
 - a) All terms in our contracts or agreements are to be made fair, transparent, and well communicated to customers;
 - b) The terms and conditions will set out the respective rights, liabilities and obligations and in a simple plain language;
 - c) Any terms and conditions in contracts or agreements will not be altered without prior notification to customers.
- 3. We commit to ensure that customers are provided with clear, relevant and timely information on financial services and products**
 - a) Our customers will be provided with the relevant information and in a timely manner from our product disclosure sheet;
 - b) Key product features, fees and charges, risks and benefits of our products and services will be put in a clear and concise manner to aid customers’ understanding;
 - c) Any ‘must know’ and critical terms will be highlighted to customers’ attention and explained to the customers.
- 4. We commit to ensure that our staff, representatives and agents exercise due care, skill and diligence when dealing with customers**
 - a) Maintaining the highest professionalism and integrity on sales, advertising and marketing of our financial services and products and will not make false or exaggerated claims;
 - b) Avoiding or clearly disclosing actual or potential conflicts of interest;
 - c) Promoting Key Performance Indicators relating to fair treatment and customers’ satisfaction as part of the criteria for staff remuneration.

- 5. We commit to ensure that customers receive suitable advice and recommendations that take into account their financial needs and circumstances**
 - a) We will provide clear, relevant and quality advice or recommendations based on adequate consideration of customers' financial objectives, needs, circumstances, financial situation and risk appetite so that customers can make informed decisions;
 - b) We will ensure advice or recommendations are substantiated with a reasonable basis and in the best interest of customers; and
 - c) We will ensure that our customers' data and privacy are safeguarded.

- 6. We commit to ensure that customers' complaints and claims are handled in a prompt, fair and effective manner**
 - a) We will have in place proper and well documented complaints handling process and provide clear redress options should customers decide to further escalate their complaints;
 - b) We will ensure that our staff, representatives and agents are properly trained to handle and resolve complaints in an effective and timely manner; and
 - c) We will monitor and evaluate the nature and trend of complaints received through effective root cause analysis and thereafter take adequate measures to rectify weaknesses identified.

- 7. We commit to ensure that vulnerable consumers are treated fairly and equitably, including by our staff, representatives and agents**
 - a) We will ensure that we assess the needs of vulnerable consumers in our customer base and target market and implement appropriate policies to meet these needs;
 - b) We will ensure that our staff, representatives and agents are well trained to recognise, assess and respond appropriately to the needs of vulnerable customers; and
 - c) We will have in place sufficient monitoring and evaluation mechanisms to ensure that our staff, representatives and agents are responding to the needs of vulnerable customers and make necessary improvements to ensure vulnerable consumers continue to receive fair and equitable treatment.

The Pacific Insurance Berhad Treat Customers Fairly Principles and Customer Service Charter

- speed, Service and Tender Loving Care -

A. INTRODUCTION

At The Pacific Insurance Berhad, our mission is to be an effective and friendly service provider, always willing to listen and solve problems on all insurance matters involving our customers. We believe in our philosophy of “**Speed, Service and Tender Loving Care**” (SSTLC) by operating at all times with integrity, respect and treating all our customers fairly, providing not only excellent, quality services, but also being efficient and effective in our dealings with customers.

B. OUR COMMITMENT TO TREATING OUR CUSTOMERS FAIRLY

To achieve what we believe in, the Company will continue to be guided by our **SSTLC** philosophy complemented by the **Seven Treat Customers Fairly (TCF) Principles**, which together, will drive our continual efforts to consistently improving our services to attain the expected Fair Treatment of Financial Consumers (FTFC) outcomes. The **Seven TCF Principles** are:

1. Corporate Culture and Core Values
2. Fair Terms
3. Provision of Information
4. Fair Dealing
5. Advice and Recommendation
6. Redress
7. Vulnerable consumers

PRINCIPLE 1: CORPORATE CULTURE AND CORE VALUES

Outcome:	To build financial consumers’ confidence in dealing with TPIB, Fair Treatment of Financial Consumers (FTFC) is driven by the philosophy of “Speed, Service and Tender Loving Care” (SSTLC).
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Our Commitment	Our Delivery
1. TPIB Board is committed to uphold the SSTLC philosophy to achieve the FTFC outcomes.	1. To promote a sound corporate culture within TPIB which reinforces ethical, prudent and professional conduct and behaviour. 2. To approve the relevant SOPs embedded with the SSTLC philosophy to achieve the FTFC outcomes. 3. Ensuring appropriate reflection of SSTLC philosophy in TPIB’s business strategies and operations.

Our Commitment	Our Delivery
2. TPIB Senior Management is committed to support the Board in upholding the SSTLC philosophy to achieve the FTFC outcomes.	<ol style="list-style-type: none"> 1. To promote a sound corporate culture within TPIB which reinforces ethical, prudent and professional conduct and behaviour. 2. To embed the SSTLC philosophy into the relevant SOPs to achieve the FTFC outcomes. 3. Integrating SSTLC philosophy in TPIB's business strategies and operations. 4. Embedding SSTLC philosophy into all stages of the product lifecycle to achieve the FTFC outcomes. 5. Setting and communicating to staff the core values and desired behaviour needed to deliver SSTLC philosophy to achieve the FTFC outcomes. 6. Aligning recruitment, training, appraisals and reward schemes to the desired values and outcomes in accordance with the SSTLC philosophy. 7. Monitoring the SSTLC philosophy in achieving FTFC outcomes and the implementation of corrective measures where the outcomes are not met. 8. Providing avenues for early escalation of concerns affecting FTFC outcomes, including breaches in policies and procedures. 9. Ensure staff and agents are trained on the SSTLC philosophy to achieve the FTFC outcomes.

PRINCIPLE 2: FAIR TERMS

Outcome:	Financial consumers are not subject to unfair discriminatory practices, including unfair contract terms that significantly disadvantage financial consumers.
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Our Commitment	Our Delivery
1. TPIB to ensure that financial consumers are provided with fair terms in contracts with financial consumers.	<ol style="list-style-type: none"> 1. TPIB contracts with financial consumers are: <ol style="list-style-type: none"> a. mainly based on industry association standard contracts wordings and are fair to financial consumers; b. expressed in plain language; c. presented in a legible and concise manner; and d. given appropriate prominence in relation to terms that impose obligations on financial consumers. 2. TPIB financial consumers contracts Product Disclosure Sheets include a prominent statement to remind financial consumers to

Our Commitment	Our Delivery
	read and understand the key contract terms before the financial consumers decide to take up the contracts.

Principle 3: PROVISION OF INFORMATION

Outcome:	Financial consumers are provided with information for them to make informed decisions.
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Our Commitment	Our Delivery
1. TPIB to provide financial consumers with clear, relevant and timely information on financial services and products	<p>1. To facilitate financial consumers to make informed decision and in compliance with BNM Product Transparency and Disclosure requirements, TPIB:</p> <ul style="list-style-type: none"> a. product disclosure and promotional materials (product disclosure materials) have clear and balanced representation on key features, risks and benefits and are not misleading; b. presents information in its product disclosure materials in a clear, concise and effective manner and in plain language; and c. keeps financial consumers adequately informed regarding a product at the pre-contractual stage, at the point financial consumers enter into a contract and during the term of the contract.

PRINCIPLE 4: FAIR DEALING

Outcome:	Staff and agents of TPIB to exercise due care, skill and diligence when dealing with financial consumers.
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Our Commitment	Our Delivery
1. TPIB to ensure its staff, representatives and agents exercise due care, skill and diligence when dealing with financial consumers.	<p>1. TPIB staff and agents are required to carry out their duties and responsibilities with due care, skill and diligence in accordance with professional ethical standards.</p> <p>2. TPIB conducts financial due diligence prior to the appointment of key responsible persons and agents to market or sell financial services or products.</p> <p>3. TPIB will not:</p> <ul style="list-style-type: none"> a. unfairly discriminate between individuals of the same class and of essentially the same hazard in the premium for any accident or health insurance policy; b. unfairly discriminate between individuals of the same class and of essentially the same hazard by refusing to insure (including making a cover prohibitively expensive), refusing

Our Commitment	Our Delivery
	<p>to renew, cancelling or limiting the amount of insurance on a risk;</p> <p>c. refuse to insure or continue to insure (including making a cover prohibitively expensive), or limit the amount of coverage available to an individual because of gender, marital status, race, religion or national origin of the individual; or</p> <p>d. refuse to insure an individual solely because another insurer has refused to provide insurance, or has cancelled or refused to renew an existing policy in which that individual was the named insured;</p> <p>unless such action can be demonstrated as the result of the application of sound underwriting or actuarial principles.</p>

PRINCIPLE 5: ADVICE AND RECOMMENDATION

Outcome:	Financial consumers to receive suitable advice and recommendations based on their financial needs and circumstances
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Our Commitment	Our Delivery
<p>1. TPIB must take reasonable care to ensure the suitability of advice and recommendations provided to financial consumers.</p>	<p>1. TPIB Agents are required under the PIAM Code of Practice for All Intermediaries to ensure that the financial products proposed are suitable to the needs and resources of the financial consumers.</p> <p>2. TPIB staff and agents shall preserve the confidentiality of the information disclosed by financial consumers and shall use the information for purposes of providing advice on or recommending a financial service or product to the financial consumers.</p> <p>3. TPIB staff and Agents will provide financial consumers with information on all TPIB products that are assessed to be suitable so that financial consumers are adequately informed of all choices available.</p> <p>4. TPIB staff and Agents must:</p> <p>a. provide quality advice and recommendation on the most suitable financial service or product;</p> <p>b. have sound understanding of key features and critical terms of the financial service or product; and</p> <p>c. provide timely and relevant information on the financial service or product.</p>

PRINCIPLE 6: REDRESS

Outcome:	Financial consumers' complaints and claims are handled in a prompt, fair and effective manner.
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Our Commitment	Our Delivery
1. TPIB shall handle financial consumer claims promptly, fairly and effectively.	1. Sufficient resources are allocated to handle and resolve customers claims promptly, fairly and effectively. 2. Staff are properly trained to handle and resolve customers claims promptly, fairly and effectively. 3. Timeframes for resolving customers claims are established to ensure that each claim is dealt with in a timely manner [please refer to Part C below for the TPIB Customer Service Charter]. 4. TPIB shall ensure that the claim settlement offer made to a financial consumer is fair, taking into account relevant factors, and represents the claimant's reasonable entitlement under an insurance policy. 5. When there is a total or partial rejection of an insurance claim, TPIB shall provide the financial consumer with a clear explanation of the rationale including the policy terms or exclusions on which the decision is based.
2. TPIB shall handle financial consumer complaints promptly, fairly and effectively.	1. Sufficient resources are allocated to handle and resolve customers complaints promptly, fairly and effectively. 2. Staff are properly trained to handle and resolve customers complaints promptly, fairly and effectively. 3. Timeframes for resolving complaints are established to ensure that each complaint is dealt with in a timely manner [please refer to Part C below for the TPIB Customer Service Charter].

PRINCIPLE 7: VULNERABLE CONSUMERS

Outcome:	Vulnerable consumers are treated fairly and equitably by TPIB and its staff, representatives and agents.
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Our Commitment	Our Delivery
1. TPIB must take appropriate actions to ensure that vulnerable consumers are treated fairly and equitably.	1. TPIB will update TPIB commitments towards treating vulnerable consumers fairly in TPIB's Treat Customers Fairly Charter. Thereafter, TPIB will communicate the updated TPIB commitments to all employees. 2. TPIB customer service staff and agents are properly trained to identify and handle vulnerable customers

C. OUR CUSTOMER SERVICE CHARTER TO SUPPORT OUR TREAT CUSTOMERS FAIRLY PRINCIPLES

Customer Service Charter

- Speed, Service and Tender Loving Care -

To achieve what we believe in treating customers fairly, the Company will further be guided by the **FOUR** Customers Service (CS) Pillars that will help in our continual efforts to be consistently improving our customers services to attain the expected service level outcome. The Four CS Pillars are:

- 1. Insurance Made Accessible**
- 2. Know Our Customer**
- 3. Deliver Timely, Transparent & Efficient Service**
- 4. Fair, Timely & Transparent Claims Settlement Process**

PILLAR 1: INSURANCE MADE ACCESSIBLE
Objective: Better Engagement & Improved Services

Our Commitment	Our Delivery
1. To make insurance easily accessible via various channels, physically and virtually, to obtain information, purchase or make enquiries.	<p>1. To provide awareness and accessibility to any customer to the Company products via various channel options on where and how to:</p> <ol style="list-style-type: none"> a. purchase and enquire on our product and services. b. provide feedback, suggestions and complaints. <p>2. Customers should have access to:</p> <ol style="list-style-type: none"> a. An insurance agent locator. b. List of customer engagement channels, i.e. corporate website, self-service customer web portal and call centre.
2. To actively seek feedback, suggestions or complaints on how insurers can serve customers better.	<p>1. Customers are provided with available channels to provide feedback and suggestions.</p> <p>Our Customers can contact us through these channels:</p> <ul style="list-style-type: none"> • Visit any of our branches nationwide: https://www.pacificinsurance.com.my/contact/ • Call us at toll free number 1-800-88-1629. • Write to us at: The Pacific Insurance Berhad 40-01, Q-Sentral 2A Jalan Stesen Sentral 2 50470 Kuala Lumpur, Malaysia. Tel: 03-2633 8999 – General Line

Our Commitment	Our Delivery
	<p>03-2633 8651 – Medical Claims Email: customerservice@pacificinsurance.com.my</p> <ul style="list-style-type: none"> Visit our website: www.pacificinsurance.com.my. <p><u>Note:</u> The Insurer has provided Suggestion boxes to get feedback from customers through the Customer Care Improvement Form (CCIF) which is available at our Customer Service Counter in HO and Branches.</p>

PILLAR 2: KNOW YOUR CUSTOMER
Objective: Build Trust

Our Commitment	Our Delivery
<p>1. To strive to help customers find the right product to suit their needs.</p>	<p>1. To ensure our employees and agents are available to serve our customers, we ensure our employees and agents are trained on our products and services on regular basis.</p> <p>2. In order to know and anticipate our customer's needs and preference / profile, our employees and agents shall:</p> <ol style="list-style-type: none"> Listen to our customer attentively. Acknowledge and clarify to understand the customers' needs and preferences. Ask for requisite information and documents to assist the customer within and in accordance to the Industry's Code of Practice and Personal Data Protection Act 2010. Offer options and possible solutions on suitable products and services to meet the customers' needs and wants. <p>3. Any options provided to customers shall be explained and on an "opt-in-basis", e.g. riders, sharing/using customer information for marketing and research purposes.</p> <p>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.</p>

PILLAR 3: TIMELY, TRANSPARENT & EFFICIENT SERVICE
Objective: Customer Satisfaction

Our Commitment	Our Delivery
<p>1. To set clear responsibilities</p>	<p>1. Our guiding principles on Customer Service Charter shall have the following:</p>

Our Commitment	Our Delivery
towards customers and uphold it.	<ul style="list-style-type: none"> a. Clear and concise objective of the Charter. b. Mission. c. Values to be provided to our customers (e.g. fairness, transparency, integrity, ethics, professionalism and timeliness). d. Efficiency & effectiveness of our communication channels.
2. To set clear expectation on time taken (turnaround time) for various services.	<ul style="list-style-type: none"> 1. To provide information on service delivery turnaround time expected where the information can be made available from our Head Office, Branches, Brochures, Website & Help Desk. 2. To adopt Service Standards for <ul style="list-style-type: none"> a. Service Walk-in Customer Promptly. b. Customer Waiting Time: Within 10 minutes. 3. For our Policy Servicing: <ul style="list-style-type: none"> a. Customers shall 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. b. Customers shall be reminded in the renewal notice to inform us of any changes in the risk before renewal. c. The standard operating procedure on dealings with customers must be clearly complied with.
3. To ensure efficient Policy Servicing and providing relevant documentation in a timely manner.	<ul style="list-style-type: none"> 1. Policy Issuance (upon acceptance in the policy system) for New and Existing Customer: <ul style="list-style-type: none"> a. Motor <ul style="list-style-type: none"> • E-policy – Immediately • Manual: 5 working days (with exception new vehicles to be registered with JPJ) b. Non-Motor – within 10 working days (applicable for individuals only, not applicable to group) 2. Change of policy details / reissuance upon lapse / endorsement (upon acceptance in the policy system): <ul style="list-style-type: none"> a. Motor – within 3 working days b. Non-Motor – within 5 working days 3. Renewal notice issuance: 30 calendar days before expiry of existing policy. 4. Cancellation/ surrendering of policy (including refund of premium).

Our Commitment	Our Delivery
	<ul style="list-style-type: none"> a. Motor – within 5 working days b. Non-Motor – within 7 working days
<p>4. To be open and transparent in our dealings with customers</p>	<p>Information shall be accessible and available through the various channels of communication such as Head Office/ Branches / Brochures / Help Desk /Website:</p> <ul style="list-style-type: none"> 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 sale. 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 and our right to reject or accept applications.
<p>5. To follow through and provide the requisite answers / updates to customers' queries & complaints promptly</p>	<p>Our channels of communication will be used to attend to our customers based on the following service level:</p> <ul style="list-style-type: none"> 1. Phone Enquiries / Complaints: <ul style="list-style-type: none"> a. No follow up is required – Immediate such as first call resolution. b. Follow up is required – Within 3 working days from the date of the first call. 2. Written (Email, fax, written letter & social media): <ul style="list-style-type: none"> a. For Email/Social media:- <ul style="list-style-type: none"> i. To provide acknowledgement response within 1 calendar day. ii. An acknowledgement and to include expected timeline and any other relevant information. iii. For non-complex enquiry, the response is within 3 working days from date of receipt. b. For letter or fax <ul style="list-style-type: none"> • Enquiries will be replied within 3 working days from the date of receipt on non-complex enquiries. 3. Counter/Branches Enquiries/ Complaints: <p>Our walk-in services are based on the following service level:</p>

Our Commitment	Our Delivery
	<ul style="list-style-type: none"> a. Customers will be served within 10 minutes of joining the customer service queue. b. When no follow up is required, we shall endeavor to provide first touch point resolution immediately on that visit. c. When follow-up is required, our response will be within 5 working days from the date of the first visit. <p>Note: Where enquiry is complex, we will provide a reasonable timeframe and keep the customer updated accordingly.</p>
<p>6. To ensure consistent and thorough complaints handling</p>	<p>To ensure consistent and thorough complaints handling:</p> <ul style="list-style-type: none"> 1. Customers can submit their complaints through the following channels: <ul style="list-style-type: none"> a. Customer Service Department The Pacific Insurance Berhad 40-01, QSentral, 2A, Jalan Stesen Sentral 2, 50470 Kuala Lumpur, Malaysia. Tel: 03-2633 8999 – General Line 03-2633 8998 – Fax Line b. Email : customerservice@pacificinsurance.com.my. c. Customer Service Toll free number 1-800-88-1629. d. Visit our website: www.pacificinsurance.com.my. 2. A verification process has to be performed on the policyholders. 3. We shall communicate clearly on the issue and gather adequate information for an informed resolution. 4. We shall address the issue in an equitable, objective and timely manner by informing the complainant on our 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, we shall inform the complainant accordingly and to update progress every 14 calendar days. If not resolved, we shall update the complainant within another 14 calendar days. Thereafter, after every 30 calendar days. 6. We will commit to keep the complainant updated if unable to address issues within the stipulated timeframe.

Our Commitment	Our Delivery
	<p>7. If the complainant is still not satisfied with our response, he/she may wish to have the matter reviewed by the Financial Markets Ombudsman Service (FMOS) at:</p> <p>Financial Markets Ombudsman Service (FMOS) Level 14, Main Block, Menara Takaful Malaysia, No. 4, Jalan Sultan Ismail, 50000 Kuala Lumpur Tel: 03-2272 2811</p> <p>Website: www.fmos.org.my</p> <p>Or, you may also choose to refer the matter to Bank Negara Malaysia (BNM) at:</p> <p>Bank Negara Malaysia Laman Informasi Nasihat dan Khidmat (BNMLINK) Ground Floor, D Block, 7, Jalan Dato' Onn 50480 Kuala Lumpur Tel: 1-300-88-5465 (local) / 03-2174 1717 (overseas) Fax: 03-21741515 Email: bnmtelink@bnm.gov.my. Website: www.bnm.gov.my</p>

PILLAR 4: ENSURING FAIR, TIMELY, TRANSPARENT CLAIMS SETTLEMENT PROCESS
Objective: Provide Peace of Mind

Our Commitment	Our Delivery
<p>1. To set clear timeline for claims settlement process and strive to settle claims within these prescribed timelines and in a transparent manner.</p>	<p>We shall commit to adopt the following procedures:</p> <ol style="list-style-type: none"> 1. Customers will be informed of the estimated time taken for claims settlement process and expected service standard. 2. Customers shall be informed on the acknowledgment of their claim within 7 working days from receipt of claims notification. 3. All claims notifications through agents /intermediaries must reach 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. We shall 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 every 14 working days.

Our Commitment	Our Delivery
	<p>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, we will strive to update every 20 working days on the progress.</p>
<p>2. To inform customer of the next level of escalation if the claims settlement / rejection is not to his/her satisfaction</p>	<p>1. We will keep the Claimant informed of the next level of escalation. If the claims settlement / repudiation are not to the Claimant's satisfaction, the Claimant can write to us at:</p> <p>a. Customer Service Department The Pacific Insurance Berhad 40-01, Q-Sentral, 2A, Jalan Stesen Sentral 2, 50470 Kuala Lumpur, Malaysia. Tel: 03-2633 8999 – General Line 03-2633 8998 – Fax Line</p> <p>b. Email : customerservice@pacificinsurance.com.my.</p> <p>c. Customer Service Toll free number 1-800-88-1629.</p> <p>d. Visit our website: www.pacificinsurance.com.my.</p> <p>2. If the complainant is still not satisfied with our response, he/she may wish to have the matter reviewed by the Financial Markets Ombudsman Service (FMOS) at:</p> <p>Financial Markets Ombudsman Service (FMOS) Level 14, Main Block, Menara Takaful Malaysia, No. 4, Jalan Sultan Ismail, 50000 Kuala Lumpur Tel: 03-2272 2811</p> <p>Website: www.fmos.org.my</p> <p>Or, you may also choose to refer the matter to Bank Negara Malaysia (BNM) at:</p> <p>Bank Negara Malaysia Laman Informasi Nasihat dan Khidmat (BNMLINK) Ground Floor, D Block, 7, Jalan Dato' Onn 50480 Kuala Lumpur Tel: 1-300-88-5465 (local) / 03-2174 1717 (overseas) Fax: 03-21741515 Email: bnmtelink@bnm.gov.my Website: www.bnm.gov.my</p> <p>3. Any letter of rejection/repudiation of any element of a claim and dispute on quantum which is within the purview of the</p>

Our Commitment	Our Delivery
	<p>Financial Markets Ombudsman Service (FMOS) must contain the following statement prominently: -</p> <p>"If you are not satisfied with our decision, please refer your dispute to the Financial Markets Ombudsman Service (FMOS) within six months from the date of our decision. The procedure for lodging a dispute with FMOS is provided in the attached pamphlet on "Resolution of Financial Disputes".</p> <p>(Note: for the policy owners who made a claim/report)."</p>