

Ensuring Fair, Prompt, Transparent, and Efficient Claims Settlement Process

Ne will set a clear timeline for the Claims Settlement Process and strive to settle claims within the prescribed timeline and in a fair and transparent manner.

- Customers will be informed of the estimated time taken for claims settlement process and the expected service standard.
- This information shall be made available through various channels (i.e. branches, call center and website).

Customer shall be informed of the acknowledgment of their claim form receipt of claims notification within:











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Motor 3 Working Days



Non Motor 3 Working Days

Customer will be updated on the progress or status of the claims from the first claim notification within:



Motor every 21 Working Days



Non Motor every 21 Working Days

Adjuster to be assigned, upon receipt of relevant information of the loss within:



Motor 3 working days excluding Theft 1 working day



Non Motor 3 Working Days

Note: Insurer reserves the right to waive the appointment of adjuster at its discretion. However, as part of our established process, we typically waive the appointment for certain claims that meet certain predefined criteria.(refer to Item 6)















Issuance of approval, offer or rejection letter (whichever is applicable) to the claimant from receipt of full documentation including final report from the registered adjuster or in-house assessor:



Motor

5 working days (OD repair) 60 working days (Theft)



Non Motor 7 Working Days

Note: In the event of a catastrophe/disaster, e.g. large number of claims may be received, Claims Department will work towards early settlements to alleviate the hardships of customers/claimants via fast-track settlements.

Payment to customers, upon receipt of acceptance of the offer and/or Discharge Voucher with all relevant documents within:



Motor 7 Working Days



Non Motor 14 Working Days

Note: Claims settlement and timeline for general insurance business is governed by Bank Negara Malaysia's Policy Document on Claims Settlement Practices and general insurers/ takaful operators shall operate accordingly.

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Claims Settlement or Disputes

We will keep the customer informed of the next level of escalation, if the claims settlement or repudiation are not to the claimant's satisfaction, the claimant can write to us at:-

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Appeals and Complaints Panel

Liberty General Insurance Berhad Liberty Insurance Tower, Corporate Tower 9 Level 8, Pavilion Damansara Heights 3, Jalan Damanlela Pusat Bandar Damansara 50490, Kuala Lumpur



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We will inform you of the next level of escalation if the claims settlement/rejection is not to your satisfaction. You may submit your dispute to the Financial Markets Ombudsman Service (FMOS) if you are not satisfied with our final response or decision, and if your dispute is within the scope of the FMOS as well as monetary limit of RM250,000.

FMOS can be contacted at the following address:

Financial Markets Ombudsman Service (FMOS) (formerly known as Ombudsman for Financial Services) Company No: 200401025885 General Line: +603 2272 2811 Address: Level 14, Main Block, Menara Takaful Malaysia, No 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur Website: www.fmos.org.my

If the said matter does not fall within the purview of FMOS, you may refer your complaint to Laman Informasi Nasihat dan Khidmat (LINK) of Bank Negara Malaysia (BNM) at the following: Mailing Address:

Bank Negara Malaysia 4th Floor, Podium Bangunan AICB, No. 10, Jalan Dato' Onn, 50480 Kuala Lumpur. Tel. No.: 03-2784 8888 (General Line) / 1-300-88-5465 (BNMLINK) Fax No.: 03-2174 1515 e-Link: bnmlink.bnm.gov.my email address: bnmlink@bnm.gov.my Website: www.bnm.gov.my



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Liberty Anti-Fraud Statement

At Liberty, we are committed to upholding the highest standards of integrity and transparency in all our operations. We emphasize proactive fraud prevention by implementing stringent detection measures to reduce the risk of fraudulent activities. Our approach is rooted in maintaining a legal and ethical environment that encourages all stakeholders to safeguard the company's assets and report any suspicion of fraud.

We uphold a **zero-tolerance** policy for fraud. Any suspected, detected, or alleged fraudulent activity will be thoroughly investigated, and appropriate action will be taken in accordance with our procedures.

Fraudulent activity related to insurance claims may include but is not limited to:

- Providing false or misleading information when making a claim.
- Concealing or omitting material facts to obtain benefits under an insurance policy.
- Engaging in deceptive practices intended to defraud Liberty or any other party.

Liberty is dedicated to ensuring that all employees, agents, and customers adhere to ethical business practices. We work closely with authorities to prevent, detect and respond to fraudulent activities, ensuring justice is served while minimizing losses. Where necessary, legal action will be pursued to recover losses and protect the interests of Liberty and its stakeholders, including policyholders and partners.

Together, we stand against fraud to build a stronger, more secure future for all.

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