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OUTsurance DAC

Complaints Policy



At OUTsurance, we aim to resolve any customer concerns as quickly and fairly as possible. Where a customer indicates that they are dissatisfied with any aspect of our service, staff should ensure that the matter is recorded and handled in line with this policy. OUTsurance has systems and controls to effectively track and manage the progress and resolution of complaints so it's important that all complaints are logged as soon as they are identified.

What is a Complaint:

A complaint is an expression of grievance or dissatisfaction by a consumer, either orally or in writing, in connection with the provision or the offer of the provision of an OUTsurance product to a consumer, or in connection with the failure or refusal of OUTsurance to provide a product to a consumer.

How a Complaint Can be Logged: Customers may submit a complaint through any of the following channels:

- **By Phone:** Customers can call **(01) 512 6200**. The staff member receiving the call should listen to the concern and log the complaint accordingly.
- **By Email:** Customers may email complaints@outsurance.ie.
- **By Post:** Complaints may also be submitted in writing to:
Complaints Manager, OUTsurance DAC, Building 3, The Campus, Cherrywood Business Park, Dublin 18, D18 TF72.

*Complaints can be received either **orally or in writing**. If a customer raises a concern during a phone call, staff should offer to handle it through the complaints process where appropriate.* This complaints policy is published on our website, and we will provide a hard copy by post or email on request from a customer (free of charge) within 5 working days.

Complaints Process:

- This complaints process does not need to apply to complaints that have been resolved to the customer's satisfaction within 5 days however the complaint must still be logged on our Complaints Log
- **Acknowledgement (within 5 business days):** Where a complaint cannot be resolved to the satisfaction of the consumer making the complaint, a written acknowledgement must be issued within **5 business days** of receiving the complaint. The acknowledgement should confirm that the complaint is being investigated and include the **name or title of the person** managing the complaint and who will act as the customer's point of contact in relation to the complaint. It should also outline the complaints process and provide information about the customer's right to refer the matter to the Financial Services and Pensions Ombudsman (FSPO) if applicable.
- **A named point of contact throughout the complaint process:** A staff member must be assigned responsibility for each complaint. The customer must be provided with the name and contact details of the person handling the complaint. This individual will act as the primary contact throughout the complaint process, respond to queries, provide progress updates, and ensure the complaint is fully considered until the



matter is resolved or the internal complaints process has been completed. This person is also responsible for escalating any feedback or lessons learned following the investigation of the complaint.

- **Investigation & Regular Updates:** Complaints must be investigated thoroughly and fairly. The complaint handler may contact the customer if additional information is required. Customers must be kept informed of progress with **regular updates at least every 20 business days**, starting from the date we received the complaint. Updates can be by phone or in writing, and should outline the current status and any next steps. Ensure the complaints log and customer record is updated accordingly.
- **Resolution Target (within 40 business days):** All complaints should be resolved as quickly as possible. Straightforward cases may be resolved within a few days, while more complex cases should aim to receive a final response **within 40 business days** of the complaint being made. (“Resolve” means the complaint has been investigated and a decision or proposed solution has been communicated to the customer.)
- **If Resolution Takes Longer:** If the complaint cannot be resolved within 40 business days, the customer must be contacted on or before the 40-day point to: (a) **explain why** it’s still ongoing, (b) **outline a revised timeframe** for resolution, and (c) inform the customer **of their right to refer the complaint to the FSPO** at that stage if they wish. Updates will continue to be provided at least every 20 days until the complaint is resolved.
- **Final Response (Outcome Letter):** Once the investigation is complete, a **Final Response letter** must be issued to the customer in writing without delay (within **5 business days** of completing our investigation). This final response letter will include:
 - A summary of the complaint and the steps taken to investigate it.
 - The **decision** reached and the **reasons** for that decision.
 - If applicable, details of any **offer or resolution** proposed (for example, an apology, correction steps, or compensation).
 - Information on the customer’s right to **escalate the matter to the Financial Services and Pensions Ombudsman** if they remain dissatisfied, along with the FSPO’s contact details.

Escalation to the FSPO: OUTsurace’s goal is to resolve every complaint to customers’ satisfaction. However, if the customer is not satisfied with the final response (or if 40 business days have passed and the complaint is still not resolved), the customer has the right to escalate the matter to an independent ombudsman service. In Ireland, this is the **Financial Services and Pensions Ombudsman (FSPO)**. The customers can contact the FSPO as follows:

Financial Services and Pensions Ombudsman

Lincoln House, Lincoln Place, Dublin 2, D02 VH29

Telephone: (01) 567 7000

Email: info@fspoi.ie

Website: www.fspoi.ie

**Record Keeping:**

OUTsurance retains a record of every complaint received and this information is retained in line with OUTsurance Privacy Notice. The Complaints Log is used to ensure proper oversight of complaints handling and to conduct regular analysis on complaints received by OUTsurance.

Analysis of complaints handling is shared with all relevant internal stakeholders, senior management, and the Board of Directors.

General approach: All complaints should be handled professionally, fairly, and with courtesy. Staff should view complaints as an opportunity to improve service standards and ensure that customers' concerns are addressed appropriately.

This Complaints Procedure is effective from 24 March 2026 and is kept under regular review to ensure compliance with all regulatory requirements.