

Appendix A: Complaints notification templates

LIC Complaints notification template

Applicable to all countries within EEA including the UK (LIC Branch)

The standard complaint notification template for LIC contains the following fields:

Field	Mandatory	Additional logic	Comments
Submitting Company	Yes		This is the name of the company, or its representative, who is completing the template.
Coverholder	Yes*	Only mandatory if the policy was underwritten by a CH	If the policy was underwritten by a CH, select the CH name from the drop-down list.
Delegated Claims Administrator (DCA)	Yes*	Only mandatory if the complaint is handled by a DCA	If a DCA is involved, select the DCA name from the drop-down list.
Complaints handling authority	Yes		Indicate whether the CH/DCA receiving the complaint has complaints handling authority. Select from drop down list.
CH/DCA Email address	Yes*	Only mandatory for complaints handled by a CH or DCA.	Insert the email address of the CH/DCA to whom LIC can send the unique reference number of the complaint
Type of complainant	Yes		Select from the dropdown list
Complainant Surname	Yes*	Either the complainant surname or Complainant company name field must be completed.	This is the name of the insured individual.
Complainant First name	Optional		This is the first name of the insured individual
Complainant Email Address	Yes*	Either the Complainant Email Address or the Address field must be completed.	This is the email address of the complainant
Complainant Company Name	Yes*	Either the complainant surname or Complainant company name field must be completed.	This is the name of the insured entity.

Field	Mandatory	Additional logic	Comments
Company Tax Number	Yes*	Only mandatory for Spanish complaints	
Company House	Yes*	Only mandatory for Spanish complaints	
Address	Yes*	Either the Complainant Email Address or the Address field must be completed.	Insert a correspondence address for the complainant.
Post Code	Yes	Completion of this field is required to facilitate identification of duplicate complaints.	Insert the complainant's postcode.
UMR	Yes		Unique Market Reference
Policy Number	Yes*	Either the Policy Number or the Claim Number field must be completed before resolving the complaint	Please ensure that the Policy Number detailed on the spreadsheet is referenced on the complaint response.
Complaint Process	Yes		The territory in which the insured is located. Select from drop down list
Date Received	Yes		Insert the date the complaint was received by the CH or the DCA.
Product details	Yes		Select from the drop down list
Placement Type	Yes		Select from the drop down list
Managing Agent	Yes		Select from the drop down list
Managing Agent Email	Yes		Please insert the email address of the Managing Agent.
Syndicate number	Yes		Select from the drop down list. This is the Lead syndicate on the coverage
Claims related	Yes		Select from drop down list
Root cause	Yes		Select from drop down list
Part VII	Yes		Select from drop down list