

Complaint Form
**in relation to misconduct by authorized insurers/
licensed insurance intermediaries**

The Insurance Authority (“IA”) handles complaints relating to the conduct of authorized insurers and licensed insurance intermediaries (being licensed insurance agents and licensed insurance brokers) in the insurance market in Hong Kong. “Conduct” broadly covers matters such as sales and marketing practices in relation to insurance policies, the negotiation or arrangement of insurance policies, the giving of advice and making of recommendations on insurance policies, and the handling of premium or other insurance monies on behalf of policyholders or potential policyholders. Examples of complaints about conduct in the insurance market (i.e. potential misconduct) which the IA may handle are as follows:

- unethical sales practices (e.g. using unauthorized sales materials which contain false or misleading information to influence policyholders to enter into insurance policies);
- mis-selling of an insurance policy by misrepresenting the benefits, coverage or terms and conditions of an insurance policy;
- giving wrong or unsuitable advice on insurance matters;
- improper conduct in the carrying on of insurance business or regulated activities (e.g. failing to comply with the requirements in the Insurance Ordinance (Cap. 41) or the codes and guidelines issued by the IA causing actual or potential prejudice to policyholders or harming the public interest); and
- carrying on regulated activities or insurance business without the requisite licence or authorization.

Please note that we cannot:

- adjudicate whether a claim made under an insurance policy should be paid or adjudicate dispute on the terms and conditions or pricing of an insurance policy;
- intervene in a complaint which is a pure commercial dispute involving no conduct issue (e.g. level of premium charged, on the interpretation of the terms and conditions, contractual or monetary / commission dispute between insurer and intermediary etc.); or
- order an authorized insurer or a licensed insurance intermediary to pay compensation to you.

If your complaint concerns the non-payment of a claim, we may refer it to the Insurance Complaints Bureau (“ICB”) for adjudication, if it is within the ICB’s remit (and we ask for your consent to do this).

Please read “The Insurance Authority’s role in handling complaints” and “Frequently Asked Questions” on our website for details on the types of complaints we can handle and how we handle them, and information about the regulators or bodies that you can contact with regards to the complaints that we cannot handle.

If you wish to lodge a complaint concerning the conduct of an insurer, individual insurance agent, insurance agency, insurance broker company, their staff or technical representative(s), or MPF intermediary¹, please complete this Form and return it (together with any supporting evidence) to us by:

Post/In person: Insurance Authority – North Point Office
23rd Floor, FOYER, 625 King’s Road, North Point, Hong Kong

Fax: (852) 3753 3812

E-mail: complaints@ia.org.hk

It is important that you complete and sign this Form. It should be signed by you and your authorized representative (where appropriate). Submitting an incomplete or unsigned Form may impair and potentially delay our handling of your complaint.

¹ The IA has the statutory role for monitoring compliance of registered MPF intermediaries, of whom the IA has been assigned as the frontline regulator, with the conduct requirements stipulated in the Mandatory Provident Fund Schemes Ordinance.

Complainant's details

Name:	<i>(Mr/Mrs/Ms/Miss*)</i>		
	<i>(If you are a company or you wish to appoint a person to handle your complaint, you and the authorized person need to complete and sign Section VIII below)</i>		
Correspondence address:			
Email address: <i>(We will correspond by email only unless you indicate otherwise)</i>		Phone Number:	

I. Information about the insurer/ intermediary / person you wish to complain against

Name:	
Licence No. / Registration No. (if available):	
Contact Details:	

Name:	
Licence No. / Registration No. (if available):	
Contact Details:	

II. Details of Policy Concerned, if applicable

Name of insurance product(s):			
Policy number(s):		Policy effective date(s):	
My complaint relates to <i>(if applicable)</i> :	<input type="checkbox"/> insurance policy(ies) purchased from banks		
	<input type="checkbox"/> insurance policy(ies) under the Voluntary Health Insurance Scheme		
	<input type="checkbox"/> the conduct of registered MPF intermediaries whose core business is in the insurance sector, in respect of which the IA has been assigned to be the frontline regulator		
	<input type="checkbox"/> claims issue <input type="checkbox"/> personal insurance policy(ies) <input type="checkbox"/> claims amount not exceeding HK\$1,500,000		
Name of MPF trustee/ MPF scheme/ constituent fund(s)/ MPF account number <i>(if applicable)</i> :			
Other information:			

III. Information about your complaint

What is the nature of your complaint? *(You may select more than one)*

<ul style="list-style-type: none"><input type="checkbox"/> Unethical sales practices (e.g. using unauthorized sales materials which contain false or misleading information to influence policyholders to enter into insurance policies);<input type="checkbox"/> Mis-selling of an insurance policy by misrepresenting the benefits, coverage or terms and conditions of an insurance policy;<input type="checkbox"/> Giving wrong or unsuitable advice on insurance matters;<input type="checkbox"/> Failing to explain the cooling-off period to policyholders or failing to deliver the cooling-off notice or insurance policy to the policyholder within the required timeframe or cooling-off period;<input type="checkbox"/> Failing to conduct a proper financial needs analysis in relation to a life insurance policy to identify the policyholder's insurance needs;<input type="checkbox"/> Mishandling of premium or other insurance monies;<input type="checkbox"/> Inducing policyholders to replace their existing life insurance policy with another life insurance policy by misrepresentation, fraud or unethical means;<input type="checkbox"/> Wrongful conduct in signing or completing insurance related documents;<input type="checkbox"/> Claim disputes / monetary disputes / dissatisfaction on a commercial decision made by an insurer [Note: your complaint may be referred to the ICB for adjudication]<input type="checkbox"/> Others. Please specify: _____

IV. Details of the incident(s) giving rise to your complaint

(To help us understand your complaint, please provide us with information such as the dates, places and identity of the parties involved in the incident, name and nature of the insurance product(s) concerned, policy number(s) etc.)

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If you need more space, please continue on a separate piece of paper and attach it to this Form.

V. List of documents in support of your complaint (Please provide a **copy** of the relevant documents (e.g. correspondence between yourself and the insurer/intermediary, policy documents etc.)

If you need more space, please continue on a separate piece of paper and attach it to this Form.

VI. Have you lodged a complaint with the insurer/intermediary or other bodies?

Yes (Please provide a copy of your complaint letter and the reply from the insurer/intermediary/bodies (if any))

Name of insurer / intermediary/ bodies	Date of complaint	Reference number (if known)	Investigation result (if available)

No

VII. Personal Information Collection Statement and consent to disclose your personal data and information

I would like to lodge the complaint with the IA. I acknowledge and agree that:

- (a) the IA may use and rely on the information and materials that have been or will be supplied to the IA by me in relation to the complaint;
- (b) all information and (where applicable) personal data relating to me (such as my name, contact details and insurance policy number, etc.) provided to the IA (whether in this Form or in any document(s) supplied or to be supplied by me) will be used for the purposes related to the handling of the complaint, the discharge of statutory functions of the IA and where required or permitted by law. All or any part of the information and (where applicable) personal data may, if the IA considers appropriate, also be disclosed or transferred to third parties, including the authorized insurer/ licensed insurance intermediary/ MPF intermediary who is/ are involved in the complaint, other regulators (including the Mandatory Provident Fund Schemes Authority, the Securities and Futures Commission and the Hong Kong Monetary Authority), the Insurance Complaints Bureau, relevant industry bodies, relevant professional bodies, members of the Legislative Council, the relevant courts, tribunals and committees, and/ or other local and/ or overseas regulatory/ government/ judicial/ statutory bodies as permitted or required under the law, pursuant to any regulatory/ supervisory/ investigatory assistance arrangements between the IA and other regulators/ entities (local/ overseas), or persons appointed or engaged by the IA to assist it in the performance of its statutory functions;
- (c) where applicable, should I wish to request access to or correction of my personal data held by the IA, I may do so by filling in a "[Data Access Request Form](#)"² and sending it to the Personal Data Privacy Officer of the IA (please refer to the front page for the IA's contact information). The IA may charge a reasonable fee for complying with my data access request; and
- (d) it is voluntary for me to supply the relevant information and (where applicable) my personal data to the IA. If the information or (where applicable) personal data provided by me are not true, accurate or complete, the processing of my complaint may be affected.

VIII. Appointment of Representative

If you are a company or you wish to appoint a representative to handle your complaint on your behalf, you and your authorized person need to complete the following and sign this form:

I authorize _____ (Name of the Representative) to handle my complaint on my behalf, including but not limited to, submit information, communicate with the IA regarding my complaint, and receive information and documents (which may include sensitive information and, where applicable, personal data relating to me) from the IA.

Representative's correspondence/ email address: _____

Representative's telephone number: _____

Signature of the complainant (with the company's chop where applicable) ³	Name/ Company name of the complainant	Signature of the authorized representative (where applicable)	Name of the authorized representative (where applicable)	Date
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² It refers to the [Data Access Request Form](https://www.pcpd.org.hk/english/resources_centre/publications/forms/files/Dforme.pdf) (https://www.pcpd.org.hk/english/resources_centre/publications/forms/files/Dforme.pdf) as prescribed by the Privacy Commissioner for Personal Data.

³ The IA may not be able to process your complaint if this Form is not signed. If the complaint is lodged by a company, this Form must be signed by the representative of the company as identified in Section VIII above and stamped with the company chop.