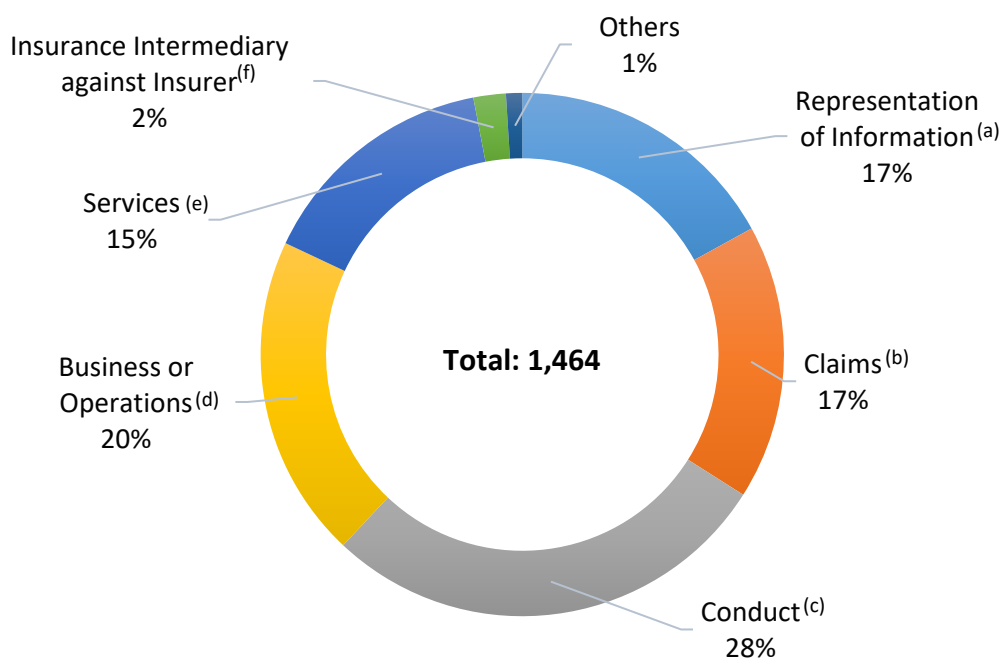


Summary of Complaints received by the Insurance Authority
1 April 2020 – 31 March 2021



Remarks:

- In 2020-21, the Insurance Authority received a total of 1,464 complaint cases^[1]. The main complaint categories^[2] concerned conduct, business or operations, representation of information and claims.

Explanatory Note:

- (a) Representation of Information (e.g. complaints relating to the presentation of product features, policy terms and conditions, premium payment terms or returns on investment, dividend or bonus shown on benefit illustrations, etc.)
- (b) Claims (e.g. disputes on the result of claims assessment or settlement amount, etc.)
- (c) Conduct (e.g. complaints alleging fraud, forgery, involving matters related to the selling process, the handling of client's premium or money, commission rebate, twisting, cross-border selling or unlicensed selling, etc.)
- (d) Business or Operations (e.g. complaints related to cancellation or renewal of policy, adjustment of premium, underwriting decision, or matters related to the management of the insurer, etc.)
- (e) Services (e.g. complaints related to the delay in delivery of premium notice or annual statement, dissatisfaction with service standards, etc.)
- (f) Insurance Intermediary against Insurer (e.g. complaints by agents relating to their appointment or termination of appointment, terms and conditions of agency agreement, remuneration arrangement, etc.)

¹ The above data also includes insurance-related complaint cases referred from other regulators (e.g. the Hong Kong Monetary Authority, the Securities and Futures Commission of Hong Kong and the Mandatory Provident Fund Schemes Authority, etc.) to the Insurance Authority.

² If the nature of the complaint is such that it may be allocated to multiple categories, the case has been categorized based on the major category taking into account the overall nature of the complaint.