

Countrywide Accident Assistance Ltd strives to provide the highest quality of service to all parties involved in the claims handling process.

Issues do however arise and we are keen to ensure that these are handled efficiently and appropriately.

Anyone who feels that they need to make a complaint about the service we or any of our partners have supplied are asked to contact us either by phone, fax or e-mail using the details provided below;

Contact Details

Call: 0845 2603029 (Auditing and Compliance Manager)

Fax: 08454707164

By Post: Auditing and Compliance Manager
Countrywide Accident and Assistance Ltd
48, Felaw Street,
Ipswich
Suffolk
IP2 8PN

Email: feedback@caaonline.co.uk

Redress Procedures

Our Statement of Policy

If the complaint can be remedied immediately, then we will do so. Typically, the customer soon forgets complaints resolved speedily, with no drama. However, even if the complaint is resolved immediately it may be sometimes necessary to record the complaint in the *Complaints Register*.

The best medium for resolving a complaint speedily will be by telephone, although whether written or orally, the response should include reference to the hope that the customer is completely satisfied with the resolution and an invitation to make further contact if any more assistance can be provided.

A complaint arises more often from a failure to satisfy expectations than for any other reason, such as behavioural or systems failures. It is, however, important to recognise that monitoring of complaints will help us to improve the service levels and business performance. Complaints will be regarded as a positive method of monitoring our procedural and systems performance as well as our level of customer service and satisfaction.

A complete record is to be made of the complaint, including all comments made by the customer, with notes of all conversations including dates and times. This should include a note of the options available for resolution and the outcome most likely to satisfy the customer.

If the complaint cannot be resolved immediately or the authority to deal with it is above the level of the member of staff involved, referral must be made to the complaints officer/Director. They will determine the method of dealing with the complaint and the appropriate 'respondent'.

We will acknowledge a complaint within five days (although the FSA Rules do not specify a timeframe – as long as it is promptly) and follow the timeframes set out in the FSA Handbook and our *Complaints Handling Procedures and Service Standards*. Upon resolution, a final written response is to be given which may outline the ability to pursue the complaint with the Financial Ombudsman Service (where appropriate). We will also update our *Complaints Register*.

Where the type of complaint is likely to reoccur with other customers, the attention of the Complaints Officer/Director is to be drawn to any necessary changes in procedures.

We will automatically supply a copy of the *Complaints Handling Procedures and Service Standards* when we receive a complaint from an eligible complainant, unless the complaint is resolved by close of business on the next business day.

Complaints Handling Procedures and Service Standards

These service standards do not apply where a complaint has been resolved by close of business on the business day following its receipt.

We will send you written acknowledgement of your complaint within five business days of its receipt, giving the name or job title of the individual handling the complaint for us (together with these details of our internal Complaint Handling Procedures and Service Standards).

If we are able to provide a final response within five business days of receipt of a complaint we may combine our acknowledgement of the complaint with the final response.

A final response is a written response from us which:

- accepts your complaint and, if/where appropriate, offers redress
- offers redress without accepting the complaint
- rejects your complaint and gives reasons for doing so

Our final response will inform you that, if you remain dissatisfied with our response, you may refer your complaint to the Financial Ombudsman Service (FOS) and must do so within six months to be eligible. You can contact the FOS by telephone on 0845 080 1800 and further information is available at <http://www.financial-ombudsman.org.uk/>

We will, within four weeks of receiving your complaint, send you either:

- a final response or
- a holding response, which explains why we are not yet in a position to resolve your complaint and indicates when we will make further contact (which must be within eight weeks of receipt of your complaint)

We will, by the end of eight weeks after its receipt of your complaint, send you either:

- a final response or
- a response which:
 - explains that we are still not in a position to make a final response, giving reasons for the further delay and indicating when we expect to be able to provide a final response
 - informs you that you may refer your complaint to the FOS if you are dissatisfied with the delay and enclosing a copy of the FOS's explanatory leaflet

You may accept our response in writing at any time during this process, even when we have not issued a final response. Our response need not refer to the FOS, but we will explain how your complaint will be progressed if you remain dissatisfied.

Not all complainants may refer complaints to the FOS (for example commercial clients with turnovers over £1million), but, for our part, we will treat all complainants equally and fairly.

If the matter complained about is the responsibility of another firm (for example the insurer), we will pass details to them, in writing, within 5 business days, and will issue a final response to you advising you of what we have done.