Service Level Agreement (SLA)

Pacific Cross Health Insurance Public Company Limited

Providing Services	Processing Time
Providing information on non-lif	e insurance and offering policies.
1. Providing information about non-life insurance and offering policies through various channels must comply with the announcement regarding the criteria, methods for issuing and offering policies for non-life insurance companies and non-life insurance brokers and the bank, and the practices issued in accordance with the said announcement, which must at least have the following details: Able to inform the source of customer data acquisition. Explain the principles of disclosing the truth in applications and the consequences if customers make false statements or conceal material facts. Informing of the right to cancel the policy, the time period to receive the policy, or contact from the company regarding the policy.	The company will set criteria for agents/brokers to inform the applicants since the time of offering the policy until the delivery of the policy.
 (1) Responding to customer inquiries (phone/e-mail/online). (2) Preparing quotations for customers/brokers. (3) Submitting a complete application to the UW department. (4) Confirmation of receipt of documents from broker/agent. (5) Notification of policy issuance progress to customers/agents. (6) Salesperson's product knowledge training and review. 	Within 1 working day from the date of receipt of the inquiry. Within 5 working days after receiving complete information. Within 1 working day from the date of receipt of complete documents. Within 1 working day. At least once a week until the policy is issued. At least twice a year.
Underwriting and After-sales Service	
Consideration of insurance application and notification of underwriting results.	Within 5 working days after receiving complete documents or information.
2. Delivery of policies.	Within 15 working days. Remarks: a. Since receiving complete information from the insured / business partner. b. This process covers everything from recording data in the system to sending documents in various formats, excluding the time it takes for the insured / business partner to receive the documents.
3. The company submits insurance information to the OIC system. - Non-Life Insurance Bureau System: Non-Life IBS.	By the end of the following month.
4. Issuance of policy endorsement such as (1) Change of insured information. (a) Change of name / surname. (b) Change of address or contact address. (c) Change of telephone number. (d) Change of premium payment method, such as cancellation of bank debit / cancellation of credit card debit / cancellation of policy benefits and other money via bank account. (2) Change of beneficiary. (3) Change of other information.	Within 15 working days. Remarks: a. Since receiving complete information from the insured / business partner. b. This process covers everything from recording data in the system to sending documents in various formats, excluding the time it takes for the insured / business partner to receive the documents.
5. Request for issuance of policy to replace defective or lost insurance policy.	Within 7 working days. Remarks: a. Since the request was received from the insured / business partner. b. This process excludes the time period in which the insured / business partner receives the documents.

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Pacific Cross Health Insurance Public Company Limited

Providing Services	Processing Time
	Within 15 working days since the date which the company receives the premium payment and other documents from insured / business partner. Remark: This process excludes the time period in which the insured/partner receives the documents.

Indemnification under the insurance contract	
Recording of incident or claim notification information, and issuance of damage inspection numbers and preliminary compensation estimates.	Within 7 working days.
Damage consideration, damage assessment, and notification of the consideration results including the denial of compensation.	Within 15 days from the date the company receives the claim documents, along with supporting documents for consideration, complete as specified by the company. - If there is any reasonable suspicion during the investigation of a claim, the specified period may be extended as necessary but not exceeding 90 days, and the insured or beneficiary will be notified of the delay (as applicable). (The law specifies no more than 15 days)
3. Refund of premiums upon cancellation of policy.	Within 15 days from the date the company sends the letter to the customer. (The law specifies no more than 15 days.)
Complaints Handling	
1. Confirmation of complaints receipt through various complaint channels such as: - Complaints through Call Center. - Complaints through Website. - Complaints through Social Media. - Complaints through E-mail. - Written Complaints. - Complaints through staff at the head office or branch.	Within 3 working days.
Complaint consideration process and issuance of notification of complaint consideration results.	Within 30 working days. (The law specifies no more than 30 days.)

Disclaimer

The above service level agreements are the company's commitment to providing efficient services and meeting customer needs. This is to ensure that customers receive convenient and fast services, and are informed about the company's operations. However, such service level agreements must take into account the accuracy and completeness of facts and/or information, as well as customer cooperation; including force majeure, events that the company cannot prevent and/or events that the company must comply with the company's business continuity plan on a case-by-case basis. The company reserves the right to amend or change any information, content, terms, or conditions in the above service level agreements without prior notice.