



How GoSkippy Insurance handles complaints

Everyone at GoSkippy Insurance is committed to providing you with excellent customer service, but we accept that occasionally things go wrong. We take all complaints seriously and have a commitment across our business to treat all customers fairly. Where we have made a mistake we want to put things right quickly so we welcome your feedback.

Any complaint, whether made in writing or verbally, is immediately referred to our Complaints Officer. We also record any complaint we receive. Our Complaints Officer is responsible for ensuring that we thoroughly investigate any complaints.

As soon as a complaint is received:

All written complaints will be acknowledged by our Complaints Officer in writing within five business days of receipt.

If the complaint can be resolved within five business days our acknowledgement letter will also outline the result of our investigation.

If our investigation is not resolved within five business days, our acknowledgement letter will confirm that we will:

- a) Investigate the complaint and aim to respond within four weeks of receiving the complaint
- b) Explain that, if we cannot complete the investigation within four weeks of receiving the complaint, we will write again giving the reason for the delay
- c) Explain that on completion of our investigation we will inform the complainant of the outcome and the options available to him/her.

If the complaint is about another party, such as an insurer with whom we have placed business, we will refer details of the complaint to the third party and confirm this course of action to the complainant in writing.

After we have investigated the complaint:

Immediately on completion of our investigation our Complaints Officer will write to the complainant notifying him/her of the outcome of our investigation, and the nature and terms of any settlement (if applicable). Any compensation we offer will be fair and the basis of the calculation will be explained.

Our letter will also advise that if the complainant is not satisfied with the outcome he/she may refer the matter to the Financial Ombudsman Service and will point out that such a referral should be made within the next six months or he/she may lose that right.

Our letter will include the name, address and telephone number of the Ombudsman and a leaflet which explains the Ombudsman arrangements.

If we cannot resolve the complaint within four weeks:

If, for any reason, our investigation is not concluded within four weeks, our Complaints Officer will write to the complainant again informing him/her that our investigation is continuing, giving the reasons for the delay and a date by which our Complaints Officer expects to be able to contact the complainant again.

If we cannot resolve the complaint within eight weeks:

While we would always aim to complete an investigation within eight weeks, if, for any reason, our investigation is not concluded within this period, our Complaints Officer will write to the complainant again. We will inform him/her of the reasons for the further delay and advise that if he/she is not satisfied with our progress he/she may refer the complaint to the Financial Ombudsman Service.

This letter will also point out that such a referral should be made within the next six months or the complainant may lose that right. Our letter will include the name, address and telephone number of the Ombudsman and a leaflet which explains the Ombudsman arrangements.

Important: This complaints notification procedure does not affect your right to take legal action.