

At Pet Health Insurance Services we welcome feedback from our customers and treat complaints as an opportunity to improve our services, systems, and products.

We consider a complaint to be:

An expression of dissatisfaction made to Pet Health Insurance Services related to our products, services, staff, or the handling of a complaint, where a response or resolution is explicitly or implicitly expected or legally required.

What to do if you're unhappy with any of our products, services, decisions, or actions.

Step 1 – Contact us

We want to resolve any complaint or dispute as quickly as possible. The best place to start is to contact our customer service teams:

- Call **1800 009 939**
- Email service@pethealthinsuranceservices.com.au

Need Additional Assistance?

You can use the National Relay Service (NRS) 24/7 for free if you find it difficult to hear or speak.

[National Relay Service website](#)

National Relay Service (NRS) app

The NRS app allows you to make NRS Chat, NRS Captions, Voice Relay and Video Relay calls. You can download the app from Google Play or the App Store.

Voice Relay service

1. Dial **1300 555 727**.
2. Ask the relay officer to call Pet Health Insurance Services on **1800 009 939**.

SMS Relay service

1. Send an SMS to **0423 677 767**, with our name 'Pet Health Insurance Services', contact number (**1800 009 939**) and the message you'd like to send us.
2. Follow the prompts.

Teletypewriter (TTY) – Speak and Read

1. Dial **133 677**.
2. Ask the relay officer to call Pet Health Insurance Services on **1800 009 939**.

Teletypewriter (TTY) – Type and Read

1. Type **133 677**.
2. Type the Pet Health Insurance Services number (**1800 009 939**).

Interpreting Support - If English is not your first language

Pet Health Insurance Services use the Translations and Interpreting Service (TIS National). If you need an interpreter to support you on the call, let us know when you contact us, and we will arrange a qualified interpreter to assist free of charge.

Financial hardship support

We're here to support our customers by responding to claim events with expertise, compassion, and efficiency.

Financial hardship support is designed to support a customer or third-party who owes the Insurer money, including an excess under a policy we have issued. You can ask us to assess your eligibility for financial hardship support at any time.

Step 2 — Our team will help you

Our team will always try to resolve your complaint immediately and will provide you with a unique reference number.

We will acknowledge your complaint within 24 hours of receiving it or as soon as practicable. The complaint will be given the appropriate priority in accordance with the urgency of the issues raised and the individual circumstances.

If we are unable to resolve your complaint to your satisfaction within 5 business days, we will escalate it to our Customer Disputes Resolution Team for review.

Our Customer Disputes Resolution Team will work with you to try and resolve your complaint. We will make a decision within 30 calendar days from the date you make the complaint, however if we know you are experiencing financial hardship, we will give you our decision within 21 calendar days.

We will keep you informed every 10 business days of our progress.

We will always give you a written response to your complaint when it is in relation to:

- A request from you for a written response
- A declined claim
- The value of a claim
- Financial hardship, and
- Any other complaint we have not been able to resolve with you within 5 business days

Step 3 — If we can't agree, you can seek an independent review

Our aim is to resolve complaints within 30 days. If we are unable to finalise your complaint within this time, we will:

- let you know the reasons for the delay in writing within the 30 days
- provide the contact details for the external dispute resolution scheme run by the Australian Financial Complaints Authority (AFCA).

Additionally, if you are dissatisfied with our final decision, you can also contact AFCA directly.

- **Call** on **1800 931 678** (free call)
- **Email** at info@afca.org.au
- **Mail** at GPO BOX 3, Melbourne VIC 3001

Auto & General Insurance Company Ltd (the Insurer) is a member of AFCA. AFCA independently resolves disputes between financial service providers (like insurers) and their clients. AFCA's decisions are binding which means that even if they aren't in our favour, we (and the Insurer) must accept them. You have two years from when we make a decision on your complaint to take your complaint to AFCA.

Auto & General Insurance Company Ltd, as Insurer and underwriter for Pet Health Insurance Services subscribes to the General Insurance Code of Practice. Please refer to <http://codeofpractice.com.au/> for further information.