
How to file complaints

To whom should a complaint be made?

If you have a problem with an insurance undertaking or an insurance intermediary, the first thing to do is to send a complaint: a) directly to the undertaking concerned (if the complaint concerns the undertaking or an agent and/or their collaborators); b) to the intermediary if this is a broker (registered in section B of the Single Register of intermediaries - RUI), a bank or another intermediary enrolled in section D of the RUI or a foreign intermediary registered in the List enclosed to the RUI (therefore licensed to pursue business in Italy under the right of establishment or the freedom to provide services).

Each insurance undertaking has in fact a Complaints office ([COMPLAINTS OFFICES OF ITALIAN UNDERTAKINGS](#), [COMPLAINTS OFFICES OF FOREIGN UNDERTAKINGS](#)) which is required to examine and assess customer complaints and reply within 45 days of receiving the complaint.

Who can file a complaint?

Complaints can be filed by the policyholder, the insured, the beneficiary of an insurance contract or the injured party and by consumer organisations having a legitimate interest in protecting consumers.

Cases where a complaint may be made to IVASS

If the undertaking fails to reply within 45 days or if the reply is unsatisfactory it is possible to apply to IVASS.

The complaint sent to IVASS must contain a detailed description of the behaviour on the part of the insurance undertaking which is believed to be unfair or irregular.

When filing a complaint please use the following form so as to provide all the elements necessary to its examination ([SPECIMEN LETTER OF COMPLAINT TO IVASS](#)).

The essential elements of the complaint are:

- Personal data of the complainant (name, surname and postal address - and, if available, certified electronic mail address - telephone number);
- Name of the insurance undertaking whose behaviour is the subject of the complaint;
- Clear and concise description of the reason for the complaint;
- Copy of the complaint already sent to the undertaking and of the reply received - if any - and of any other documents useful to handle the complaint.

Do not to send medical documents (such as, for example, copies of medical records and certificates), pictures or other attachments containing health data or other special categories of personal data.

With regard to the protection of personal data, a copy of a valid identification document of the complainant should be attached. In the event that the complaint is filed by a third party on behalf of the data subject, in addition to the latter's document, the proxy and ID of the person filing the complaint should be attached.

PRIVACY POLICY



Pursuant to Article 7 of the Private Insurance Code and ISVAP Regulation No. 24 of 19 May 2008, the handling of the complaint may provide for its transmission to the company/intermediary concerned.

The data sent shall be processed only for institutional purposes, by IVASS' staff and collaborators, in accordance with Regulation EU 2016/679 on the protection of personal data. Apart from the above circumstances, data shall neither be disclosed to third parties nor publicly disclosed, except for the cases envisaged by current regulations.

For further information on the **protection of personal data**, please visit the [dedicated page](#).

How?

Complaints can be sent to IVASS through one of the following channels:

- certified electronic mail (PEC) to the certified electronic mailbox: **tutela.consumatore@pec.ivass.it** (enabled to receive messages coming only from certified electronic mailboxes - PEC)
- ordinary electronic mail (PEO) to the ordinary electronic mailbox: **email@ivass.it**
Please note that: any annexes must be sent exclusively in pdf format, and the size of the PEC/PEO message (including the annexes) may not exceed 5 MB.
- ordinary mail to: IVASS-Servizio Tutela del Consumatore, Via del Quirinale, 21 00187 Roma
- fax: 06.42133206

What does IVASS do when it receives a complaint?

For IVASS complaints represent a valuable source of information for the pursuit of supervision. The controls carried out by IVASS are in fact aimed to detect possible irregular or incorrect behaviours of an undertaking and adopt the necessary supervisory measures, including sanctions, with the more general objective of safeguarding consumer protection in the insurance sector.

After examining the complaint received, IVASS usually forwards a copy to the undertaking concerned, requiring it to provide the necessary clarification as well as an exhaustive and prompt reply to the complainant, using a clear and simple language.

If the undertaking satisfies the complainant's requests or if the reply is exhaustive and satisfactory and no irregularities are found, the complaint procedure is considered to be closed and no further communication is required. If, on the contrary, the answer is incomplete or incorrect, IVASS takes further action vis-à-vis the undertaking. After completing the investigation, IVASS notifies its outcome within 90 days of acquiring the elements necessary for the evaluation. Where a breach of the obligation to insure is reported, the deadlines for handling complaints by IVASS shall be reduced by half.

If IVASS finds out that there has been a breach of the rules in force by the supervised entities, it starts a sanctioning procedure and gives information on its outcome in its bulletin and internet site.

When IVASS receives a complaint which is outside its competence, it forwards it to the competent Authority, if the latter has not already been contacted, and informs the complainant accordingly.

What IVASS is not empowered to do when it receives a complaint?

The following cases may **not** be regarded as complaints and therefore are not examined by IVASS: enquiries, requests for data or advice, enquiries regarding regulations as well as generic requests not containing the detailed description of the alleged unfair behaviour.

It is important to know that

- does not have the power to settle disputes, in particular as regards the assignment of liability and the quantification of the amounts paid by the undertaking;
- may not - by its own decision - solve disputes concerning the contractual relations between undertakings and policyholders;
- does not generally examine complaints on aspects for which an action has already been brought before the courts;
- does not disclose the outcome of any investigations on undertakings in the performance of its supervisory functions;
- does not examine complaints in respect of the same case subsequent to the first one, unless significant changes occur.

Please

The complaint must be sent to **CONSOB** if it concerns the distribution of IBIPs (insurance-based investment products) by Banks and other intermediaries enrolled in section D of the RUI and their collaborators. For further information click on [Complaints to CONSOB](#)

The complaint must be sent to **COVIP** if it concerns supplementary pension schemes. For further information click on [Complaints to COVIP](#)

What to do in case of cross border disputes (FIN-NET)



FIN-NET: a help in case of disputes with foreign financial

In case of a **dispute** with an undertaking with head office in another EU member State, it is possible to seek an out-of-court settlement of the dispute by starting the so-called FIN-NET procedure, specifically created in Europe for the purpose of solving cross-border disputes.

For example, if during a trip to Austria the ski pass has been purchased together with an insurance cover for accidents, it may happen that in case of accident a dispute with the Austrian insurance undertaking arises.

To activate the FIN-NET the complaint can be filed directly to the foreign system which manages it in the country where the undertaking has its head office (available in the internet site of the European Commission: <https://finance.ec.europa.eu> or to IVASS, which will forward it to that system and inform the complainant accordingly.

For further details on the FIN-NET procedure see under:

[How to file a FIN NET complaint](#)

Form to be used when filing a complaint

The use of this form will allow the filing of a complaint in a guided way, thus providing clear and exhaustive information which will facilitate the handling of the complaint by IVASS and the undertaking, to which the form is sent.

Download the [SPECIMEN LETTER OF COMPLAINT TO THE UNDERTAKING](#)

Download the [SPECIMEN LETTER OF COMPLAINT TO IVASS](#) (to be sent in case the undertaking does not reply within 45 days or in case the answer is not satisfactory)

Relevant provisions

- The main sources of the provisions relating to complaints are the Insurance Code (legislative decree n. 209 of 7 September 2005) and ISVAP Regulation n. 24 of 19 May 2008.

Download [Insurance Code \(legislative decree no. 209 of 7 September 2005\)](#)

Download [ISVAP Regulation no. 24 of 19 May 2008](#)

- Before sending a complaint, please read the [information on the protection of personal data](#)

The other Authorities and their competence

The other Authorities supervising over banking and financial intermediaries based on their competence are:

for investment services

[CONSOB](#)

Via G. B. Martini, 3 - 00198 Roma

for banking

[BANCA D'ITALIA](#)

Via Nazionale 91 - 00184 Roma

for pension funds

[COVIP](#)

Piazza A. Imperatore, 27 - 00186 Roma

for business pursued by agents and
loan brokers

[OAM](#)

Piazza Borghese, 3 - 00186 Roma

for competition and unfair commercial
practices

[AGCM](#)

Piazza G. Verdi, 6/a 00198 Roma

for the proper processing of personal
data and the protection of the rights of
individuals relating to the use of personal
data.

[Garante per la protezione dei dati
personali](#)

Piazza di Monte Citorio, 121 - 00186 Roma
