

# **Response to Complaints**

## **- Utilize customer voice on the business management -**

July 22, 2013

Gibraltar Life Insurance Co., Ltd.

Customer Service Group

Shiho Onoe

## We are the GIBRALTAR.

ジブラルタ生命の社員は、生命保険の持つ社会的役割を信じ、ひとりでも多くのお客さまに真の生命保険をお届けします。

そして顧客のために努力を惜しまず、常にベストのサービスを提供し続ける会社となります。

ジブラルタ生命の社員は、生命保険の正しい在り方を追求する信念、そして人間愛・家族愛の不朽の原理を伝える情熱があります。

我々は、コアバリュー、ビジョン、ミッションを指針に永遠に時代を創造し続けます。

### VISION

ビジョン

我々は、人間愛・家族愛という不朽の原理に基づく相互扶助制度である生命保険を社会に広く普及し続けることで、お客さまから最も信頼され、社会、コミュニティから最も称賛される生命保険会社になります。

### MISSION

ミッション

我々は、一人ひとりのお客さまに生命保険の真価を正しく伝え、真に役立つ生命保険を提供し、保険金を支払うまで誠実に生命保険サービスを続けることでお客さまとそのご家族に経済的な保障と心の平和をお届けします。

ジブラルタ生命の経営基本方針は、全世界のプルデンシャル ファイナンシャル・グループ共通の価値観である「コア・バリュー」に基づいています。コア・バリューは次の4つで構成されています。

信頼に値すること  
(Worthy of Trust)

顧客に焦点をあわせること  
(Customer Focused)

お互いに尊敬しあうこと  
(Respect for Each Other)

勝つこと  
(Winning)

ジブラルタ生命の  
Core Values

私たちは、「お客様の声」を真摯に受けとめ、  
積極的に企業活動に活かします。

## 行動指針

### ①信頼に値すること (Worthy of Trust)

「お客様の声」に対し、迅速・適切・誠実に行動し、公正・公平な対応を心がけ、最後まで責任をもってお応えいたします。

### ②顧客に焦点をあわせること (Customer Focused)

「お客様の声」を 全社で共有するとともに、その中にある問題の本質を見極め、より良い商品開発やサービスの改善を行う情報源として活用いたします。

### ③お互いに尊敬しあうこと (Respect for Each Other)

「お客様の声」は私たちにとって学ぶ機会であり、会社をより良くする手助けになります。私たちは感謝の気持ちをもって、真摯に受けとめます。

### ④勝つこと(Winning)

私たちは「お客様の声」を積極的に収集し、企業活動に反映させることにより顧客満足向上に取組み、お客様から最も信頼され賞賛される生命保険会社になるために邁進いたします。

「お客様の声」対応方針は、全社員に周知徹底するとともに、一般に公開します。

**Gibraltar self declared that we conformed to ISO10002(\*), International Standard of the complaint response management system, on October 8, 2008.**

Gibraltar conformed to this International Standard, which we also announced to the mass media on October 8, 2008.

**Gibraltar is aiming to further improve the quality of the customer service by reflecting “customer voice” obtained through appropriate complaint response process, on the business management.**

\*) ISO10002 is International Standard stipulated by International Organization for Standardization. It is guideline setting out indispensable requirements to respond to customer complaint appropriately and quickly, in order to improve customer satisfaction. In Japan, 60+ companies including food manufacturer and other industries, self declared that they conformed to this standard.

**Gibraltar is aiming at improvement of customer satisfaction by PDCA cycle (\*) of ISO10002.**



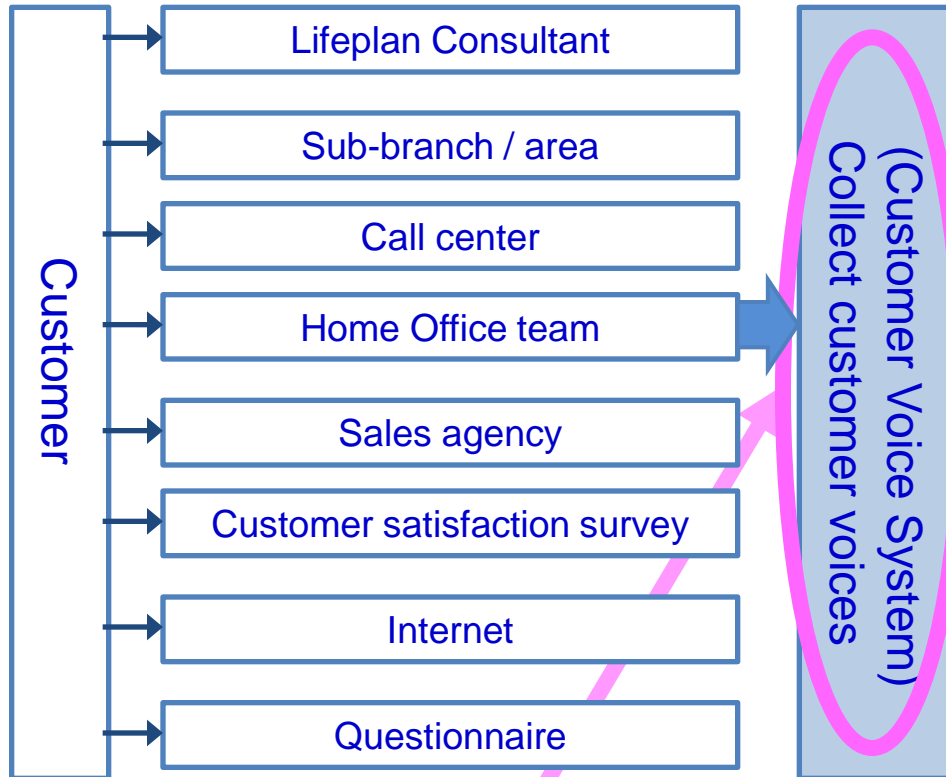
\*) PDCA stands for Plan → Do → Check → Action. It is process to utilize this flow for the next plan

**Gibraltar is sharing “customer voice” within the organization including president so that we can work on improvement to provide better product and service.**

# Structure to reflect “customer voice” on the business management

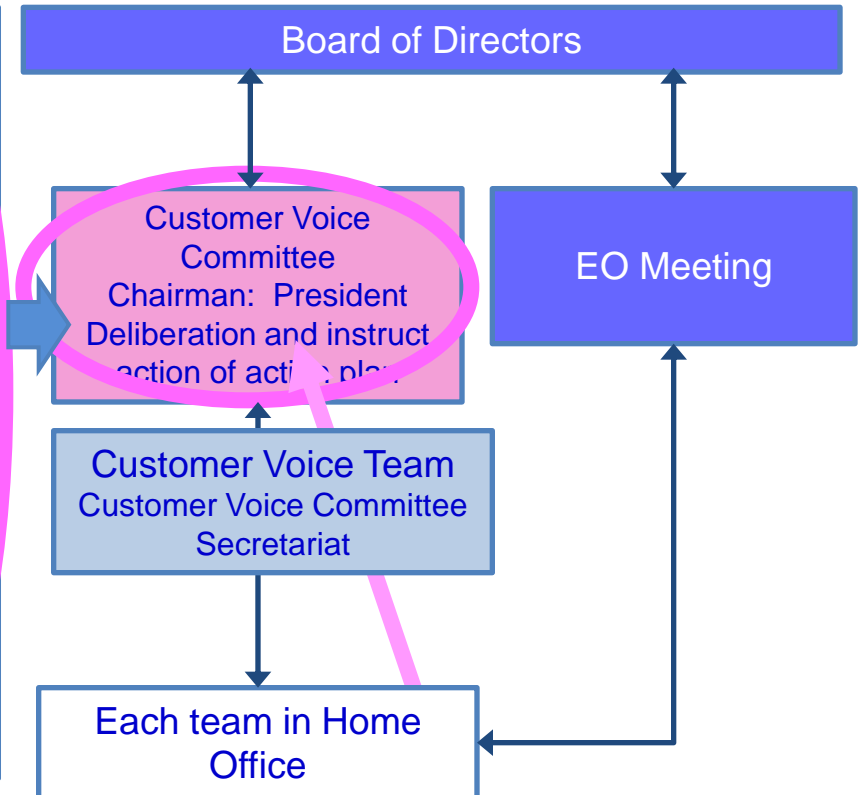


## Structure to listen to customer voice



**Customer voice is gathered into the Customer Voice System (CVS) and centrally managed.**

## Structure to reflect customer voice on the business management



**Dedicated team is established to analyze customer voice and improve business.**

## Who is “customer”?

Individual / organization who uses or intends to use our product / service, or who has interest in our business or is potential to have interest in our business (excluding Gibraltar’s employee and vendor)

## What is “customer voice”?

Offer from customer categorized, “general consultation (consultation, inquiry, request, contact),” “recommendation” and “complaint.”

## What is “complaint”?

**“What customer expressed to GIB as discontent, dissatisfaction.”**

Customer’s discontent, dissatisfaction to Gibraltar’s sales activity, service, product, administration process, system/rules, employee’s attitude and manner are target of complaint.

《We capture customer’s dissatisfaction broadly as complaint》

- ✓ Decide depending on customer’s “thought” when s/he offered
- ✓ Even if it was caused by system or rules, these are complaints – I can’t get through the phone, document is hard to read, document hasn’t arrived
- ✓ Even if customer wasn’t upset, expression was very polite, if s/he expressed discontent, dissatisfaction, it is complaint.
- ✓ Even if the matter is solved on the spot, if s/he expressed dissatisfaction, it is complaint.
- ✓ Even if it wasn’t Gibraltar’s fault, or customer’s misunderstanding, if there was dissatisfaction, it is complaint.



# Response to complaint about non-payment of claim Gibraltar

When customer expresses discontent to the claim/benefit payment, different section from the one initially made payment /non-payment decision, re-examines the case. If customer still isn't satisfied with the result, s/he can send it to the "Claim Payment Examination Panel" if s/he wants.

## Claim Payment Examination Panel

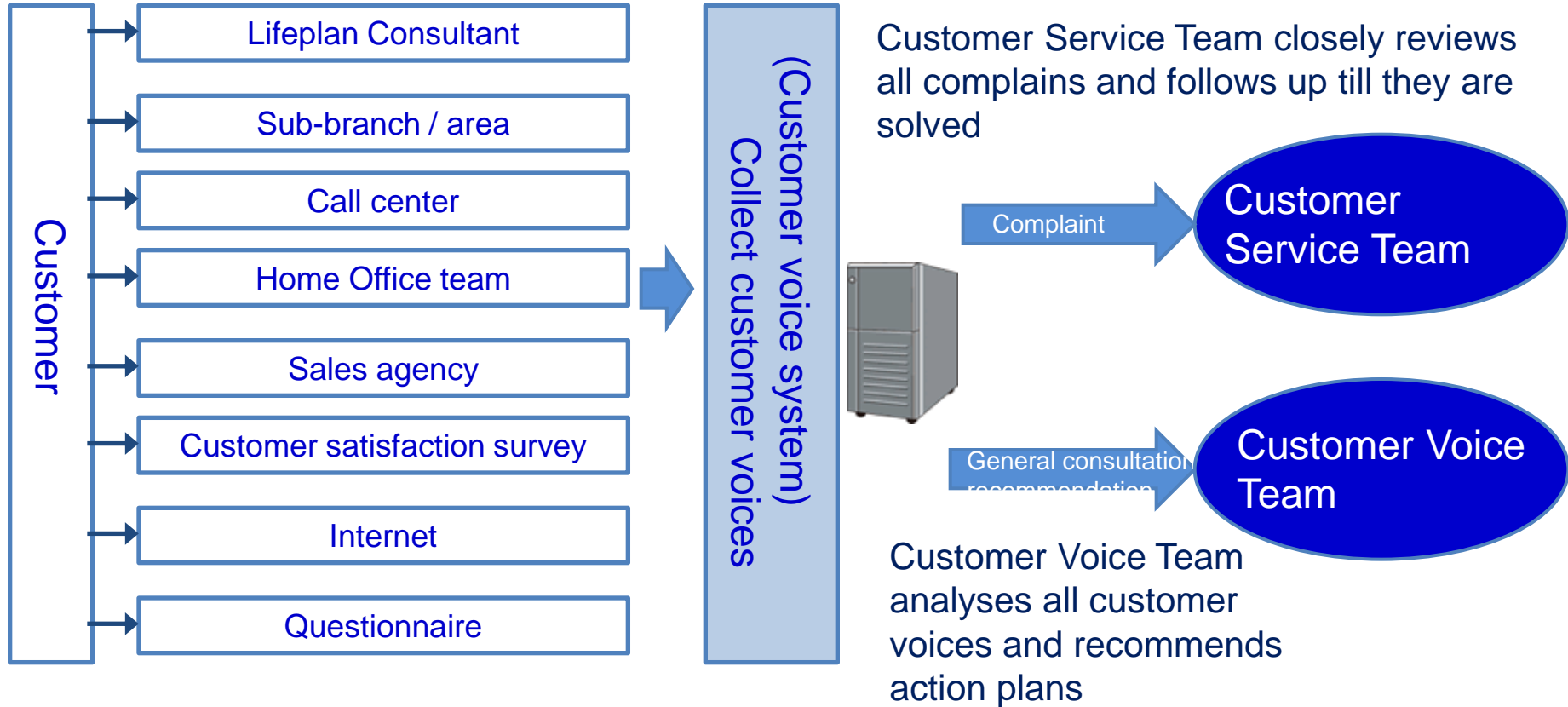
- Consists of only members from outside who has no interest with Gibraltar (lawyer, doctor, professor, specialist on the consumer issue)
- Examines validity of the result of the claim payment examination from neutral perspective
- Established in Jan. 2007. Meeting is held on monthly basis, in principle.

## Implementation status of the Claim Payment Examination Panel (2011/4-2012/3)

Item	Details	Total # of cases
Hospitalization benefit	Since a case didn't fall under the insurable reason stipulated in the policy provision, Gibraltar decided not applicable to hospitalization benefit, to which customer expressed comment	2 cases
Surgery benefit	Since a case didn't fall under the insurable reason stipulated in the policy provision, Gibraltar decided not applicable to hospitalization benefit, to which customer expressed comment	1 case
Total		3 cases

# Collect customer voice and centrally manage it in CVS Sibraltar

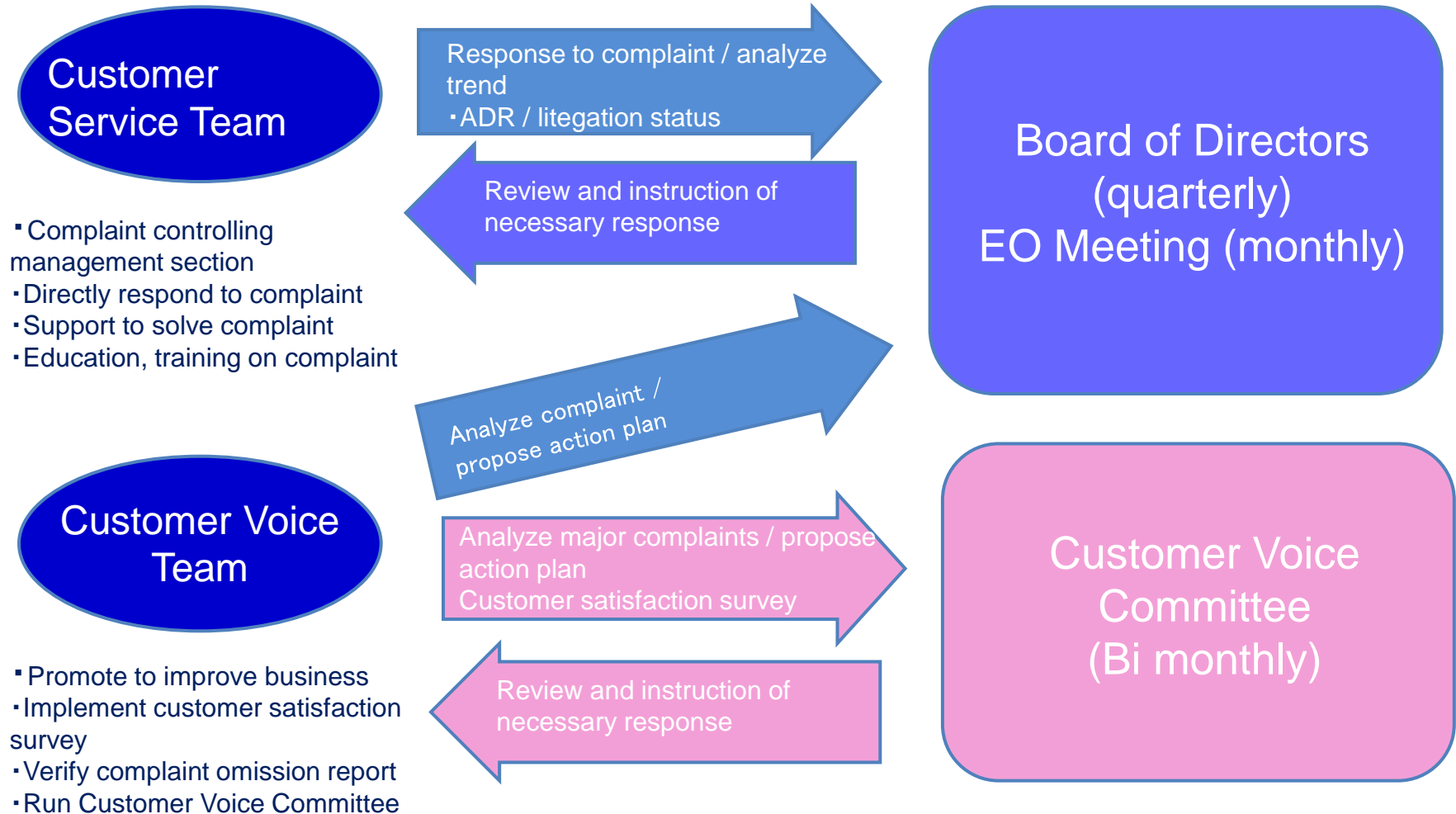
Customer voice is centrally managed in CVS



**Customer voice**      **Annually about 1xxx cases (2012/3-4)**  
    ◆ **Complaint**                      **xxxx cases/year**  
    ◆ **General consultation/recommendation**      **xxxx cases/year**

# Analysis of customer voice ⇒ Improve, report to the management

Customer voice is analyzed and responsible team reports it to the Customer Voice Committee, EO Meeting and Board of Directors.



# Initiatives on response process to “Customer voice” in 2012 - 1/5 Gibraltar

2012 Activity Plan	Evaluation	Activity details						
<p>① Enhance to work on the improvement of preventing recurrence of complaint. At the same time, support the field to improve their ability to respond to complaint .</p> <ul style="list-style-type: none"> <li>● Develop guide explaining how to respond to complaint for SBM and promote SM to use it</li> <li>● Improve awareness within the company by promoting improvement activity in the whole company through CV news</li> </ul>	○	<p>➤ To enhance preventing recurrence or improvement efforts, enlightenment activity, following news or information were provided</p> <ul style="list-style-type: none"> <li>• For SBO, distribute “To prevent complaint to become painful one” explaining on how to respond to complaint (3 times/year, Customer Service Team)</li> <li>• Distribute news to improve customer satisfaction, CS improvement information (Aug., CST)</li> <li>• Distribute enlightenment video to change complaint to improvement (June, Aug., Customer Voice Team)</li> <li>• As training materials for Core Value Week, provide complaint or compliment to the field (April - , CVT)</li> </ul> <p>【Ref.】 Time involves from acknowledgement of complaint till it is solved improved            Solution rate within 2 weeks</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">2012 - 95.4%</td> <td style="text-align: center;">2011 - 94.0%</td> <td style="text-align: center;">2010 - 92.4%</td> </tr> <tr> <td></td> <td style="text-align: center;">&lt;1.4% UP&gt;</td> <td style="text-align: center;">&lt;3.0% UP&gt;</td> </tr> </table> <p>➤ Prevent complaint concerning omission of claim process</p> <ul style="list-style-type: none"> <li>• In regards to former E/S policy, started to send “follow up letter on claim process” (Sept. CST)</li> </ul>	2012 - 95.4%	2011 - 94.0%	2010 - 92.4%		<1.4% UP>	<3.0% UP>
2012 - 95.4%	2011 - 94.0%	2010 - 92.4%						
	<1.4% UP>	<3.0% UP>						

# Initiatives on response process to “Customer voice” in 2012 - 2/5 Gibraltar



2012 Activity Plan	Evaluation	Activity details
<p>② Improve quality of complaint response</p> <ul style="list-style-type: none"> <li>● Continue CS letter</li> <li>● Monitor complaint being responded, so that we can provide effective support to solve it</li> </ul>	<p>△</p>	<ul style="list-style-type: none"> <li>➤ <b>Continue CS letter</b>  <b>CS letter satisfaction 60.1%(April – Dec)</b>                      61.8% (Jan. – Dec)                      *&lt;Q: Did GIB respond to your offer as you expected?                      Rate of “Yes” 2010 - 59.6% (April – Dec), 2011 - 61.4% (April – Dec)</li> <li>➤ <b>Monitor complaint being addressed and enhance support</b></li> <li>• <b>Confirm complaint details, response status and enhance advice for solution</b></li> <li>• <b>Re-organize complaint reporting standard (Oct. - , CST)</b></li> </ul>
<p>③ Implement initiatives to promote people acting being aware of complaint response / improvement in each team, SBO)</p> <ul style="list-style-type: none"> <li>● Share challenges analyzed by customer voice and take specific action for improvement such as “develop objective”</li> </ul>	<p>○</p>	<p>&lt;H/O team&gt;</p> <ul style="list-style-type: none"> <li>• <b>Analyze one specific theme on monthly basis from many complaints constantly exist and propose action plan to responsible team (April -, CVT)</b></li> <li>• <b>Responsible team discusses/implementst proposed action plan and report it to the Customer Voice Committee (May -, CVT)</b>                      【SBO, etc.】</li> <li>• <b>Share complaint, compliment as Core Value Week materials so that improvement initiatives are promoted to respond to customer (April - , CVT)</b></li> </ul>

2012 Activity Plan	Evaluation	Activity details
<p>④ Improve effectiveness of customer voice analysis and improvement process</p> <ul style="list-style-type: none"> <li>● Collect not only complaint but also customer voice broadly and utilize it</li> <li>● Link customer voice analysis to specific improvement</li> </ul>	<p>△</p>	<p>➤ Collect customer voice /make sure to completely capture it (preventing omission of report, and make sure to enter it into CVS)</p> <p>【Various trainings】</p> <ul style="list-style-type: none"> <li>• New OM training (Feb., CST)</li> <li>• Complaint field training (June- Aug, CVT + CST)</li> <li>• Training to understand complaint (Mar, May, Sept., Dec., Call Center)</li> </ul> <p>【Provide materials/send information】</p> <ul style="list-style-type: none"> <li>• To better learn how to operate CVS, provide DVD (Jan., CVT)</li> <li>• Update “General consultation / complaint response manual” (April, CST)</li> <li>• Distribute news of points in data entry to CVS (Aug, Sept, CST)</li> </ul> <p>【Expand monitoring/re-verification target】</p> <ul style="list-style-type: none"> <li>• Confirm SBO with data entry to CVS 0 per month, and telephone to Sales Dept. (Jan - , CST)</li> <li>• Start verification of complaint report omission in SBO, H/O inquiry DB (Jan. -, CVT + CST)</li> </ul>

2012 Activity Plan	Evaluation	Activity details
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2012 Activity Plan	Evaluation	Activity details
<p>⑤ Visit area and work on the dissemination of ISO10002</p> <ul style="list-style-type: none"> <li>● Visit 30 areas</li> <li>● Have them reconfirm that customer voice is effectively utilized</li> <li>● Work on the dissemination by each layer by using e-learning</li> </ul>	○	<ul style="list-style-type: none"> <li>➤ <b>Training on complaint mainly on former E/S area</b> Implement training on complaint in each area in the 3<sup>rd</sup>, 5<sup>th</sup> Marketing Region, and Sales Branch in IA channel (30 locations in total) (June-Aug., CVT + CST)</li> <li>➤ <b>E-learning by job type (Sept.-Dec. CST)</b> <ul style="list-style-type: none"> <li>• Attendance rate 99.7%, 17,738 in total completed training</li> <li>• For all employees version, “General consultation / complaint”</li> <li>• For field management version, “CVS registration and response to customer”</li> <li>• For SS, sales assistant, MR version, “Customer voice registration to CVS”</li> </ul> </li> <li>➤ <b>Disseminate by new OM training, regional OM training, representative SS training</b></li> </ul>



		Jan	Feb	Mar	April	May	June	Jul	Aug	Sept	Oct	Nov	Dec
Customer Voice Committee				Held		Held		Held		Held		Held	
Follow-up analysis on major complaints, theme analysis		<ul style="list-style-type: none"> <li>Voice about merger</li> <li>Annual statement</li> </ul>			<ul style="list-style-type: none"> <li>Customer satisfaction survey</li> <li>Analysis based on topic</li> </ul>			<ul style="list-style-type: none"> <li>Analysis based on topic</li> </ul>			<ul style="list-style-type: none"> <li>Analysis based on topic</li> </ul>		
Promote business improvement process	Provide complaint analysis information			Surrender	Payment	New businesses	Maturity	Change	Premium collection	PL	Kyoko	SDF	Bank channel
	Discuss action plan in team				Surrender	Payment	New businesses	Maturity	Change	Premium collection	PL	Kyoko	SDF
	Report progress to the Customer Voice Committee					Surrender		Payment New businesses		Maturity Change		Premium collection PL	

## ◇ 2012 Initiatives by Customer Voice Team

- Analyze customer voice related to the theme or event impacting business management in timely manner
- Promote to root business improvement process based on customer voice (PDCA cycle) and make it habit \*
- Enhance re-verification system

\*Complaint analysis information is provided to relevant team one by one and request to discuss/implement action plan. Progress or result of verification of benefit of action plan are reported to the Customer Voice Committee.

## Customer voice

**I'm too busy at work to phone call center before it closes.**

### Action plan

Extended business hours of toll free number for former Edison/Star customer. (July 2012-)

Extended business hours of toll free number for former Edison/Star customer on business day to same as Gibraltar, 8:30 – 20:00.

## Customer voice

**Though I submitted bank account deduction sheet, premium wasn't deducted from bank account.**

### Action plan

As mobile terminal was installed, setting up bank account for new policy or initial premium payment became more convenient/easier. (Sept. 2011-)

By setting up bank account by this terminal when new policy is purchased, it is no longer necessary to submit bank account deduction sheet. Debit card (cash card) or credit card can be also used for initial premium.

## Customer voice

**I requested to re-issue tax deduction certificate but I can't get through the phone.**

## Action plan

We opened dedicated website and toll free number for re-issuance of tax deduction certificate. (Oct. 2012-)

Every year in October, November, we receive many inquiries or requests to re-issue tax deduction certificate, and also receive dissatisfaction that customer can't get through the phone. Therefore, to eliminate inconvenience, we opened dedicated website and toll free number for tax deduction certificate.

- Each life insurer officially announces complaint information
- Total number of complaints in all companies are posted on quarterly basis in the Website of LIAJ
- Number of inforce policies, customers are also posted as reference information
- For more detailed information, link to each company's website

Is it better that company has less complaints?



It is important that company thoroughly understands complaints and utilizes it to improve business

# Status of Complaints Reported(2012.4-2012.12) – 1/2

Company	# of Complaints *A	Category	# of Complaints of each Category/A	# of In-Force Policies	# of Customers
Gibraltar	95,035	New Business	4.6%	7,183,340	7,183,340
		Premium Collection	12.7%		
		Policy Service	30.6%		
		Claim Payment	18.3%		
		Others	33.8%		
Nihon	100,411	New Business	16.4%	17,090,074	11,618,068
		Premium Collection	9.9%		
		Policy Service	35.4%		
		Claim Payment	12.5%		
		Others	25.8%		
Daiichi	49,771	New Business	16.4%	12,752,110	8,382,131
		Premium Collection	9.9%		
		Policy Service	35.4%		
		Claim Payment	12.5%		
		Others	25.8%		

# Status of Complaints Reported(2012.4-2012.12) – 2/2

Company	# of Complaints *A	Category	# of Complaints of each Category /A	# of In-Force Policies	# of Customers
AFLAC	164,100	New Business	21.5%	22,382,042	14,909,446
		Premium Collection	15.3%		
		Policy Service	36.0%		
		Claim Payment	17.4%		
		Others	9.7%		
Met Life Alico	69,823	New Business	13.0%	7,629,492	4,855,470
		Premium Collection	10.5%		
		Policy Service	32.0%		
		Claim Payment	17.9%		
		Others	26.6%		
Kanpo	48,899	New Business	61.3%	10,454,480	10,454,480
		Premium Collection	4.3%		
		Policy Service	7.3%		
		Claim Payment	9.6%		
		Others	17.5%		

## Purpose of Financial ADR

- Government administrative agency designates / supervises dispute resolving institution and secures its neutrality, fairness
- When user requests to resolve dispute, requests financial institution to use dispute resolving procedures or respect Wakai proposal and secure effectiveness of resolving dispute
- By somebody with financial knowledge resolving dispute as dispute resolving member, secure specialty in the financial product, service

## Designated dispute resolving institution (Designated ADR Institution)

- Designated ADR institution related to life insurance ⇒ LIAJ
- Gibraltar signed on the contract with LIAJ in October, 2010
- If a case isn't resolved between customer and life insurer for a month since complaint was raised to "Life insurance consultation desk" in LIAJ in principle, customer can bring it to the "Arbitration Examination Committee"
- When "Life insurance consultation desk" requests company to resolve it, it explains that situation to customer and when customer has right to bring it, confirms customer's intention to bring it based on the response of company
- Arbitration fee is free. However, transportation is paid by customer



Objective of Request Accepted	# of Request
Policy Cancellation/Policy Invalidity	80
Confirmation of Policy Invalidity regarding Bank Channel Policies	37
Claim Payment(Death/Accidental Death/Total Permanent Disability)	16
Benefit Payment(Hospitalization/Surgery/Disability)	45
Dividend Payment	16
Others	57
# of request accepted	251
# of request not accepted	9
# of request of arbitration	260

Year	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
# of request	4	14	16	24	37	25	40	82	122	172	260

#### **(4) Enhancement of the Framework for Processing Consultations and Complaints from Customers**

- 1) It is extremely important for insurance companies to have proactive, swift, and appropriate consultations and complaint handling, in order to ensure customer's trust in products and services, and to positively utilize the customers' needs for better management of business. From this viewpoint, the FSA will assess whether insurance companies develop an internal management system, under the involvement of the top management, for maintaining a consultation counter, analyzing the causes of consultations and complaints, sharing information within the institution, taking measures and notifications to prevent a recurrence of complaints, and following up the implementation of these measures, in an appropriate manner.

#### **(4) Enhancement of the Framework for Processing Consultations and Complaints from Customers**

- 2) Also, in connection with the financial Alternative Dispute Resolution (ADR) system, the FSA will carefully watch whether financial institutions are:
- i. making sincere efforts for quick dispute resolution, such as active disclosure of required information;
  - ii. preparing arrangements for facilitating easy use of the system nationwide;
  - iii. introducing the ADR system to customers as needed when they make consultations;
  - iv. providing explanations anew on the ADR system when customers' consent is difficult to obtain between parties or when financial damages are difficult to determine.

1. FSA opened Consulting Center for Financial Service Users (“Consulting center”) to centrally respond to question, consultation, opinion, etc. on financial service, etc. from user by phone, website, fax etc., to improve convenience of the financial service user and effectively utilize information received from customer on financial administration
2. Dedicated staff responds to consultation, etc. from user by phone. Financial service consultant provides advice to organize point of issues, and introduces dispute resolving institution etc. opened by industry organization. Details of consultation or how it was processed are distributed within relevant sections in FSA and used as reference information for inspection, audit, etc.
3. Number of consultations received at Center from user and points on major cases are disclosed in each quarter.

## 1. # of Consultation Received by Category of Financial Services

(2013.1.1 - 2013.3.31)

Segment	Number of Cases	Ratio
Deposits with Bank/Loans	2,750	29.3%
Insurance Product/Insurance System	2,380	25.7%
Investment Product/Securities and Exchange Market	2,708	29.3%
Money lending	738	8.0%
Financial System & Administration/Others	673	7.3%
Total	9,249	100%

Released by the FSA as of April 30, 2013

## ■ Number of Consultation Received regarding Insurance area

(2013.1.1 - 2013.3.31)

Segment	Life Insurance		General Insurance		Others		Total	
	Number	Ratio %	Number	Ratio %	Number	Ratio %	Number	Ratio %
Customer Explanation individual transactions	84	35	28	1.2	31	1.3	143	6.1
Results of individual transactions	188	7.9	798	33.5	75	3.2	1,061	44.6
Inappropriate behavior	65	2.7	35	1.5	9	0.4	109	4.6
Attitude/Administrative process of insurance company	133	5.6	187	7.9	54	2.3	374	15.7
General referrals/questions	55	2.3	84	3.5	150	6.3	289	12.1
Request to the public administration	6	0.3	21	0.9	156	6.6	183	7.7
Miscellaneous	37	1.6	48	2.0	136	5.7	221	9.3
<b>Total</b>	<b>588</b>	<b>23.9</b>	<b>1,201</b>	<b>50.5</b>	<b>611</b>	<b>25.7</b>	<b>2,380</b>	<b>100.0</b>

Released by the FSA as of April 30, 2013

## ■ Feature by category of financial institution

(2013.1.1 - 2013.3.31)

- Among total consultations of 2,380 concerning insurance product, etc., 1,061 (47%) (873 were about claim payment) were individual case, policy's result; financial institution's readiness / various administrative procedures were 374 (16%) (insurer's response in requesting claim payment was 236)
- By business, 1,201 (51%) were about non-life insurance company, 568 (24%) were about life insurer.
- Total number of consultations received in this year slightly declined, compared to previous year, since consultation on individual transaction / policy result slightly reduced (2,508 → 2,380 cases)
- 482 consultations were referred to industry organization such as LIAJ

Released by the FSA as of April 30, 2013

- **Improve quality of response to complaint**
  - Materialize timely, appropriate response to offer from customer
  - Make sure to enter customer's offer to CVS quickly, completely and in easy-to-understand manner
  
- **Respond to elderly customer's complaint from customer's perspective**
  - Implement training on how to respond to complaint from elderly customer, send information
  - Enhance complaint response support in the field
  - Enhance monitoring and follow-up on complaint resolution details
  
- **Improve accomplishment of the customer voice analysis and improvement process**
  - Promote to root / make it a habit of business process improvement (PDCA cycle) based on customer voice
  - Promote / follow-up on company-wide action to improve business based on customer satisfaction survey