

Request for alternative dispute resolution

Important information

The opening of the procedure is subject to the condition that the complaint has been previously dealt with by the relevant professional. In this regard, the complaint must have been previously submitted by letter, fax or email to the relevant professional and the complainant must not have received an answer or a satisfactory answer within 90 days after having sent his complaint to the professional.

The Commissariat aux Assurances (CAA) cannot take action if:

- the complaint has been examined by an arbitrator, arbitration tribunal or a court, in Luxembourg or abroad;
- the complaint is currently being examined by another alternative dispute resolution body, arbitrator, arbitration tribunal or a court, in Luxembourg or abroad;
- the request is not submitted to the CAA within one year after that the applicant filed a complaint with the professional;
- the complaint concerns the business policy of the professional;
- the complaint does not concern an insurance product or an insurance service;
- the request is abusive, frivolous or vexatious;
- the request does not stem from a policyholder, a beneficiary of an insurance contract, an insured person or an injured third party having a direct right of action against an insurance company;
- the complaint submitted to the professional distinguishes itself from the request submitted to the CAA in terms of objects and/or reasons.

Please note that all mandatory fields of the following form marked with an asterisk (*) shall be duly completed in order to enable the CAA to process your request.

Data protection

Your request for alternative dispute resolution contains personal data whose protection falls under the scope of the Regulation (EU) 2016/679 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data.

For more information, please visit our website <http://www.caa.lu> (section on “data protection”).

Please fill in the following form and provide us the required documents:

I. <u>INFORMATION REGARDING THE APPLICANT</u>	
Name*	
Surname*	
Nationality*	
Address (street and number)*	
Postal code*	
City*	
Country*	
Phone number	
Email address*	
You are acting as* :	policyholder insured person beneficiary injured third party other (please specify)
Are you represented?*	No Yes (please fill in the table below)

Name and title of the representative*	
Address (street and number)*	
Postal code*	
City*	
Country*	
Phone number	

II. PROFESSIONAL CONCERNED BY THE REQUEST

Name of the professional concerned*	
Address (street and number)*	
Postal code*	
City*	
Country*	
Persons contacted in relation to your complaint previously submitted to the professional:	
Person no. 1* : Name and title of the person Phone number Email address	
Person no. 2* : Name and title of the person Phone number Email address	
Person no. 3* : Name and title of the person Phone number Email address	

III. NATURE AND DESCRIPTION OF THE COMPLAINT

Insurance policy concerned*

Name of the policyholder*

Subject of the complaint*

Facts of the complaint*

The request shall include a detailed and chronological description of the facts underlying the complaint and the preliminary steps that have been undertaken by the applicant.

The aforementioned description may be written in Luxembourgish, French, German or English.

I. <u>REQUIRED DOCUMENTS</u>	
Document no. 1*	A copy of the general and specific conditions of the insurance policy and the possible addenda.
Document no. 2*	A copy of the complaint that has been previously submitted by letter, fax or email to the professional.
Document no. 3*	<ul style="list-style-type: none"> • If the applicant has received an answer from the professional to his previous complaint, please send us a copy of the answer and indicate the reason why the answer is unsatisfactory. • If the applicant has not received an answer from the professional to his previous complaint, please tick the box below to confirm that the applicant has not obtained an answer within 90 days after having sent his complaint to the professional.
Document no. 4*	A copy of the power of representation if the applicant is represented by a third party in accordance with article 5, paragraph (8) of the CAA regulation N° 19/03 of 26 February 2019 .
Document no. 5*	A copy of a valid proof of identity of the applicant.
Document no. 6	Any document that supports your request.

II. REQUIRED CONFIRMATIONS

I confirm that my complaint is not being examined by court, an arbitrator or another out-of-court dispute resolution body in Luxembourg or abroad.*

I (my client) agree(s) with the procedural provisions of the Commissariat aux Assurances in its capacity as body responsible for the out-of-court resolution of my complaint as foreseen in the [CAA regulation N° 19/03 of 26 February 2019](#). *

I expressly authorise the Commissariat aux Assurances to forward my request (including the attachments) and any future correspondence or information to the professional concerned by my request.*