



RNA

The claims management policy in force at RNA is part of the broader scope of service and product quality that RNA is committed to offering to all its customers and partners,

providing complainants with an easy-to-use means and generator of effective responses, through which they can express their dissatisfaction, contributing to the

continuous improvement of the quality of service provided by RNA.

RNA considers each claim as an opportunity to improve the service it provides to its

Clients.

RNA, aware of the importance of each claim, has implemented a claims management

system as an opportunity to know what their clients value and to correct whatever that,

for some reason, did not go well.

The key principles inherent in the claims management policy derive from the

fundamental values present in the relationship between RNA and its clients and

partners: innovation, customer focus and transparency.

Internally, a social culture is fostered based on respect for the other and sufficient

humility to validate the efficiency of the processes, the quality of the products and the

relevance of the intentions, with claims being a precious source of information as well

as an opportunity to strengthen the relationship with the client.

RNA guarantees the equitable, diligent, and transparent treatment of all claims

submitted, ensured by a suitable team, with appropriate training and experience, and

by a claim handling system that considers the person and the situation and is

periodically monitored.

All the guidelines inherent to this process aim at the correct and fast handling of the

claims received by the different channels and concerning different matters, with an

area that centralizes the respective reception and response.

2/4



All claims received are periodically reviewed to ensure that the principles are being respected, that causes and origins are identified, and that they are considered in the company's operational activity.

RNA provides various means for filing a claim:

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We would appreciate it if, when making your claim, so that we can deal with it properly, you could submit it to us in writing or by any other means of which you can keep a written or registered record and clearly indicate the following data to us:

- **a)** Full name of the insurance person and, if applicable, of the person representing him/her;
- **b)** Contact details of the complainant and, if applicable, the person representing him/her;
- c) Insurance person's identification document number;
- **d)** Description of the facts which gave rise to the claim, with identification of the parties involved and the date on which the facts occurred, unless it is manifestly impossible;
- e) Date and place of claim;
- **f)** Case number (if applicable);

The receipt of each claim is confirmed to the complainant by letter or email. The confidentiality of personal data of those involved in the claim procedure is also guaranteed in accordance with the legislation in force.

We propose the constant improvement of procedures, having always as our main objective the satisfaction of our clients. In this sense, we guarantee to respond to any



claim within a maximum of 20 days from the receipt of the claim. Should this not be possible, given the complexity of the issue addressed, we undertake to keep the complainant informed of all steps taken to resolve the claim.