





## **TABLE OF CONTENTS**

INTRODUCTION	3
OBJECTIVE	3
DEFINITIONS	3
PRINCIPLES	4
REPORT	5
RESPONSABILITY	6
DISCLOSURE	6
PREVENTING FRAUD - PREVENTIVE MANAGEMENT	6
FIGHTING FRAUD - DETECTIVE MANAGEMENT	6

RNA

**INTRODUCTION** 

Insurance fraud is a real and current problem, and one which is becoming more and

more significant, and it is estimated at around 10% of claims expenditure at European

level.

Fraud can lead to significant financial losses as well as serious reputational damage.

RNA has always been guided by the highest standards of conduct and ethics, and is

therefore committed to comply with all legal and regulatory norms and provisions, and

to ensure in its various interactions that the above standards and principles are

respected, through the creation of an environment in which the principles of legality,

ethics and good faith are established.

As a service provider operating within the insurance sector, RNA is committed to, by

subscribing to this Policy, affirming itself as totally intolerant of the practice of

fraudulent activities, in any form and spectrum that it may take, namely, suspected,

attempted or materialized, internally or externally, regardless of its origin, nature, or

value, as well as establishing the principles, controls, systems and means necessary to

prevent, detect and combat fraud.

**OBJECTIVE** 

This Anti-Fraud Policy describes the strategy, control, and reporting mechanisms

regarding suspicious or fraudulent acts, as well as detection and prevention measures,

and is prepared by the Legal and Compliance Department (verification of compliance)

and approved by the Board of Directors.

**DEFINITIONS** 

For the purposes of this document, the following definitions shall apply:

**Fraud:** intentional action or omission with the intention of obtaining, in an illegitimate

and illicit manner, an asset advantage, for one's own benefit or that of a third party.

Fraud (against Insurance): intentional acts or omissions, even if attempted, with a

view to obtaining an illicit advantage for oneself or for a third party, in the context of



the conclusion or execution of insurance contracts or the subscription of capitalisation operations, namely those aimed at a coverage or undue payment. (Definition contained in Regulatory Rule 10/2009-R);

**Internal Fraud**: fraud committed by a member of a statutory body, Director, Officer or Employee of RNA.

**External Fraud:** fraud committed by an agent or entity external to the company, which may or may not be linked to it, namely Clients, Providers, Policyholders, Mediators, Third Parties.

**Member of Statutory Body:** member of the Board of Directors, Fiscal Board, head of a statutory audit company, Chairman and Secretary of the General Meeting.

**Director or Officer:** member of the 1st or 2nd line management team.

**Employee:** for the purposes of this document, an employee is any person who has an employment relationship with RNA, even if it may be indirect, such as plurality of jobs, temporary work, etc.

**Provider:** a service provider under the terms of a contract for the provision of services signed with RNA.

**Policyholder:** policyholder of the insurance contract under which the act or omission with fraudulent intent was committed;

**Mediator:** distributor of the insurance contract under which the act or omission with fraudulent intent was committed;

**Third party:** an entity involved in the process of taking out an insurance contract or settling it.

#### **PRINCIPLES**

In addition to the principles enshrined in the RNA Code of Conduct, to which reference is made regarding the fundamental principles that should govern the activities of employees, as well as regarding the notion of conflict of interest, duty of secrecy and anti-fraud culture, this document also aims to extend its commitment to the following principles:



## Total Repudiation

RNA repudiates any activity or practice that may be considered fraudulent, attempted, or consummated, and assumes itself to be totally intolerant of such practices regardless of any circumstance, namely, the authorship, nature or value involved.

#### Duty to Act

RNA undertakes to act towards the effective ascertainment and clarification of the truth, whenever and wherever it encounters a situation that may give rise to a suspicion of fraud.

## Commitment to Training

RNA undertakes to provide all the appropriate training structure to develop in each one the necessary sensitivity to assess a situation of potential fraud, as well as to act in case of suspicion;

#### **REPORT**

This policy aims to establish a reporting system, both internal and external, through which it is possible for any entity to denounce or report a situation that may give rise to a suspicion of fraud, in particular (but not limited to):

- Forgery of document: suspicion that a document or statement may be false as to its content, form, authorship, or substance;
- False information or statements: suspicion that a certain statement or information may not correspond to the truth;
- Omission or Refusal to provide relevant information: intentional omission or refusal to provide information which is fundamental to the assessment of the risk or framework of the claim;
- Any situation which may appear suspicious or which gives rise to alerts from the computer system, such as excessive frequency of claims or involvement in several claims.

This report should be made to the Legal and Compliance Department, which, in turn, should report to the Board of Directors.

Approved by: Board of Directors



#### **RESPONSIBILITY**

The Legal and Compliance Department is responsible for drawing up the RNA Antifraud Policy, and any revisions, the Board of Directors is responsible for approving it and taking effective action to prevent and detect any fraud.

The prevention and detection of fraud in RNA is, firstly, the responsibility of the Board of Directors, delegated, in operational terms, to those responsible for control processes.

#### **DISCLOSURE**

RNA's Anti-Fraud Policy shall be disclosed to all employees through internal service communication and must be permanently accessible on the website www.rna.com.pt.

## **PREVENTING FRAUD - PREVENTIVE MANAGEMENT**

RNA undertakes to combat fraud by adopting the following preventive measures:

- Promotion of an environment where legality and ethics prevail;
- Disclosing and committing its employees to the rules and principles enshrined in the Code of Conduct;
- Approval and disclosure of this Policy;
- Creation of control mechanisms, with a technical, technological, and human dimension;
- Involvement of all those responsible with a view to establishing hypothetical fraud scenarios to create warning and alarm systems;
- Training and Awareness-raising;
- Creation and maintenance of a register of information regarding conduct that may constitute fraudulent practices and respective revision and access rules.

### **FIGHTING FRAUD - DETECTIVE MANAGEMENT**

RNA undertakes to fight fraud by adopting the following detective measures:

**Approved by:** Board of Directors



- Whistleblowing channel for internal and external reporting of suspected fraud, with a commitment of secrecy in case of signed whistleblowing (email: <a href="mailto:compliance@rnaseguros.pt">compliance@rnaseguros.pt</a>)
- Inquiry/investigation procedure in case of reported or perceived suspicion;
- Report to the Legal and Compliance Department and the Board of Directors.