

# TOKIO MARINE INSURANCE BHD

## Contact Centre Division

### STANDARD OPERATING PROCEDURE

Customer Interaction Guidelines: Products, Claims & Complaints

SOP Reference: TM-CC-SOP-001

#### Document Control

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<b>Approved By</b>	Chief Operating Officer

# 1. Purpose and Scope

## 1.1 Purpose

This Standard Operating Procedure (SOP) establishes the framework, protocols, and behavioural standards required for all Contact Centre agents of Tokio Marine Insurance Bhd to handle customer interactions effectively, consistently, and in full compliance with regulatory requirements.

This document serves as the definitive reference for agents when managing enquiries, processing claims notifications, and resolving complaints across all product lines offered by Tokio Marine Insurance Bhd in Malaysia.

## 1.2 Scope

This SOP applies to:

- All full-time and contract Contact Centre agents
- Team Leaders and Quality Assurance (QA) evaluators
- Back-office support staff who engage directly with customers via written correspondence
- Any third-party outsourced contact centre staff operating on behalf of Tokio Marine

## 1.3 Products Covered

Product Line	Coverage Description
Motor Insurance	Comprehensive, third-party, and roadtax-related enquiries
Personal Accident (PA)	Individual and group PA plans including accidental death and disability
Medical & Health	Hospitalisation, surgical, critical illness, and outpatient coverage
Travel Insurance	Single trip, annual multi-trip, group travel plans
Home & Fire	Houseowner, householder, and commercial fire policies
Marine Cargo	Inland transit and import/export cargo coverage
Liability Insurance	Public liability, product liability, and employer's liability
SME Business Shield	Bundled SME package policies including fire, burglary, and PA

## 2. Agent Conduct and Service Standards

### 2.1 Core Service Values

All agents must embody Tokio Marine's CARE principles in every customer interaction:

Principle	Meaning	In Practice
C – Commitment	Dedicated to customer success	Follow through on all promises made during the call
A – Accuracy	Precise and correct in all responses	Verify information before communicating to customer
R – Respect	Honour every customer's dignity	Use polite language; never interrupt; acknowledge feelings
E – Efficiency	Resolve matters promptly	Aim for first-call resolution; minimise hold time

### 2.2 Communication Standards

#### 2.2.1 Tone and Language

- Always use clear, professional Bahasa Malaysia or English as preferred by the customer
- Avoid insurance jargon without explanation
- Speak at a moderate pace; adjust if the customer requests
- Never argue, raise your voice, or express frustration

#### 2.2.2 Mandatory Call Etiquette

1. Answer all incoming calls within 3 rings
2. Open with the standard greeting (see Section 3.1)
3. Address the customer by name once verified (e.g., 'Yes, Mr. Ahmad...')
4. Place calls on hold only with prior consent; check back every 60 seconds
5. Confirm resolution before closing the call
6. Close with the standard sign-off (see Section 3.1)

**WARNING:** Agents must never provide legal, medical, or financial advice. For complex matters, escalate to the relevant specialist team.

### 2.3 Data Privacy and Confidentiality

Tokio Marine agents operate under the Personal Data Protection Act 2010 (PDPA). Strict compliance is mandatory.

- Never share customer policy or personal details with unverified third parties
- Do not discuss one customer's information with another

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- All calls are recorded for quality assurance and compliance purposes
  - Agents must not save customer data to personal devices

**CRITICAL:** Any suspected data breach must be reported immediately to the Data Privacy Officer and Team Leader. Do not attempt to resolve independently.

## 3. Call Handling Procedures

### 3.1 Standard Greeting and Sign-off Scripts

#### Standard Opening Greeting

"Thank you for calling Tokio Marine Insurance. My name is [Agent Name]. How may I assist you today?"

If customer calls in Bahasa Malaysia:

"Terima kasih kerana menghubungi Tokio Marine Insurance. Nama saya [Nama Ejen]. Bagaimana saya boleh membantu anda hari ini?"

#### After Identity Verification

"Thank you, [Customer Name]. I have verified your details successfully. How may I assist you further today?"

#### Standard Call Closing

"Is there anything else I can assist you with today, [Customer Name]?"

[Pause for response]

"Thank you for contacting Tokio Marine Insurance. Have a wonderful day. Goodbye."

### 3.2 Customer Verification Protocol

Identity verification is mandatory before disclosing any policy information or making changes to a customer account.

#### 3.2.1 Individual Policyholders – Verification Steps

7. Request full name as per NRIC
8. Request NRIC number or Passport number
9. Request date of birth
10. Confirm policy number (if available)
11. Ask one security question from the account record (e.g., registered email address OR registered mobile number)

Two out of five data points must match the system record to proceed. If verification fails after two attempts:

- Inform customer: "For security purposes, I am unable to process this request. Please visit your nearest Tokio Marine branch with valid photo identification."
- Log the failed verification attempt in the CRM system under 'Security Flag'

#### 3.2.2 Corporate / SME Policyholders

12. Request company name and registration number (ROC)

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13. Verify name and designation of the authorised contact person
  14. Confirm the company's registered mobile number or email on file

### 3.2.3 Third-Party Claimants

15. Collect claimant's full name and NRIC
16. Request the Tokio Marine policy number of the insured party
17. Verify vehicle registration number (for motor claims)

Third-party callers are not entitled to access full policy details. Limit information to claim status and required documents.

## 3.3 Hold and Transfer Protocol

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- Always request customer's permission before placing on hold: "May I place you on hold for approximately two minutes while I check this for you?"
- Maximum hold time without checking in: 60 seconds
- If resolution requires more than 5 minutes: offer a callback within 2 business hours
- When transferring: briefly explain the reason, state the department/team name, and stay on the line until the receiving agent confirms connection

## 4. Product Enquiry Handling

### 4.1 Motor Insurance Enquiries

#### 4.1.1 Common Enquiry Types and Responses

Customer Enquiry	Agent Guidance
What does comprehensive motor cover include?	Advise on own damage, third-party bodily injury, third-party property damage, theft, and fire. Emphasise that flood coverage requires an Add-on Rider. Direct to TM website or send product brochure link.
How do I renew my motor policy?	Guide customer to MyTM portal, the TM mobile app, or authorised agents. Confirm NCD entitlement using CRM. Advise to complete renewal at least 7 days before expiry.
What is my No-Claim Discount (NCD)?	Retrieve NCD percentage from CRM system. Explain NCD scale (0%, 25%, 30%, 38.33%, 45%, 55%). Inform that NCD is forfeited upon at-fault claim.
Can I transfer my NCD to a new car?	Confirm NCD transfer is allowed for the same owner. Request vehicle registration and NRIC. Log transfer request in CRM and advise 3-5 business day processing.
How do I add a named driver?	Collect new driver's name, NRIC, date of birth, and driving licence number. Submit endorsement request via CRM. Inform that additional premium may apply.

### 4.2 Medical and Health Insurance Enquiries

**WARNING:** Agents must not confirm medical eligibility or pre-authorisation over the phone without system verification. Always check the Pre-Auth Portal before confirming.

#### 4.2.1 Pre-Authorisation (Pre-Auth) Requests

18. Verify customer identity per Section 3.2
19. Access the Medical Pre-Auth Portal in CRM
20. Confirm: hospital name, ward type, expected admission date, and ICD-10 diagnosis code from the hospital
21. Check policy coverage limits and waiting period status
22. If approved: provide Pre-Auth reference number and guarantee limit
23. If pending: inform customer of 2-4 hour response time; log as 'Pre-Auth Pending'
24. If declined: explain specific reason per system output; advise customer of appeal process

#### Pre-Auth Approval Script

"Your pre-authorisation request has been approved. Your reference number is [PA REF]. The hospital has been informed, and a Letter of Guarantee has been issued for up to RM [Amount]. Please retain this reference number for your records."

### 4.2.2 Panel Hospital Enquiries

- Direct customer to the TM website Panel Hospital locator or advise to check on the MyTM app
- For urgent calls, use the CRM Hospital Search tool to confirm nearest panel hospital by postcode
- Non-panel hospital usage requires a Medical Reimbursement claim after discharge

## 4.3 Travel Insurance Enquiries

Scenario	Agent Response Protocol
Customer asking about coverage while abroad	Confirm travel dates and destination on record. Advise on covered benefits: medical emergency, trip cancellation, baggage loss, and personal accident. Provide 24-hour emergency assistance hotline: 1-800-22-8000.
Purchasing travel insurance for upcoming trip	Note travel dates, destination(s), number of travellers. Guide to TM website or TM app for purchase. Advise on latest travel advisories from MOTAC if destination is high-risk.
COVID-19 related coverage query	Refer to policy schedule for communicable disease clause. Current plans include COVID-19 hospitalisation up to policy limit. Medical evacuation covered if medically necessary.

## 4.4 Home and Fire Insurance Enquiries

### 4.4.1 Sum Insured and Underinsurance

Agents must proactively educate customers on the importance of adequate sum insured to avoid underinsurance penalties.

- Houseowner: cover the rebuild cost of the structure only, not land value
- Householder: cover contents at current market replacement value
- Direct customers to the TM Sum Insured Calculator on the website for accurate estimation

### 4.4.2 Policy Endorsements for Home Products

25. Verify customer identity and retrieve policy via CRM
26. Identify endorsement type: address change, sum insured revision, add/remove coverage
27. Calculate revised premium if applicable and advise customer
28. Obtain verbal confirmation from customer and document in CRM
29. Process endorsement or submit to Underwriting if change exceeds agent authority limit

## 5. Claims Notification and Handling

### 5.1 Claims Intake – General Protocol

When a customer calls to report a claim, the agent must follow the FNOL (First Notice of Loss) protocol without exception, regardless of the claim type.

#### 5.1.1 FNOL Steps

30. Express empathy and reassure the customer
31. Verify identity per Section 3.2
32. Collect all mandatory information per claim type (refer to Sections 5.2–5.5)
33. Assign a Claim Reference Number (CRN) via CRM and communicate to customer
34. Advise on expected next steps and timeline
35. Log call with complete notes and submit FNOL form in CRM within 30 minutes of call completion

#### FNOL Empathy Opening

"I am very sorry to hear about what happened. Please be assured that I will do everything I can to assist you through this process. Let me take down the necessary details to register your claim."

### 5.2 Motor Claims

#### 5.2.1 Accident Claims – Information Required

Information Category	Details to Collect
Incident Details	Date, time, and location of accident; weather conditions; description of how accident occurred
Vehicle Information	Vehicle registration number; make and model; colour; estimated damage description
Third-Party Details	Third-party vehicle registration; driver name and NRIC; third-party insurer name (if known)
Injuries	Whether any person sustained injury; hospital attended if applicable
Police Report	Whether police report has been lodged; report number and police station name
Workshop Preference	TM Authorised Workshop or own workshop (own workshop requires additional approval)

#### 5.2.2 Motor Claims – Key Protocols

- For accidents involving bodily injury or death: immediately escalate to the Senior Claims Handler

- For theft claims: advise customer to lodge police report within 24 hours and return vehicle keys and spare keys to TM workshop
- Windscreen claims: pre-approved for replacement at TM Authorised Windscreen Panel; no police report required
- Towing: customer may request TM towing service via the TM Assist hotline (1-800-22-5555) at no cost

**CRITICAL:** Do not advise the customer to admit liability at the accident scene or in any written communication. This may compromise the insurer's subrogation rights.

## 5.3 Medical and Health Claims

### 5.3.1 Cashless Claims (Panel Hospital)

36. Hospital submits claim directly to TM via the Medical Claims Portal
37. Agent's role: confirm pre-auth reference if customer calls; provide hospital with Claims Unit contact if needed
38. For disputed charges: escalate to Medical Claims Team; do not resolve independently

### 5.3.2 Reimbursement Claims (Non-Panel or Overseas)

Documents required from the customer:

- Completed Medical Claim Form (downloadable from TM website)
- Original hospital bills, receipts, and discharge summary
- Attending physician's report / medical certificate
- Photocopy of NRIC
- Bank account details for reimbursement (banking confirmation letter or first page of bank statement)
- Police report (if applicable – e.g., accidents or crime-related injuries)

Advise customer to submit documents within 90 days of discharge. Processing time: 14 working days from complete document receipt.

## 5.4 Travel Claims

Claim Type	Required Documents
Trip Cancellation	Booking confirmation; proof of cancellation; receipts for non-refundable costs; supporting documentation (e.g., medical certificate if cancelled due to illness)
Baggage Loss / Damage	Property Irregularity Report (PIR) from airline; original receipts or valuation for lost items; police report if theft
Travel Delay	Airline written confirmation of delay duration; boarding passes; receipts for additional accommodation or meals
Medical Emergency Abroad	Hospital bills and discharge summary; treating doctor's report; receipts for all medical expenses; proof of travel (itinerary or boarding pass)

Claim Type	Required Documents
Personal Accident	Medical report; accident report; death certificate and autopsy report (if fatal claim)

## 5.5 Personal Accident Claims

### 5.5.1 Death Claims

39. Express condolences sincerely
40. Collect caller's name, relationship to deceased, and contact number
41. Advise required documents: death certificate, autopsy report (if applicable), NRIC of deceased and beneficiary, original policy document
42. Escalate to PA Claims Senior Handler immediately
43. Set callback appointment for claims counsellor to contact the family within 2 business hours

### 5.5.2 Permanent Disability Claims

44. Request medical reports confirming nature and extent of disability
45. Advise that TM will appoint an Independent Medical Examiner (IME) if required
46. Processing timeline: 30 working days from complete document receipt

## 5.6 Claims Status Enquiries

- Retrieve Claim Reference Number from customer
- Access CRM > Claims Module > Search by CRN
- Communicate current status using standard status language (see table below)
- Do not speculate on claim outcome or provide informal estimates

System Status	Customer-Facing Language	Action Required
FNOL_RECEIVED	"Your claim has been registered and is pending initial review."	None – advise 5 business day review
DOC_PENDING	"We are awaiting your complete documentation before we can proceed."	Remind customer of outstanding docs
UNDER_REVIEW	"Your claim is currently being assessed by our Claims Adjuster."	Advise up to 14 business days
APPROVED	"Your claim has been approved and payment is being processed."	Confirm bank details on file
DECLINED	"Your claim has been assessed and we are unable to proceed with payment at this time. A formal letter will be sent explaining the reason."	Offer appeals information
CLOSED	"This claim has been closed. Please advise if you would like to raise a new enquiry."	Log any new concerns

## 6. Complaints Handling Framework

### 6.1 Complaint Classification

All expressions of dissatisfaction from customers must be classified as a complaint, regardless of the terminology used by the customer.

Classification	Description and Examples
Tier 1 – Service Complaint	Complaint about agent behaviour, wait times, incorrect information provided, or communication failure. Resolvable at agent or Team Leader level within 2 business days.
Tier 2 – Process Complaint	Complaint about claim handling delays, incorrect endorsements, billing errors, or policy errors. Requires escalation to Operations Supervisor. Resolution within 7 business days.
Tier 3 – Systemic Complaint	Complaint involving regulatory breach, potential mis-selling, discriminatory treatment, or legal threat. Immediate escalation to Compliance and Legal Team. Resolution within 21 business days.
Tier 4 – BNM / Ombudsman Referral	Customer has escalated to Bank Negara Malaysia (BNM) or Financial Mediation Bureau (FMB). Case managed by Regulatory Affairs Team. Full cooperation required from Contact Centre.

### 6.2 Complaint Receipt Protocol

#### 6.2.1 Immediate Response Steps

47. Acknowledge the complaint without interrupting the customer
48. Apologise for the inconvenience caused (do not admit liability)
49. Confirm the customer's name, policy number, and contact details
50. Summarise the complaint back to the customer for confirmation
51. Inform the customer of the formal complaint process and expected timeline
52. Create a Complaint Record in CRM with full details and classification tier
53. Provide the customer with a Complaint Reference Number (CMPL-XXXXXX)

#### Standard Complaint Acknowledgement Script

"I sincerely apologise for the experience you have had, [Customer Name]. Your feedback is very important to us, and I want to assure you that we take this matter seriously."

"I have registered your complaint under reference number [CMPL-XXXXXX]. You can use this number to track the status of your complaint at any time."

"Our team will investigate this and respond to you within [X] business days. Is [email/phone number on file] still the best way to reach you?"

### 6.3 Handling Specific Complaint Scenarios

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### 6.3.1 Angry or Distressed Customer

- Lower your own voice and slow your speech
- Do not match the customer's emotional intensity
- Use de-escalation phrases:
  - "I completely understand your frustration, and I want to help resolve this for you."
  - "I hear you, and I am going to do everything within my ability to assist."
- Allow the customer to express themselves fully before responding
- If the customer becomes abusive or uses threatening language: invoke the Unacceptable Behaviour Protocol (see Section 6.4)

### 6.3.2 Complaint About Claims Denial

54. Retrieve claim file and denial letter reference from CRM
55. Clearly explain the specific policy exclusion or clause that triggered the denial
56. Provide the customer with the exact clause reference from their policy schedule
57. Inform the customer of their right to appeal within 30 days of the denial letter date
58. If customer disputes the interpretation: log as Tier 2 complaint; refer to Claims Review Committee

### 6.3.3 Complaint About Premium Increase

59. Retrieve policy renewal notice from CRM
60. Explain the factors that may contribute to premium revision: claims history, NCD adjustment, market risk rating, reinsurance cost changes
61. Do not negotiate premiums independently – escalate to Underwriting for premium review requests
62. If customer is dissatisfied: offer to schedule a call with a Senior Account Manager

### 6.3.4 Complaint About Agent Misconduct (Previous Interaction)

63. Listen carefully and document verbatim account of the alleged misconduct
64. Do not defend or comment on the conduct of the other agent
65. Classify as Tier 3 complaint and escalate immediately to Team Leader
66. Advise customer that the matter will be investigated and a response provided within 7 business days
67. QA Team to review call recording of the interaction in question within 24 hours

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## 6.4 Unacceptable Behaviour Protocol

Tokio Marine is committed to protecting the welfare of our Contact Centre agents. The following behaviours constitute unacceptable conduct and trigger the Unacceptable Behaviour Protocol:

- Use of obscene, vulgar, or abusive language
- Personal threats or threats of violence
- Discriminatory or harassing remarks
- Repeated harassment calls with no genuine service purpose

### 6.4.1 Protocol Steps

68. Issue a calm verbal warning: "I would like to assist you, but I must ask that we continue this conversation respectfully. I am unable to continue this call if abusive language continues."
69. If behaviour continues: "I am ending this call now. You are welcome to contact us again or write to us at [email]. Thank you. Goodbye."
70. Terminate the call
71. Log the call as 'Unacceptable Behaviour' in CRM with a full account of the language/threats used
72. Notify Team Leader immediately
73. Complete an Agent Welfare Incident Form within 1 hour

## 6.5 Complaint Resolution and Closure

Tier	Resolution Timeline & Closure Criteria
Tier 1	Resolution within 2 business days. Agent or Team Leader sends written resolution (email or letter) and confirms customer satisfaction. CRM status set to CLOSED.
Tier 2	Resolution within 7 business days. Operations Supervisor sends formal written response. Customer given 14-day window to accept or escalate. If no response, case auto-closes.
Tier 3	Resolution within 21 business days. Compliance signs off on response letter. Customer acknowledgement required before closure.
Tier 4	Timeline governed by BNM/FMB process. Regulatory Affairs Team leads. All correspondence archived in Legal Document Repository.

# 7. Escalation Matrix

## 7.1 Escalation Decision Tree

When an agent is unable to resolve a customer matter independently, the following escalation paths apply:

Scenario	Escalate To	Target Response Time
Customer requests Team Leader	Team Leader on duty	Immediately
Complex technical product query	Product Support Desk (Ext. 3100)	Within 5 minutes
Pre-auth query not resolved in portal	Medical Claims Unit	Within 10 minutes
Claim dispute or customer threatens legal action	Claims Supervisor	Immediately
Potential fraud or misrepresentation	Special Investigations Unit (SIU)	Immediately; do not alert customer
Regulatory or compliance concern	Compliance Officer	Within 1 business hour
Media or press enquiry	Corporate Communications	Immediately; do not comment to media
Data breach suspicion	Data Privacy Officer	Immediately
IT system failure affecting service	IT Helpdesk (Ext. 5000)	Within 5 minutes

## 7.2 Key Internal Contacts

Department / Team	Contact
Contact Centre Operations	Ext. 3000   cc.ops@tokiomarine.com.my
Motor Claims Unit	Ext. 3200   motorclaims@tokiomarine.com.my
Medical Claims Unit	Ext. 3300   medclaims@tokiomarine.com.my
Travel & PA Claims	Ext. 3400   travelclaims@tokiomarine.com.my
Underwriting – Motor	Ext. 3500
Underwriting – Non-Motor	Ext. 3600
Special Investigations Unit	Ext. 3700   siu@tokiomarine.com.my
Compliance & Legal	Ext. 3800
Data Privacy Officer	Ext. 3810   dpo@tokiomarine.com.my
IT Helpdesk	Ext. 5000   ithelpdesk@tokiomarine.com.my

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Department / Team	Contact
TM Assist (24/7 Roadside)	1-800-22-5555
Emergency Medical Assist	1-800-22-8000

## 8. System and Tools Usage

### 8.1 CRM System (Salesforce)

The CRM is the single source of truth for all customer data. Agents must update all interaction records in real time.

#### 8.1.1 Mandatory CRM Actions

- Open a new Activity Log at the start of every customer interaction
- Select the correct Queue and Interaction Type before saving
- Record the full account of the interaction in the Notes field in plain English
- Tag all interactions with the relevant product line and sub-topic
- Close the Activity Log within 10 minutes of call completion (ACW – After Call Work time)

#### 8.1.2 CRM Navigation – Key Modules

Module	Primary Function
Policy Search	Search customer policy by policy number, NRIC, vehicle registration, or name
Claims Module	Register FNOL, track claims status, assign CRN, upload documents
Complaint Register	Log complaints, assign CMPL reference, track tier and resolution status
Pre-Auth Portal	Submit and track pre-authorisation requests for medical claims
Document Library	Access product brochures, claim forms, and SOP reference documents
Agent Dashboard	Live queue metrics, SLA alerts, and personal performance KPIs

### 8.2 Quality and Compliance Tools

- NICE WFM: Workforce management and scheduling. Agents must check NICE for shift assignments daily.
- Avaya Call Recording: All calls are auto-recorded. Agents must not attempt to disable or circumvent recording.
- Quality Scorecard (QA Portal): QA team uploads evaluations weekly. Agents are expected to review scores and complete coaching actions within 5 business days.

## 9. Regulatory Compliance Requirements

### 9.1 Bank Negara Malaysia (BNM) Guidelines

Tokio Marine is licensed and regulated by Bank Negara Malaysia. All contact centre operations must adhere to BNM's guidelines on:

- Fair treatment of financial consumers (BNM/RH/PD 028-2)
- Anti-Money Laundering and Anti-Terrorism Financing (AML/ATF) – agents must flag unusual customer requests
- Guidelines on Financial Consumer Protection (GFCP)

### 9.2 Anti-Money Laundering Indicators

Agents must remain vigilant for the following suspicious behaviour and report immediately to the AML Compliance Team (Ext. 3805):

- Customer requests to pay premium via cash in unusually large amounts
- Third party paying premium on behalf of customer with no clear relationship
- Requests to redirect claim payments to a third-party bank account
- Customer unable or unwilling to provide verification documents
- Inconsistent information across different contact points

**CRITICAL:** Do not alert the customer if you suspect AML activity. File a Suspicious Transaction Report (STR) via CRM > Compliance > STR Form and notify the AML team immediately.

### 9.3 Treating Customers Fairly (TCF) Framework

Under the TCF framework mandated by BNM, Tokio Marine is committed to the following six outcomes:

74. Customers are confident they are dealing with a firm where fair treatment is central
75. Products and services marketed are designed to meet the needs of identified customer groups
76. Customers are given clear information before, during, and after point of sale
77. Advice given is suitable and takes into account individual circumstances
78. Customers are provided with products that perform as expected
79. Customers do not face unreasonable barriers to claim, switch products, or complain

# 10. Performance Standards and KPIs

## 10.1 Service Level Targets

KPI Metric	Target
Service Level (SL)	85% of calls answered within 30 seconds
Average Handle Time (AHT)	Motor & General: ≤ 6 minutes   Medical: ≤ 8 minutes   Complaints: ≤ 12 minutes
First Call Resolution (FCR)	≥ 75%
After Call Work (ACW)	≤ 10 minutes
Customer Satisfaction (CSAT)	≥ 4.2 out of 5.0 (post-call survey)
Net Promoter Score (NPS)	≥ +35
Quality Assurance Score	≥ 85% per monthly evaluation
Complaint Closure Rate	≥ 90% within stipulated SLA per tier
Call Abandonment Rate	≤ 5%

## 10.2 Quality Evaluation Criteria

Each evaluated call is scored across the following dimensions:

Evaluation Category	Weightage
Verification and Security Protocol	20%
Product Knowledge Accuracy	20%
Compliance Adherence	20%
Communication and Tone	15%
CRM Accuracy and Completeness	15%
Resolution and Call Closure	10%
Customer Experience (Empathy/Flow)	10%

# 11. Special Scenarios and Emergency Procedures

## 11.1 Handling Bereaved Callers

- Immediately acknowledge the loss with genuine empathy
- Do not rush the caller through verification; allow time for composure
- Avoid scripted language that may feel impersonal
- Offer to call back at a more suitable time if the caller is too distressed
- Ensure the Deceased Policy Flag is set in CRM immediately to prevent future automated marketing contact
- Provide information on death claim process gently and clearly (see Section 5.5.1)

## 11.2 Handling Vulnerable Customers

Tokio Marine recognises that some customers may be in vulnerable situations due to age, disability, mental health, language barriers, or financial distress. Agents must:

80. Identify potential vulnerability indicators: confusion, distress, language difficulty, hearing impairment, cognitive challenges
81. Slow communication pace and use simpler language
82. Offer to send a written summary of the call for customer reference
83. Offer to have a trusted representative present (subject to verification)
84. Flag the account in CRM as 'Vulnerable Customer' for future agent awareness
85. Refer to Team Leader for complex cases involving elderly customers with potential financial exploitation

## 11.3 System Downtime Contingency

In the event of a CRM or telephony system outage:

- Agents are to switch to the Manual Interaction Log (Excel template stored on the shared drive: \\TM-CC-SERVER\Contingency\ManualLog.xlsx)
- Record all customer interactions manually with full details
- Notify the IT Helpdesk (Ext. 5000) and Team Leader immediately
- Resume normal CRM logging within 2 hours of system restoration; manual logs must be migrated within 24 hours

**NOTE:** Do not communicate system downtime to customers. Advise: "We are currently experiencing some system delays and appreciate your patience."

## 11.4 Business Continuity – Pandemic or Emergency Protocols

During declared emergencies or business continuity events:

- Follow the current BCP (Business Continuity Plan) directive issued by Contact Centre Operations
- Work-from-home agents must use the VPN and cloud telephony system as configured by IT

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- All PDPA obligations remain fully in effect during BCP operations
  - Call recording must remain active at all times

## 12. Training, Onboarding, and Knowledge Management

### 12.1 New Agent Onboarding Programme

Training Phase	Content and Duration
Week 1 – Induction	Company overview, values, PDPA, code of conduct, IT systems setup, CRM fundamentals. Duration: 5 days.
Week 2 – Product Training	Motor, Medical, Travel, PA, Home product features and common enquiries. Duration: 5 days.
Week 3 – Process Training	Claims FNOL process, complaints framework, escalation matrix, QA criteria. Duration: 5 days.
Week 4 – Nesting Period	Live calls under supervision of a senior buddy agent. Full QA evaluation on day 20. Duration: 5 days.
Months 2–3 – Probation	Monitored performance; weekly coaching sessions; minimum 85% QA score required to confirm appointment.

### 12.2 Ongoing Training Requirements

- Monthly product knowledge refresher (mandatory)
- Quarterly compliance and regulatory update session (mandatory)
- Annual AML/ATF awareness training (mandatory; certificate required)
- Annual PDPA refresher (mandatory)
- Soft skills and de-escalation workshops (semi-annual, recommended)

### 12.3 Knowledge Base Usage (Internal Chatbot)

This SOP serves as the primary source document for the Tokio Marine Internal Knowledge Base Chatbot. Agents interacting with the chatbot should:

- Use specific keywords: product name, claim type, scenario description for accurate retrieval
- Reference the chatbot for scripting guidance, document checklists, and escalation paths
- Report any incorrect or outdated chatbot responses to the Knowledge Management Team via [km@tokiomarine.com.my](mailto:km@tokiomarine.com.my)
- Do not rely solely on the chatbot for regulatory or legal matters – always verify with compliance

# 13. Document Control and Version History

## 13.1 Document Ownership

This document is owned by the Head of Contact Centre Operations and must be reviewed annually or upon any significant regulatory, product, or process change.

## 13.2 Version History

Version	Date	Summary of Changes
1.0	1 January 2023	Initial release of Tokio Marine Contact Centre SOP
1.1	15 March 2023	Added Section 4.3 – Travel Insurance COVID-19 coverage guidance
1.2	1 July 2023	Updated escalation matrix with SIU contact details; revised AHT targets
2.0	1 January 2024	Major revision: added Vulnerable Customers section, TCF framework, BNM GFCC alignment; restructured complaints tiers
2.1	1 January 2025	Updated KPI targets; added SME Business Shield product to scope; added Internal Chatbot usage guidance in Section 12.3

## 13.3 Acknowledgement

All Contact Centre agents are required to acknowledge receipt and understanding of this SOP upon commencement of employment and upon each major version update. Acknowledgement is recorded in the HR Learning Management System (LMS).

Prepared By	Reviewed By	Approved By
Contact Centre Operations Manager	Head of Contact Centre Operations	Chief Operating Officer
Signature: _____	Signature: _____	Signature: _____
Date: _____	Date: _____	Date: _____