



EIOPA-CCPFI-12-037  
November 2012

**Methodology Report  
for  
Collecting, Analysing and Reporting  
on  
Consumer Trends**

## **1. Executive Summary**

### **1.1 Overview**

According to Article 9 (1)(a) of the Regulation establishing EIOPA , the Authority “shall take a leading role in promoting transparency, simplicity and fairness in the market for consumer financial products or services across the internal market, including by: ... (b) collecting, analysing and reporting on consumer trends”.

In addition, under “Tasks and powers of the Authority” according to Article 8, the “Authority shall have the following tasks: ... (h) to foster the protection of policyholders, pension scheme members and beneficiaries”.

Moreover, Article 35 of the same Regulation provides a general basis for the collection of information. At the request of EIOPA, NSAs “shall provide [EIOPA] with all necessary information to carry out the duties assigned to it by this Regulation, provided that they have legal access to the relevant information and that the request for information is necessary in relation to the nature of the duty in question”.

To meet the above objectives, in order to develop a regular consumer trends report for the insurance sector, EIOPA has developed a methodology for producing the annual Consumer Trends Reports. This report has focused on the insurance sector and could be extended to include the pensions sector at a later date.

This report describes the methodology for collecting, analysing and reporting on consumer trends and also how the methodology was developed. A Methodology sub-group was formed by the Committee on Consumer Protection and Financial Innovation (CCPFI) in early 2012 for this purpose. It is intended that consumer trends will be used to identify key consumer protection issues.

### **1.2 Goals of the methodology workstream**

The work stream had three objectives, namely to:

- establish a framework for the collection of consumer trends information from National Supervisory Authorities (NSAs), including:
  - exploring possible data sources;
  - checking availability of the data; and
  - considering the level of comparability for the available data;
- develop a methodology to collect and analyse the consumer trends information; and
- agree a process for writing a report on the consumer trends identified from the information gathered and the analysis conducted.

### **1.3 Development of the methodology**

EIOPA seeks to collect data where it may be a useful indicator of a consumer trend and where a significant number of Member States have the data available.

A questionnaire was used to explore what information is available at members NSAs. The questionnaire covered the following areas: complaints, sales, product innovation, financial promotion and thematic work.

From the responses to the questionnaire, it was clear that not all members collect information in the relevant areas for consumer trends and (where they do), there are variances in the types and format of the information/data being collated.

#### **1.4 Proposed methodology**

The sub-group has developed a methodology to allow EIOPA to collect, analyse and report on consumer trends on an annual basis.

However, there are a number of challenges involved, principally concerning data collection. The sub-group discovered that:

- The quantitative data available from Member States varies considerably; many Member States do not collect data in all the areas (for example, on advertising); and,
- The quantitative data set is **not harmonised**; so even where the data is available, it is not collected and categorised using a harmonised approach.

To address the first point, EIOPA intends to collect both qualitative data and quantitative data via pre-defined templates, to provide a broader context to its analysis. This will include reports on thematic work conducted by NSAs, in addition to them also being asked to identify the top three consumer protection issues in their respective jurisdiction for the given reporting period. This is designed to capture the experience of Member States especially those with limited available quantitative data. Guidelines and definitions will be issued to NSAs to ensure data will be collated consistently.

The sub-group has also developed two types of templates for quantitative data collection, one on sales and another on complaints (examining complaints from three sources: from firms, national competent authorities and ombudsmen). These are designed to allow NSAs to provide data in a format which is comparable at a high level. We are aware that data also depends on the underlying reality – for example, given the very different role of ombudsmen in the different countries, this will impact the number of complaints they collect. To aim towards consistent data collection and analysis, Member States will be given guidelines (for example, on product and cause of complaint). Supplying EIOPA with data on consumer trends information by NSAs will be an annual exercise and on a best efforts basis.

EIOPA is committed to adopting an approach to data analysis which is not only robust but also collaborative, and allows for meaningful input from all members. Under the methodology, it is proposed that the data collation, data analysis and drafting of the report will be conducted by EIOPA staff together with the Consumer Trends sub-group, with oversight from the Committee for Consumer Protection and Financial Innovation (CCPFI).

This methodology report also details other proposed issues which arose during the course of scoping the work, template development and/or as part of the sub-group discussions, for the CCPFI's consideration. While these did not form part of the main report, they were considered necessary for reference as they may impact future reports.

## **2. Introduction**

### **2.1 Legal background for reporting on consumer trends**

According to Article 9 (1)(a) of the Regulation establishing EIOPA<sup>1</sup>, the *Authority "shall take a leading role in promoting transparency, simplicity and fairness in the market for consumer financial products or services across the internal market, including by: ... (b) collecting, analysing and reporting on consumer trends"*.

In addition, according to Article 8, under "Tasks and powers of the Authority", the "Authority shall have the following tasks: ... (h) to foster the protection of policyholders, pension scheme members and beneficiaries".

Moreover, Article 35 of the same Regulation provides a general basis for the collection of information. At the request of EIOPA, NSAs *"shall provide [EIOPA] with all necessary information to carry out the duties assigned to it by this Regulation, provided that they have legal access to the relevant information and that the request for information is necessary in relation to the nature of the duty in question"*.

### **2.2 EIOPA's approach to defining Consumer Trends**

Article 9 of EIOPA Regulation does not define the term "consumer trends" so in conducting its work in this area, EIOPA has focused on the evolutions in consumer behaviour in the insurance markets in particular to the relationship between consumers and undertakings (including where relevant, insurance intermediaries) that are significant regarding their impact or their novelty. "Trends", is therefore taken here to be, for example, evolution in volume, in the way that the relationship between customers and undertakings is determined, and also evolutions that are only emerging in the market which can play a significant role in the future.

EIOPA seeks to collect data where it may be a useful indicator of a consumer trend and where a number of Member States have the data available, by implementing a well-structured process for 'collecting, analysing and reporting on consumer trends'. The CCPFI thus established a methodology workstream for this purpose.

In this methodology, EIOPA takes both an ex post and ex ante approach to consumer trends. From complaints and thematic work, we may gain information ex post on consumer trends; and from the top three issues, the information on consumer trends may be ex ante.

### **2.3 Data availability survey**

In 2011, the CCPFI produced an initial overview of key consumer trends. This year's approach is based on a questionnaire to explore the types of data NSAs collect, as well as the frequency and format in the insurance sector.

Initially, the sub-group conducted a desk-based review of national practices in four Member States that volunteered (Germany, France, Hungary and the UK) concentrating on five main areas (complaints, innovative product features, advertising, distribution channels/sales and thematic work), from which consumer trends could be derived.

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<sup>1</sup> REGULATION (EU) No 1094/2010 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 24 November 2010 establishing a European Supervisory Authority (European Insurance and Occupational Pensions Authority), amending Decision No 716/2009/EC and repealing Commission Decision 2009/79/EC

The approach of the four Member States was found to be diverse so, with the approval of the CCPFI, the sub-group developed a 'Consumer Trend Methodology Questionnaire' (which included the five possible sources of consumer trends data listed above). The questionnaire can be found in Appendix 1. This was used to explore the approach of each NSA with regard to consumer trends data collection. A summary of the survey findings is set out in the following section.

## **2.4 Data availability survey – results**

### **2.4.1 Complaints**

The sub-group believes complaints can be a reliable source of information on consumer protection issues because they indicate possible problems with products/firms and/or possible issues of consumer detriment.

#### **Complaint data availability/breakdown**

The questionnaire on complaints focused on three main sources where complaints information might be collected in Member States including complaints to an Ombudsman/Arbitrator; complaints reported by the consumer directly to the NSA; and complaints reported by the Insurance Undertaking.

The key findings are summarised below:

- 11 NSAs reported that they collect data from firms on complaints;
- 23 NSAs reported that they have an Ombudsman dealing with insurance related complaints, 13 of which the data were made available; and
- 29 NSAs reported that they receive complaints directly from consumers about firms/products, with 23 collecting data on these complaints.
- The cause of complaints (for example, claims or commission and charges) is another source of information because 15 NSAs reported that they collect the information.

A more detailed breakdown of this information is contained in Appendix 2.

In view of the above and based on the analysis of this information contained in Appendix 2, we believe the best way to capture complaints information is to use the categories mentioned in this section which will then be further broken down by complaint cause, type of firm and type of product.

### **2.4.2 Sales**

The sub-group believes that trends in sales volumes, both in number of policies and gross written premium are key indicators of consumer trends.

#### **Sales data availability/breakdown**

In summary, the key issues, as illustrated in the Appendix 3 include:

- 21 NSAs indicated that they collect data on sales volumes; and
- NSAs split this data in different ways, but 18 NSAs are able to provide data split by product type, at least showing a split between life and non-life, and in some cases, giving a more granular product split.

#### **Sales profitability**

As further elaborated in Appendix 3, 15 NSAs told us that they collect information on profitability. Of these, 10 NSAs are able to break down the data, either by class of business or product type.

It is not clear whether the data collected on profitability is the same between Member States and that even where it is the same, if it is calculated based on the same definitions of terms, and with the same methodology. For these reasons, this data has not currently been included in this data collection exercise. Similarly some NSAs collect data on remuneration, however this was excluded for the same reasons to that of the profitability question as outlined above.

### **2.4.3 Thematic Work**

EIOPA is keen to obtain a fuller picture of consumer trends across all Member States and therefore it intends to collect qualitative data alongside the quantitative data. This should provide a broader context to its analysis of consumer trends, especially in those Member States where there is limited quantitative data.

#### ***Thematic work information availability/breakdown***

As further detailed in Appendix 4, thematic work conducted by NSAs is an important source of such qualitative data.

- 23 Member States indicated that they carry out thematic work on insurance topics.
- The most important reasons for NSAs to start thematic work are supervisory observations, complaints, issues identified, media attention or a proposed new legislation.
- Thematic work is seldom initiated based solely on quantitative data, or the emergence of a new product. Thematic work can spring from outside information (from consumer associations or other agencies) as well as from other factors.

#### ***Information sources for thematic work***

The most important source of information for thematic work is ad hoc data collection; however, it seems that NSAs use other sources just as frequently. For example, the use of market research, in the form of consumer surveys and mystery shopping was identified as a source of thematic work.

#### ***Examples of thematic work from last year***

On the basis of the replies to the questionnaire, 23 countries are expected to provide input on thematic work. Of the previously defined categories in the questionnaire, a large number of countries mentioned thematic work carried out on disclosure (17), quality of advice (16) and financial promotions (8). Other thematic works related to certain types of insurance (9), claims-handling (4), improving certain technical provisions (5), other conduct issues (4) and education (1).

### **2.4.4 Product Innovation and Advertising**

Regular data collection is rare in these areas as the replies to the questionnaire showed.

- 17 NSAs said they collected data on product innovation. Most NSAs however collect this information only on an ad hoc basis.
- 15 NSAs confirmed that they monitor firms' financial advertising and 7 of them do so by using a commercially available package.

Data on product innovation is most likely to be available as a result of general supervisory activity (e.g. companies reporting) and specific information is most likely to come from thematic work, on-site inspections or complaints.

Monitoring advertisements does not seem to be a regular exercise as only a handful of countries reported performing this activity regularly. It is interesting to know, however, that four countries (France, Hungary, Portugal and Ireland) have daily monitoring in place.

Furthermore, the main reason that most NSAs conduct this kind of monitoring is to assess compliance with rules on financial promotions. Only eight NSAs monitor advertising in order to help determine sales trends, or improve knowledge of product innovation. It is clear that most Member States do not collect quantitative data on advertising for the purposes of assessing consumer trends. However, it was reported that eight countries carry out thematic work in this field, so it seems to be best explored under that framework at this stage.

#### **2.4.5 Other sources of data**

##### ***Using data from other sources in order to identify consumer trends***

Nearly half of the NSAs (13 out of 30) stated that apart from the sources explored in detail by the questionnaire, they collect information from other sources as well: industry associations, consumer groups, commercial providers and regulators.

In addition, EIOPA intend to ask the members of its Insurance and Reinsurance Stakeholders Group (IRSG) to provide their top three consumer trends issues in the same manner as Member States.

#### **2.5 Conclusions**

There are a number of challenges involved in developing a methodology for EIOPA to collect, analyse and report on consumer trends. Quantitative data available from Member States varies considerably; many Member States do not collect data in all the areas; and, even where quantitative data is available, it is not collected and categorised using a harmonised approach. Another challenge is in assessing the relative importance of different trends, and how would or should the information be weighted from the different sources.

However, given the relatively high volume of thematic work and emerging data on sales and complaints, there are opportunities to develop a methodology which combines both qualitative data and quantitative data, to provide a broader context to its analysis. This will include:

- quantitative data on sales and complaints using standardised templates; and
- qualitative data including reports on thematic work conducted by NSAs, in addition to them also being asked to identify the top three consumer protection issues in their respective jurisdiction for the given reporting period.

A more detailed examination of these templates, guidelines/definitions and approaches has been included in Section 3.

### **3. Proposed Reporting Templates**

In view of the issues above, the content, structure and suggested process for using the reporting templates are as follows:

### **3.1 Complaints template**

The proposed complaints template is outlined in Appendix 7 and asks NSAs to provide data on complaints from three sources:

- complaints reported by firms to the NSA;
- complaints made by consumers to an Ombudsman or Arbitrator; and
- complaints made by consumers to the NSA.

In each area, the NSA is asked to provide the total number of complaints received, during the reporting period. Where possible, NSAs should split the data by complaint cause, firm type and product type.

NSAs are also asked to provide commentary (for example, on how complaints are handled, or whether firms report to NSAs all complaints received or just some) to help the analysis.

### **3.2 Sales template**

The proposed sales template (outlined in Appendix 8) asks NSAs to provide sales data in two ways: by number of products sold and gross written premium.

In each case, NSAs are asked to break down the data where possible, first by splitting the data between life and non-life insurance, and then by product types. We have chosen to use a small number of high level products based on the Solvency II categories, identical to the ones used for complaints.

Firms are also asked to provide some commentary for the numbers to assist EIOPA in its analysis. For example, NSAs might want to explain whether they collect data from all regulated firms or if the data include commercial as well as retail businesses.

### **3.3 Thematic work template**

In order for EIOPA to obtain a fuller picture of consumer trends across all Member States, it intends to collect qualitative data alongside the quantitative data. This should provide a broader context to its analysis of potential consumer trends, especially in those Member States where there is limited quantitative data. Thematic work conducted by NSAs is an important source of such qualitative data.

NSAs will be asked to complete a template (outlined in Appendix 9) for each piece of thematic work completed within the last calendar year on consumer protection or financial innovation topics that may lead to insights regarding consumer trends.

NSAs are asked to set out the method of review (e.g. desk-based, on-site, etc.), the outcomes and key findings of the work, next steps and the implications of the findings from the thematic work on EU legislation (if any).

### **3.4 Questionnaire for identifying key issues in NSAs (top three issues)**

The sub-group believes that just quantitative data alone may not give the full picture at national level. Therefore the expert judgement of NSAs is necessary to complement the quantitative information available.

The sub-group agreed to ask NSAs to fill in a short questionnaire (outlined in Appendix 10) on the three most important issues for them in the area of consumer protection. This may not be in the form of hard evidence. This can include, but is not limited to evidence from: general supervisory activity, results



from inspections/reviews, data from Ombudsman, evidence from other research and/or market intelligence sources (social media) and media reports etc.

We also intend to ask the EIOPA Insurance and Reinsurance Stakeholders Group (IRSG) to complete the same template

#### **4. Analysis and Reporting**

EIOPA intends to collect consumer trends information on an annual basis.

##### **4.1 Initial data collection**

All Member States will be asked to collate sales, complaints and thematic work data, and the top three issues by 31<sup>st</sup> March 2013 on a best efforts basis.

##### **4.2 Validation and collation of collective member state data**

Accuracy and consistency checks will need to be completed on the data received from Member States after the deadline for submission. Any queries will be referred back to the data provider Member State for clarification. This needs to be completed before the analysis can begin.

From April to end of May 2013, EIOPA will, with support of the Consumer Trends sub-group:

- collate and clean the data collected,
- produce a master data sheet, showing all the quantitative sales data
- produce three master data sheets showing complaints data;
- provide a summary document giving an overview of all the “top three” consumer trends issues; and
- give a breakdown of all the thematic work conducted by Member States.

##### **4.3 Data analysis**

During June 2013, EIOPA will analyse the data collected with support of the Consumer Trends sub-group.

It is proposed that we will take a two-phased approach to this work by:

- looking for pan-European trends within each data area (sales, complaints by individual channel and collectively, thematic work and top 3 issues); and
- examining any correlations between the variables on a pan European level.

EIOPA with the sub-group will then produce a summary of high level consumer trends for consideration by the CCPFI in their July meeting.

##### **4.4 Preparation of the Consumer Trends Report**

After the CCPFI has approved the identified high level consumer trends, between July and August 2013, a report on consumer trends will be drafted and reviewed by the sub-group. The draft produced will be submitted to the CCPFI meeting in September 2013 and a final report will be prepared in September/October 2013. This report will again be submitted to the November 2013 CCPFI meeting and then sent to the Board of Supervisors for their approval in November 2013. Along with the Consumer Trends Report, the CCPFI and the sub-group will formulate recommendations for the BoS if any action needs to be taken in regard to the identified consumer trends.

##### **4.5 Publication of the Consumer Trends Report**

In November 2013, EIOPA will publish its first Consumer Trends Report (2012) produced by the methodology explained here.

#### **4.5 Timeline**

The table below sets out a proposed timeline for collecting, analysing and preparing EIOPA's report on consumer trends, giving further detail on how each action is to be completed and allocating an owner for each action, where possible. The table also indicates the points at which updates will be given to the CCPFI, in order to ensure that the process has the appropriate governance oversight.

#### **4.6 Key dependencies**

The key dependencies to the outlined timetable concern the availability of data and that of EIOPA resources:

- (a) Availability of data by April: this key dependency will be whether NSAs will have the data available to complete the templates; and
- (b) Staff resource availability for data processing and analysis in April-July and the drafting of the report in July-August.

## 5. Consumer Trends Methodology – Timeline

| Month            | Actions   | How?   | Who?                                | CCPFI                | Comments   |
|------------------|---|--|-------------------------------------|----------------------|--|
| Nov 2012         | BoS approval<br>Distribute methodology and templates to Member States and IRSG (for top three issues) | e-mail   | EIOPA                               |                      |  |
| Jan 2013 onwards | NSA prepare data  |  | NSAs                                |                      |  |
| Feb 2013         |   |  | EIOPA                               | Feb meeting - update |  |
| End Mar          | Deadline for submission of data via templates   | Excel spreadsheets<br>Word documents   | NSAs                                |                      | KEY dependency: data may not be available yet                  |
| Apr 2013         | Validation and collation of data  |  | EIOPA                               | Apr meeting - update | Update CCPFI on number of Member States who has submitted data |
|                  | Input from EIOPA stakeholders   |  | IRSG                                |                      |  |
| Apr-Jun 2013     | Analyse data  | <ol style="list-style-type: none"> <li>1. Review all thematic work (c150), and produce summary matrix</li> <li>2. Produce master data sheet for complaints and sales figures</li> <li>3. Produce master data sheet for top three issues (30) and summary matrix</li> <li>4. Identify high level consumer trends</li> <li>5. Review by</li> </ol> | EIOPA with Consumer Trends subgroup |                      | Key dependency: resources for analysis                         |

| Month             | Actions  | How?  | Who?                | CCPFI  | Comments  |
|-------------------|--|---|---------------------|--|---|
|                   |  | subgroup  |                     |  |   |
| Jul 2013          |  |   | EIOPA               | Jul meeting – approval of identified high-level trends |   |
| Jul-Aug 2013      | Write report   | 1. Draft individual sections<br>2. Review at subgroup meeting   | EIOPA with Subgroup |  | Key dependency: resources for drafting the report |
| Aug 2013          | Submit draft report to CCPFI                           |   | EIOPA with subgroup | Sep meeting – review draft report                      |   |
| Sep-Oct 2013      | Finalise report  | Incorporate comments from September CCPFI meeting   | EIOPA               |  |   |
| Oct 2013          | Submit final report to CCPFI                           |   | EIOPA               | Oct meeting – review final report                      |   |
|                   |  | Incorporate comments from CCPFI   |                     |  |   |
| Nov 2013          | Submit report with recommendations to BoS for adoption |   | EIOPA               |  |   |
| Dec 2013          | Publication of the report                              |   | EIOPA               | Dec meeting – update                                   |   |
| Dec 2013/Jan 2014 | Lessons learned  | Review 2013 process<br>Consider new data for future years<br>Consider template improvements for next year and onwards | EIOPA with Subgroup |  |   |

## **6. *Suggestions for future consideration/next steps***

The work stream has identified some issues for further consideration, or steps to be taken after the first year's experience of collecting, analysing and reporting on consumer trends.

1. Review or refine methodology including the templates;
2. Review timeline and actions for future reports;
3. Review the variables used for comparisons, trends identification, and analysis of data on consumer trends;
4. Harmonise data - the previous sections suggest that the use of quantitative evidence can be further improved if Members States would agree on a certain level of harmonisation. Developing common categories for the quantitative templates would help to reduce any inconsistencies in the data, and may make it easier for Member States to put their own work into perspective; and
5. Consider other sources of data.

## Appendix 1

### Consumer Trends Methodology Questionnaire

#### I. Complaints

1. Do you collect data **from firms** on complaints? Y/N
2. If yes to 1, how is the data collected? Customised in-house IT system, Commercially available system/package, Spreadsheet, Written submissions, Other  
If other, please specify.
3. If yes to 1, how often do you collect complaints data from firms? Ad hoc, monthly, quarterly, annually, bi-annually, other  
If other, please specify.
4. If no to 1, does another competent authority (excluding an Ombudsman) collect the data? Y/N
5. If yes to 4, do you receive that data from the other competent authority? Y/N
6. If yes to 5, how is the data collected? Customised in-house IT system, Commercially available system/package, Spreadsheet, Written submissions, Other  
If other, please specify.
7. If yes to 1 and/or 6, do firms report the volume of complaints received? Y/N
8. If yes to 7, is the data broken down? Y/N
9. If yes to 8, how is the complaints data broken down? By insurance sector (life / non-life), contract type, complaint cause, distribution channel used when purchasing the insurance contract (phone, face-to-face, internet), Other  
If other, please specify.
10. Do firms report the number of complaints they uphold in favour of the complainant? Y/N
11. If yes to 10, is the data broken down? Y/N
12. If yes to 11, how is the complaints data broken down? ? By insurance sector (life / non-life), complaint cause, distribution channel used when purchasing the insurance contract (phone, face-to-face, internet), Other  
If other, please specify.
13. Where complaints data is broken down by cause of complaint, what categories are these broken into (sales, claims, terms and conditions, commissions and charges, customer service, other)?  
If other, please specify.
14. Do you have an **Ombudsman** dealing with insurance-related complaints in your country? Y/N
15. If yes to 14 does an **Ombudsman** collect data on complaints?
16. If yes to 15, is the data from the Ombudsman available to you? Y/N
17. If yes to 16, how is the data collected? Customised in-house IT system, Commercially available system/package, Spreadsheet, Written submissions, Other-please specify.
18. If yes to 17, is the data broken down? Y/N

19. If yes to 18, how is the complaints data broken down? By insurance sector (life / non-life), complaint cause, distribution means used when purchasing the insurance contract (phone, face-to-face, internet), Other  
If other, please specify.
20. Where complaints data is broken down by cause of complaint, what categories are these broken into (sales, claims, administration, terms and conditions, commissions and charges, customer service, arrears related, other)?  
If other, please specify.
21. Do you receive complaints directly **from consumers** about firms or products? Y/N
22. Do you collect data on these complaints? Y/N
23. If yes to 22, how is the data collected? Customised in-house IT system, Commercially available system/package, Spreadsheet, Written submission, Other-please specify.
24. If yes to 22, is the data broken down? Y/N
25. If yes to 24, how is the complaints data broken down? By insurance sector (life/non-life), complaint cause, distribution channel used when purchasing the insurance contract (phone, face-to-face, internet, etc.), Other  
If other, please specify.
26. Where complaints data is broken down by cause of complaint, what categories are these broken into (sales, claims, administration, terms and conditions, commissions and charges, customer service, arrears related, other)?  
If other, please specify.
27. Do you receive complaints data from **other sources**? Y/N
28. If yes to 27, what sources do you use to collect this information? Open Answer

## **II. Innovative Product Features**

29. Do you collect information on product innovation? Y/N
30. If yes to 28, how often do you collect product innovation data? Ad hoc, monthly, quarterly, annually, bi-annually, other  
If other, please specify.
31. How do you obtain information about product innovation? Thematic investigation, market reviews, supervision, reporting (e.g. new product committees), third parties, financial promotions (pre and post), complaints, risk assessment model, other If other, please specify.
32. What action do you take with the information collected? Warnings, sanctions, further investigation, amending regulation, other-please specify  
If other, please specify.

## **III. Financial promotions / Advertising**

33. Do you monitor financial promotions by firms? Y/N
34. If yes to 33, how is the data monitored? Commercially available system/package, Other  
If other, please specify.

35. If yes to 33, how often do you collect information on financial promotions? Ad hoc, monthly, quarterly, annually, bi-annually, other  
If other, please specify
36. If yes to 33, what forms of financial promotions do you monitor? Print media, broadcast, internet, social media, other-  
If other, please specify.
37. If yes to 33, for what reason do you conduct monitoring? Compliance, sales trends, product innovations, other-  
If other, please specify.
38. If yes to 33, please specify the contracts types for which you monitor advertising! Open answer
39. Do you collect data on spending on financial promotions? Y/N
40. If yes to 39, is that data broken down? Y/N
41. If yes to 40, how is that data broken down? By insurance sector (life/non-life), complaint cause, distribution channel used when purchasing the insurance contract (phone, face-to-face, internet, etc.), Other  
If other, please specify.
42. Do you collect data from consumer organisations/representatives on financial promotions? Y/N
43. If yes to 42, what kind of data do you collect from consumer organisations/representatives? Open answer

#### **IV. Sales and Distribution Channels**

44. Do you collect data on sales volumes? Y/N
45. If yes to 44, how is the data collected? Customised in-house IT system, Commercially available system/package, Spreadsheet, Written submissions, Other-please specify.
46. If yes to 44, how often do you collect this data? Ad hoc, monthly, quarterly, bi-annually, other-please specify.
47. If yes to 44, do you break the data down by sector? Y/N
48. If yes to 47, how is the sector data broken down? By insurance sector (life/non-life), distribution channel used when purchasing the insurance contract (phone, face-to-face, internet, etc.), by type of firm (insurance undertaking, intermediaries, tied agent), Other –  
If other, please specify.
49. Do you collect data on firm remuneration per sale (e.g. fees, charges, commission, etc)? Y/N
50. If yes to 49, how is the data collected? Customised in-house IT system, Commercially available system/package, Spreadsheet, Written submissions, Other  
If other, please specify.
51. Do you collect data on profitability? Y/N
52. If yes to 51, how is the data collected? Customised in-house IT system, Commercially available system/package, Spreadsheet, Written submissions, Other-please specify.
53. If yes to 52, do you break the data down by product type? Y/N
54. If yes to 53, please specify how that data is broken down! Open answer

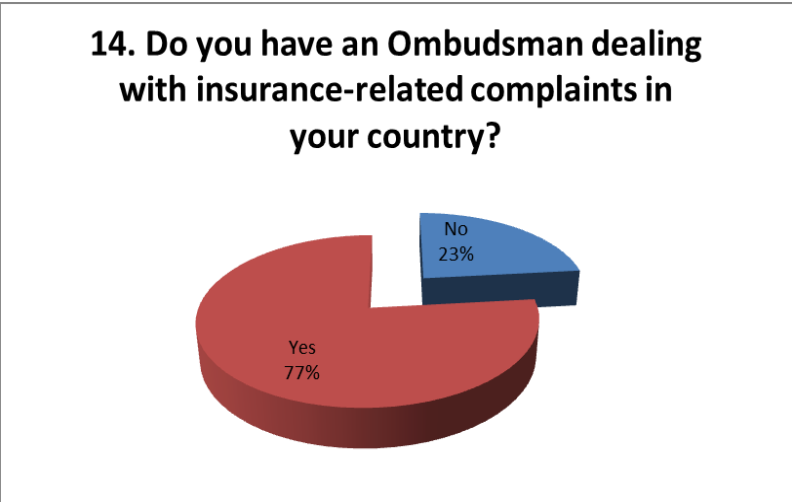
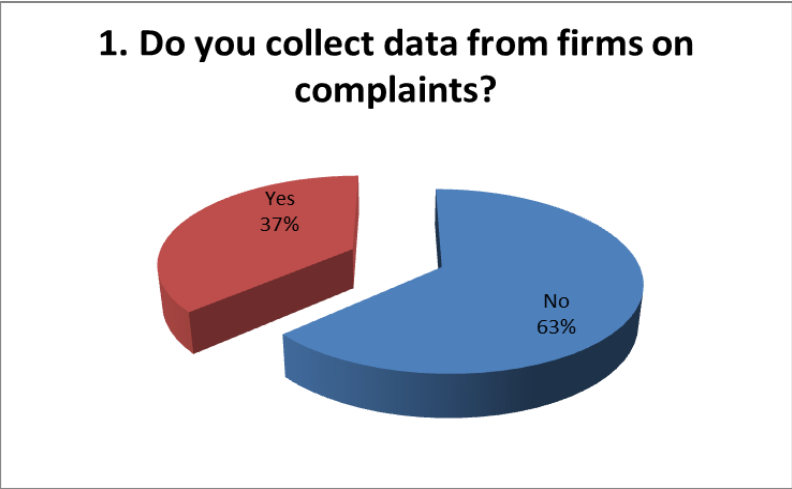


## **V. Thematic Work**

55. Do you do thematic work on insurance topics? Y/N
56. If yes to 55, how do you decide what themes to work on? Complaints data, Insurance contract sales data, Supervision observations, Proposed new legislation, New insurance contract on the market, Media attention, other-  
If other, please specify.
57. What sources of information do you use for your thematic work? Information from firm inspections/investigations, Data collected on a regular basis, Data collected on an ad hoc basis, Information from third parties, Information that is publically available, other-please specify.
58. Please select all examples of thematic work you have undertaken in the last year. (Financial promotions/advertising, Quality of Advice, Disclosure of information to clients/potential clients, Complaint handling, Remuneration incentives, Training & competence of advisors, Insurance contract charges & other features, Insurance Contract market impacts, Market trends in sales, Emerging distribution strategies & technologies, other)  
If other, please specify.
59. Do you use data from third party data providers for the purpose of identifying consumer trends? Consumer groups, regulators, industry associations, commercial providers, other  
If other, please specify.

**Appendix 2**

**Data<sup>2</sup> collected on complaints**



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<sup>2</sup> n = 30 (100%)

### **Complaints data sources**

The questionnaire focused on complaints data from firms, complaints made to an ombudsman, and direct complaints made to NSAs, as shown below<sup>3</sup>.

*Table 1: Availability of Complaints data in Member States (n=30)*

|   | Firm-reported complaints | Ombudsman complaints | Direct complaints |
|---|--------------------------|----------------------|-------------------|
| Data collection at the NSA                | 11                       | 13                   | 29                |
| At least annual data collection frequency | 8                        | 12                   | 29                |
| Data breakdown                            | 8                        | 13                   | 28                |

### **Frequency of complaints data from firms**

For firm reported data, five countries collect annual data, and three further countries collect on a quarterly basis. For ombudsman and direct complaints, the questionnaire implicitly assumed the availability of annual data.

### **Data collection method**

The majority of the authorities collect or receive quantitative data via a customised in-house IT-system. It is likely that complaints data from the ombudsman is in the form of written submissions which may contain limited quantitative data.

### **Data on upheld complaints**

There is data available on upheld complaints for firm reported complaints. These complaints are broken down by life and non-life in five countries<sup>4</sup>. A previous CEIOPS survey showed that the same data is also available for 12 NSAs<sup>5</sup>.

### **Data categorisation**

Member States break down complaints data into the categories as listed below.

*Table 2: Most frequently used categories for complaints data breakdown by number of Member States*

|                            | Firm-reported complaints | Ombudsman related complaints | Direct complaints |
|----------------------------|--------------------------|------------------------------|-------------------|
| Complaint cause            | 8                        | 8                            | 15                |
| By insurance sector        | 7                        | 8                            | 13                |
| Contract type <sup>6</sup> | 5                        | 1                            | 0                 |
| Distribution channel       | 2                        | 4                            | 4                 |
| Insurance company          | 2                        | 4                            | 5                 |

### **Types of insurance contracts**

The breakdown of complaints data according to the type of insurance policy exist in a number of Member States.

<sup>3</sup> There might be other sources of complaints data, as indicated in later paras.

<sup>4</sup> There is also breakdown for complaint cause in 5 Member States, but with no further information.

<sup>5</sup> Overview of Complaints against insurance undertakings, intermediaries and institutions for occupational retirement provision in 2008 CEIOPS-CCP-26/09 January 2010 p 8-9

<sup>6</sup> It is understood that due to the lack of proper definitions some Member States are likely to have misinterpreted "contract types" and reported that breakdown under "insurance sector".

### Diverging classification

However, it was noted that Member States may not use the same categories for classification.

### Breakdown by Complaint Cause

Complaint cause is the most frequently applied breakdown category even though Member States may use different classifications.

Table 3: Complaint causes by number of Member States

|                        | Firm-reported complaints | Ombudsman related complaints | Direct complaints |
|------------------------|--------------------------|------------------------------|-------------------|
| Claims                 | 2                        | 4                            | 8                 |
| Sales                  | 2                        | 2                            | 4                 |
| Terms and conditions   | 2                        | 3                            | 9                 |
| Commission and charges | 2                        | 2                            | 8                 |

Table 4: Breakdown of direct complaint cause at NSAs

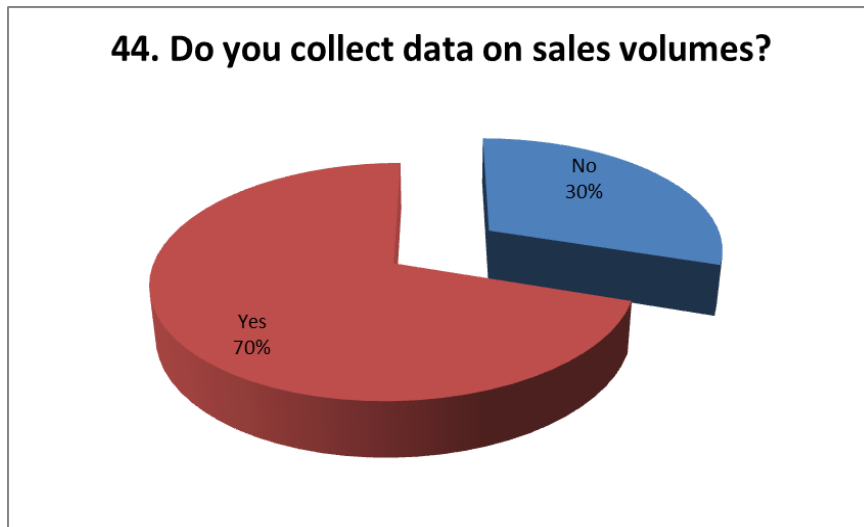
| Category I               | Category II                         | Category III (examples)   | BG | DE | EL | FR | HU | PL | PT | RO | SE | Total for category II | Total for Category I |
|--------------------------|-------------------------------------|---|----|----|----|----|----|----|----|----|----|-----------------------|----------------------|
| Sales                    | Sales general                       |   |    | 1  |    | 1  |    |    | 1  | 1  |    | 4                     | 4                    |
|                          | Other related conduct               | Unfair commercial practices & advertising<br>discriminatory practices |    |    |    |    |    | 1  | 1  |    |    | 2                     |                      |
| Claims related           | Claims - general                    |   | 1  | 1  |    | 1  | 1  |    | 1  | 1  | 1  | 7                     | 8                    |
|                          | Problems with compensation          | no compensation/refusal of the claim                                  |    |    | 1  | 1  |    |    |    |    |    | 2                     |                      |
|                          |                                     | insufficient compensation   |    |    |    | 1  | 1  |    |    |    | 1  | 3                     |                      |
|                          |                                     | delayed compensation<br>performance / lack of return                  |    |    |    | 1  | 1  |    |    | 1  |    | 2                     |                      |
| Terms and conditions     | Terms and conditions - general      |   | 1  | 1  |    | 1  |    |    | 1  | 1  | 1  | 6                     | 9                    |
|                          | Changes in the contract             | insurance coverage  |    |    |    |    |    | 1  |    |    |    | 1                     |                      |
|                          |                                     | illegal change of terms   |    |    |    | 1  |    |    | 1  |    |    | 2                     |                      |
|                          | Illegal termination of the contract |   |    |    |    |    |    | 1  |    |    |    | 1                     |                      |
| Commissions and charges  | Other                               | unfair contractual terms  |    |    |    |    | 1  |    |    |    |    |                       | 9                    |
|                          |                                     | insurance coverage  |    |    |    |    |    | 1  | 1  |    |    | 2                     |                      |
|                          |                                     | interpretation of contractual terms                                   |    |    |    |    |    |    |    |    |    |                       |                      |
| C & C General            | Premium related                     | Calculation of premium  |    |    |    |    | 1  | 1  | 1  |    |    | 3                     | 9                    |
|                          |                                     | premium increase  |    |    | 1  |    |    | 1  |    |    |    | 2                     |                      |
|                          |                                     | surrender value   |    |    |    |    |    | 1  |    |    |    | 1                     |                      |
| Ad-ministration          | Customer service general            |   | 1  | 1  |    | 1  | 1  |    | 1  | 1  | 1  | 7                     | 8                    |
|                          | Administration failure              | before concluding the contract  |    |    |    |    | 1  |    |    |    |    | 1                     |                      |
|                          |                                     | when concluding the contract  |    |    |    |    | 1  |    |    |    |    | 1                     |                      |
|                          |                                     | during the contractual term   |    |    |    |    | 1  |    |    |    |    | 1                     |                      |
|                          |                                     | fter closing contractual relationship                                 |    |    |    |    | 1  |    |    |    |    | 1                     |                      |
|                          | Lack of information                 | before concluding the contract  |    |    |    |    | 1  |    |    |    |    | 1                     |                      |
|                          |                                     | when concluding the contract  |    |    |    |    | 1  |    |    |    |    | 1                     |                      |
|                          |                                     | during the contractual term   |    |    |    |    | 1  |    |    |    |    | 1                     |                      |
|                          |                                     | fter closing contractual relationship                                 |    |    |    |    | 1  |    |    |    |    | 1                     |                      |
|                          | Other                               | Non-compliance with duty of secrecy                                   |    |    |    |    |    |    |    | 1  |    |                       |                      |
| Statement of account     |                                     |   |    |    |    |    |    |    | 1  |    |    | 1                     |                      |
| Failure of the IT system |                                     |   |    |    |    |    | 1  |    |    |    |    | 1                     |                      |

### ***Categories used by the templates***

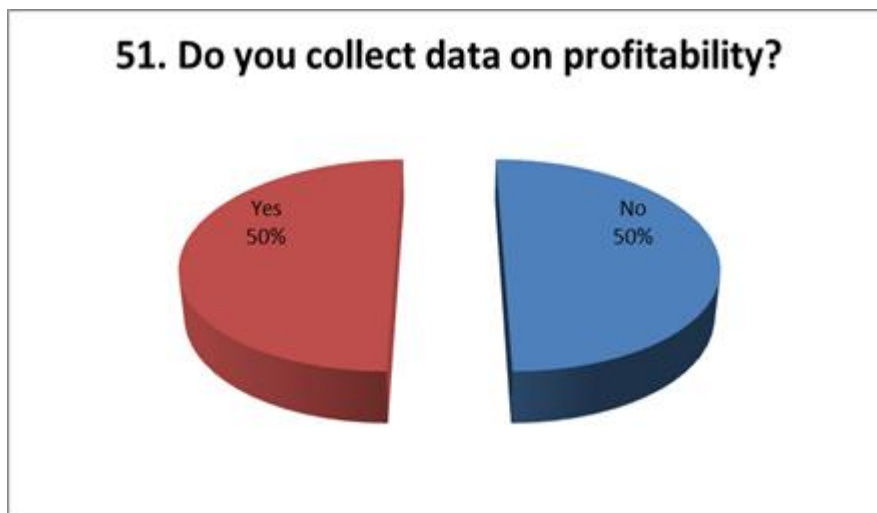
Based on the above table, the templates use the five categories and the individual categories used by the NSAs are each classified into one of these categories. As it is indicated by the table, these five categories are further divided into 14 "Category II" subcategories, which can be further divided into 26 "Category III" subcategories. The current exercise looks to collect data only on "Category I" level. However, the classification, if approved, can serve as a basis of further data collection.

## Appendix 3

### Data<sup>7</sup> collected on sales



**Sales volumes and profits as indicators** We believe that the changes in sales volumes both in number of policies and gross written premium are key indicators of consumer trends.



**Profitability and remuneration** Data on the level of profitability and remuneration are considered to be additional key characteristics of the industry, that could help understand consumer trends in the market.

### Data availability and breakdown on sales

#### Data availability on sales

20 NSAs (67%) confirmed that they collect data on sales volumes. The data is generally (16 NSAs) collected with the help of a customised in-house IT-system, others use spreadsheets, while one country (NL) reported to use a commercially available system/package.

---

<sup>7</sup> n = 30 (100%)

**Mostly quarterly data is available**

Sales data is generally available on a quarterly basis (16 NSAs), some countries have annual data, and the commercial system used in NL delivers ad hoc results.

**Data breakdown**

NSAs split this data in different ways, but 18 NSAs are able to provide data split by product type, at least showing a split between life and non-life, and in some cases giving a more granular product split.

*Table 6: Data breakdown on sales data*

|                                       |    |
|---------------------------------------|----|
| By insurance sector (life / non-life) | 19 |
| By type of firm                       | 6  |
| By distribution channels              | 5  |
| By reinsurance                        | 1  |
| By line of business                   | 1  |
| By foreign / domestic risk            | 1  |
| By Individual / group insurance       | 1  |

## Appendix 4

### Data collected on thematic work

#### *Reasons for thematic work*

There are 23 countries (80%) that claimed that they carry out thematic work on insurance topics. The most important reasons for NSAs to start thematic work are supervision observations, complaints, media attention or a proposed new legislation. Thematic work is seldom initiated based on quantitative data, or the emergence of a new product. Spontaneous reasons for thematic work include outside information (from consumer associations or other agencies), as well as a number of other actors.

Table 7 Reasons for thematic work

| <b>Reasons for thematic work (pre-defined categories) (n=23)</b> |    |
|--|----|
| Supervision observations   | 22 |
| Complaints data  | 21 |
| Media attention  | 19 |
| Proposed new legislation   | 17 |
| New insurance contract on the market                             | 8  |
| Insurance contract sales data                                    | 5  |
| <b>Further reasons for thematic work (spontaneous)</b>           |    |
| Information from consumer associations                           | 3  |
| Information from other agencies                                  | 2  |
| Prices (premium rates)   | 1  |
| Drafting articles / papers                                       | 1  |
| Educational events / fora  | 1  |

#### *Information sources for thematic work*

The most important source of information for thematic work is ad hoc data collection, however, it seems that NSAs use other sources almost equally frequently. The use of *market research* in the form of consumer survey and mystery shopping was only mentioned by one authority (UK), however, it must be borne in mind that it was not among the pre-defined categories<sup>8</sup>.

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<sup>8</sup> We have evidence that market research is also used in Ireland for example.



Table 8 Information sources for thematic work

| <b>Information sources for thematic work<br/>(n=23)</b> |   |    |
|---|---|----|
| Pre-defined categories                                  | Data collected on an ad hoc basis         | 22 |
|   | Firm inspections/investigations           | 21 |
|   | Publicly available information            | 18 |
|   | Data collected on a regular basis         | 17 |
|   | Information from third parties            | 15 |
|   | Data already available from previous work | 1  |
|   | Consumer surveys                          | 1  |
|   | Mystery shopping                          | 1  |

**Examples of thematic work from last year**

On the basis of the questionnaire a large number of countries are expected to provide input on thematic work. Of the previously defined categories of the questionnaire, a large number of countries mentioned to have carried out thematic work in disclosure, quality of advice, and complaint handling. Thematic works that did not fall under the pre-defined categories can be classified into ones related to a certain type of insurance (9), claims handling (4), improving certain technical provisions (5), other conduct issues (4) and education (1).

Table 9: Thematic work carried out by NSAs in 2011

|                        | <b>Thematic work categories</b>                        | <b>Thematic work reported titles</b>  |    |
|------------------------|--|---|----|
| Pre-defined categories | Disclosure of information to clients/potential clients |   | 17 |
|                        | Quality of advice                                      |   | 16 |
|                        | Complaint handling                                     |   | 14 |
|                        | Financial promotions/advertising                       |   | 8  |
|                        | Training & competence of advisors                      |   | 8  |
|                        | Remuneration incentives                                |   | 7  |
|                        | Insurance contract charges & other features            |   | 5  |
|                        | Emerging distribution strategies & technologies        |   | 4  |
|                        | Insurance contract market impacts                      |   | 4  |
|                        | Market trends in sales                                 |   | 2  |
| Spontaneously reported | Particular type of insurance                           | Insurance on loss of ability to work<br>The green card car insurance<br>Content of life insurance contract<br>Credit protection insurance (2)<br>Accidents at work insurance,<br>Impact assessment on motor liability insurance<br>Catastrophic reinsurance<br>Profitability and agricultural insurance | 9  |
|                        | Claims handling  | Claims handling in statutory MPTL and employment accident<br>Unclaimed insurance policies<br>Insurance personal injury claims handling  | 3  |
|                        | Improving technical provisions / standards             | Weather changes influence on insurance terms<br>Improving quality of insurance data<br>Implementation of revised Consumer Protection Code Solvency II<br>Terms and conditions applicable to life insurance policies   | 5  |
|                        | Conduct issues   | Resigning of policies<br>Discriminatory practices<br>Insurance mediation (*may belong to claims)<br>Cross-border activities   | 4  |
|                        | Education  | Portal of insurance education on NSA website  | 1  |

## Appendix 5

### Data collated on product innovation

#### ***Regular data collection is rare in this field***

17 (57%) NSAs told us that they collect data on product innovation. Most NSAs (14 or 82%) collect this information on an ad hoc basis.

#### ***Data sources***

Data on product innovation is most likely to be available as a result of general supervisory activity (e.g. companies reporting), and specific information is most likely to come from thematic investigation or complaints. Therefore the sub-group decided, taking into account also the fact of the likely qualitative nature of the information, that issues on product innovation do not justify a separate template, and they can be captured under the other templates (especially thematic work).

*Table 10: Data sources for product innovation*

|                                     |    |
|-------------------------------------|----|
| Supervision                         | 13 |
| Thematic investigation              | 12 |
| Complaints                          | 12 |
| Third parties                       | 8  |
| Financial promotions (pre and post) | 8  |
| Market reviews                      | 5  |
| Reporting                           | 5  |
| Risk assessment model               | 1  |
| Companies submission                | 1  |
| Newspaper articles                  | 1  |
| On-site investigations              | 1  |
| Data vendors                        | 1  |

#### ***Likely follow-up actions based on the information collected***

It is worth mentioning, that NSAs are likely to use information gathered on product innovation as a starting point for further investigation. It may actually lead to warnings, sanctions, or amending regulations. However, any of these outcomes is likely to be preceded by more in-depth investigation, as pointed out by several Member States.

*Table 11: Follow-up actions based on product innovation information*

|                       |    |
|-----------------------|----|
| Further investigation | 15 |
| Warnings              | 11 |
| Amending regulation   | 10 |
| Sanctions             | 7  |
| Ban of product        | 1  |
| Issuing guidelines    | 1  |
| Compliance control    | 1  |

## **Appendix 6**

### **Data collated on advertising**

#### ***There appears to be widespread monitoring of advertising***

15 (50%) of NSAs confirmed that they monitor firms financial promotions, and 7 of them do so by using a commercially available package. Of those NSAs that do so, there is a general coverage of print media, broadcasting and internet advertising (80-100%), and also social media is monitored by 7 authorities.

However, monitoring of the advertisements does not seem to be a regular exercise as only a handful of countries reported to perform this activity regularly. It is interesting to know, however, that four countries (France, Hungary, Ireland and Portugal) have daily monitoring in place, which can potentially be attributed to their special tasks in this field.

Furthermore, the main reason that most NSAs conduct this kind of monitoring is to assess compliance with rules on financial promotions. Only 8 (27%) of NSAs monitor advertising in order to help determine sales trends or improve knowledge of product innovation.

The responding NSAs generally monitor advertising for all type of insurance products, and they did not single out a certain line of business in their activity. Some authorities tend to place a higher emphasis on life insurance (AT, FR) or MTPL (BG).

Even fewer NSAs (4 or 13%) collect data on firms' spending on advertising. Those who do, however do seem to analyse the data in detail, as it is generally (3 of 4) broken down according to insurance sector or line of business.

It is clear that most member states do not collect quantitative data on advertising for the purposes of assessing consumer trends. However, it was reported that eight countries did thematic work in this field, so this field seems to be best explored under that framework at this stage.

## Appendix 7: Proposed complaints templates (including classifications)

### Appendix 7 (Sheet 1 of 5)



|   | EIOPA-CCPFI-12/024 |  |
|---|--------------------|--|
|   | 8th November 2012  |  |
| COMPLAINT DATA REPORTING                    |                    |  |
| Date of submission:                         |                    |  |
| Data reporting period:                      |                    |  |
| Name of reporting country:                  |                    |  |
| Name of reporting organisation:             |                    |  |
| Name of primary contact person:             |                    |  |
| Name of secondary contact person:           |                    |  |
| Email address of primary contact person:    |                    |  |
| Email address of secondary contact person:  |                    |  |
| Phone number of the primary contact person: |                    |  |
| Phone number of secondary contact person:   |                    |  |

**Not all sections/rows of the data template need to be completed. Only sections/rows that are relevant to your own reporting standards need to be completed on a "best endeavours basis".**

Where breakdown of aggregated data can be provided the sub-totals should sum up to the aggregated totals.

In cases where you hold no data, please input in "N/A" in the relevant row. If you do collect data on a particular data item but the actual total is "0" for a particular reporting period, please input in "0" in the relevant row.

Data on any product types that are not mentioned in the tables, should be included in the "other" box.

Please refer to the definitions worksheet for a short description of the insurance product types covered.

**You need only report on XX data. Data must be reported within XX business days after the end of the reporting period to which the submitted data relates to. [EIOPA timing requirements to be discussed]**

For further information or guidance to complete this data template please contact:

**Appendix 7**  
(Sheet 2 of 5)

| <b>Definitions</b>                     |  |
|--|--|
| <b>Complaint</b>                       | National definition of complaint should be used and given as indicated in all the following templates*   |
| <b>Period of Reporting</b>             | Calendar year of which the data in this template has been completed for e.g. 2013  |
| <b>Received</b>                        | All complaints received in the reported period, whether or not decided on in the period given  |
| <b>Sales</b>                           | Any complaints related to the sales of insurance products. This may include unfair commercial practices (misleading advertisement), infringement of information requirements, any kind of market conduct related issues in accordance with sales practices e.g. marketing/sales literature, advising, selling and arranging, misselling, poor advice, advertising/communication with public, |
| <b>Claims</b>                          | Complaints related to insurance claims, claim-handling, issues with compensations, refusal of the claims, insufficient compensation, performance/ lack of return, delays in issuing claims, any kind of claims disputes, etc.  |
| <b>Terms and conditions</b>            | Any complaints related to the terms and conditions of the insurance contract stipulated in the contractual documentation. Complaints on e.g. changes in the contracts, unilateral modification of the contract, illegal termination of the contract, unfair contractual terms, insurance coverage, interpretation of contractual terms, etc.   |
| <b>Commission and charges, premium</b> | Any complaints related to commission, charges, premiums, e.g. complaints on calculation of the premium, surrender value, overcharging, undercharging, early redemption/surrender/encashment issues, etc.   |
| <b>Administration</b>                  | Any complaints related to administration, e.g. general administration, administration failure/error, failure of the IT system, online accessibility, non-compliance with duty of secrecy: infringement of personal data/insurance data, discriminatory practices, statement of account, documentation, disputed transactions, misappropriation/fraud, customer service/general, etc.         |
| <b>Insurance undertaking</b>           | A direct life or non-life insurance undertaking which has received authorisation in accordance with Article 14 in accordance with Article 13 of the Solvency II Directive.   |
| <b>Insurance intermediary</b>          | Any natural or legal person who, for remuneration, takes up or pursues insurance mediation according to 2002/92/EC Directive on insurance mediation  |
| <b>Payment Protection Insurance</b>    | Payment Protection Insurance (PPI) is a product that covers the consumer of the financial burden in the event that he/she is unable to repay a loan due to reasons such as accident, sickness or unexpected unemployment. The loan which is covered by the PPI is often a consumer credit or a mortgage credit.  |
| <b>Life Insurance - with profit</b>    | A long-term insurance contract which provides benefits through, at least in part, eligibility to participate materially in periodic discretionary distributions based on profits arising from the firm's business or from a particular part.   |
| <b>Life Insurance - unit-linked</b>    | (in relation to a contract of insurance) a long-term insurance contract where the benefits are wholly or partly to be determined by reference to the value of, or the income from, property of any description (whether or not specified in the contract) or by reference to fluctuations in, or in an index of, the value of property of any description (whether or not so specified).     |
| <b>Accident and health Insurance</b>   | Accident and Health insurance as per classes 1 and 2 of the Solvency II Directive  |
| <b>Motor Insurance</b>                 | Including motor insurance, third party liability, third party liability fire and theft and fully comprehensive as per classes 3, 7, 10 of the Solvency II Directive  |
| <b>Household Insurance</b>             | Including details of all insurances providing cover for fire and other damage to property purchased by the consumer. Household insurance as per classes 8, 9 of the Solvency II  |
| <b>Travel Insurance</b>                | Including insurance policies which provide cover for loss or damage and other risks related to travel.   |

\* As a indicator, the definition in the published EIOPA Guideline on Complaints Handling by Insurance Undertakings states that a complaint is a "statement of dissatisfaction addressed to an insurance undertaking by a person relating to the insurance contract or service he/she has been provided with".

## Appendix 7

(Sheet 3 of 5)

### COMPLAINTS REPORTED BY INSURANCE ENTITIES

|  |                 |
|--|-----------------|
| <b>Period of reporting:</b>                            |                 |
|  | <b>Received</b> |
| <b>Total number of complaints in reporting period:</b> |                 |

Please provide a breakdown of complaints by complaint cause in reporting period if possible

| Number of complaints by complaint cause in reporting period | Received |
|---|----------|
| Sales   |          |
| Claims  |          |
| Terms and conditions  |          |
| Commission and charges, premiums                            |          |
| Administration  |          |
| Other 1 (please elaborate in Notes section below)           |          |
| Other 2   |          |
| Other 3   |          |
| Other 4   |          |
| Other 5   |          |
| <b>Subtotal</b>   |          |

Please provide a breakdown of complaints by firm type in reporting period if possible

| Number of complaints by firm type in reporting period | Received |
|---|----------|
| Insurance undertaking                                 |          |
| Insurance intermediary                                |          |
| <b>Subtotal</b>                                       |          |

Please provide a breakdown of complaints by insurance products type in reporting period if possible

| Number of complaints by insurance products in reporting period     | Received |
|--|----------|
| <b>Unknown including Payment Protection Insurance (PPI)</b>        |          |
| <b>Life Insurance - total</b>                                      |          |
| Life Insurance - with profit                                       |          |
| Life Insurance - unit-linked                                       |          |
| Other Life Insurance (please elaborate in Notes section below)     |          |
| <b>Non life insurance - total</b>                                  |          |
| Accident and Health insurance                                      |          |
| Motor Insurance  |          |
| Household Insurance  |          |
| Travel Insurance   |          |
| Other Non-life Insurance (please elaborate in Notes section below) |          |
| <b>Subtotal</b>  |          |

Please provide answers to these questions:

Do all regulated insurance entities have to report complaints to the competent authority or only a subset of regulated undertakings?

Are there any types of complaints that need not be reported to the competent authority?

What is the procedure for handling complaints? Is there a mandatory timeframe?

Comments/notes: Include any other relevant information that helps explain the numbers.

**Definition of complaint:**

Please indicate the definition of complaint used in your jurisdiction:

**Appendix 7**

(Sheet 4 of 5)

**COMPLAINTS REPORTED BY OMBUDSMAN / ARBITRATOR**Period of reporting: 

|  | Received |
|--|----------|
| <b>Total number of complaints in reporting period:</b> |          |

Please provide a breakdown of complaints by complaint cause in reporting period if possible

| Number of complaints by complaint cause in reporting period | Received |
|---|----------|
| Sales   |          |
| Claims  |          |
| Terms and conditions  |          |
| Commission and charges, premium                             |          |
| Administration  |          |
| Other 1 (please elaborate in Notes section below)           |          |
| Other 2   |          |
| Other 3   |          |
| Other 4   |          |
| Other 5   |          |
| <b>Subtotal</b>   |          |

Please provide a breakdown of complaints by firm type in reporting period if possible

| Number of complaints by firm type in reporting period | Received |
|---|----------|
| Insurance undertaking                                 |          |
| Insurance intermediary                                |          |
| <b>Subtotal</b>                                       |          |

Please provide a breakdown of complaints by insurance products type in reporting period if possible

| Number of complaints by insurance products in reporting period     | Received |
|--|----------|
| <b>Unknown including Payment Protection Insurance (PPI)</b>        |          |
| <b>Life insurance -total</b>                                       |          |
| Life insurance - with profit                                       |          |
| Life insurance - unit-linked                                       |          |
| Other Life Insurance (please elaborate in Notes section below)     |          |
| <b>Non life insurance - total</b>                                  |          |
| Accident and Health Insurance                                      |          |
| Motor Insurance  |          |
| Household Insurance  |          |
| Travel Insurance   |          |
| Other Non-life Insurance (please elaborate in Notes section below) |          |
| <b>Subtotal</b>  |          |

Please provide answers to these questions:

What is the procedure for handling complaints? Is there a mandatory timeframe?

Can consumers turn directly with their complaints to this channel, or do they have to turn to other channels first?

Is the recipient of the complaint entitled to issue a decision on the merit of the case?

Is the recipient of the complaint entitled to issue any document other than a decision (e.g. recommendation) on the merit of the case? If yes to the above, please name the instrument the recipient may use.

Is there a Memorandum of Understanding between your Authority and the Ombudsman to receive complaints data?

Comments/notes: Include any other relevant information that helps explain numbers.

**Definition of complaint:**

Please describe the definition of complaint in your jurisdiction the Ombudsman uses?



**Appendix 7**

(Sheet 5 of 5)

**COMPLAINTS REPORTED BY THE CONSUMER TO THE NATIONAL COMPETENT AUTHORITY (NCA)**

Period of reporting:

|  |                 |
|--|-----------------|
| <b>Total number of complaints in reporting period:</b> | <b>Received</b> |
|--|-----------------|

Please provide a breakdown of complaints by complaint cause in reporting period if possible

| Number of complaints by complaint cause in reporting period | Received |
|---|----------|
| Sales   |          |
| Claims  |          |
| Terms and conditions  |          |
| Commission and charges, premium                             |          |
| Administration  |          |
| Other 1 (please elaborate in Notes section below)           |          |
| Other 2   |          |
| Other 3   |          |
| Other 4   |          |
| Other 5   |          |
| <b>Subtotal</b>   |          |

Please provide a breakdown of complaints by firm type in reporting period if possible

| Number of complaints by firm type in reporting period | Received |
|---|----------|
| Insurance undertaking                                 |          |
| Insurance intermediary                                |          |
| <b>Subtotal</b>                                       |          |

Please provide a breakdown of complaints by insurance products type in reporting period if possible

| Number of complaints by insurance products in reporting period     | Received |
|--|----------|
| <b>Unknown including Payment Protection Insurance (PPI)</b>        |          |
| <b>Life insurance - total</b>                                      |          |
| Life insurance - with profit                                       |          |
| Life insurance - unit-linked                                       |          |
| Other Life Insurance (please elaborate in Notes section below)     |          |
| <b>Non-life Insurance - total</b>                                  |          |
| Accident and Health Insurance                                      |          |
| Motor Insurance  |          |
| Household Insurance  |          |
| Payment Protection Insurance                                       |          |
| Travel Insurance   |          |
| Other Non-life Insurance (please elaborate in Notes section below) |          |
| <b>Subtotal</b>  |          |

**NOTES:**

|   |
|---|
| <b>Please provide answers to these questions:</b>   |
| Are there some consumer complaints directed to the NCA which are not reported on?   |
| Are all complaints received by the NCA investigated?  |
| What is the procedure for handling complaints? Is there a mandatory timeframe?  |
| Can consumers turn directly with their complaints to this channel, or do they have to turn to others channels first?      |
| Is the NCA entitled to issue a decision on the merit of the case?   |
| Is the NCA entitled to issue any document other than a decision (e.g. recommendation) on the merit of the case? If yes to |
| <b>Comments/notes: Please include any other relevant information that helps explain the numbers.</b>                      |

|   |
|---|
| <p><b>Definition of complaint:</b><br/>                 Please describe the definition of complaint your Authority uses when handling consumer complaints</p> |
|---|

## Appendix 8: Proposed sales template (including classifications)

### Appendix 8 (Sheet 1 of 3)



EIOPA-CCPFI-12/025  
8th November 2012

#### Product sales data reporting

|   |                      |
|---|----------------------|
| Date of submission:                         | <input type="text"/> |
| Data reporting period:                      | <input type="text"/> |
| Name of reporting country:                  | <input type="text"/> |
| Name of reporting organisation:             | <input type="text"/> |
| Name of primary contact person:             | <input type="text"/> |
| Name of secondary contact person:           | <input type="text"/> |
| Email address of primary contact person:    | <input type="text"/> |
| Email address of secondary contact person:  | <input type="text"/> |
| Phone number of the primary contact person: | <input type="text"/> |
| Phone number of secondary contact person:   | <input type="text"/> |

**Not all sections/rows of the data template need to be completed. Only sections/rows that are relevant to your own reporting standards need to be completed on a "best endeavours basis".**

**Where breakdown of aggregated data can be provided the sub-totals should sum up to the aggregated totals.**

**In cases where you hold no data, please input in "N/A" in the relevant row. If you do collect data on a particular data item but the actual total is "0" for a particular reporting period, please input in "0" in the relevant row.**

**Data on any product types that are not mentioned in the tables, should be included in the "other" box.**

**Please report all figures as actuals rounded to the nearest whole number.**

**Please refer to the definitions worksheet for a short description of the insurance product covered.**

**You need only report on XX data. Data must be reported within XX business days after the end of the reporting period to which the submitted data relates to. [EIOPA timing requirements to be discussed]**

For further information or guidance to complete this data template please contact:

**Appendix 8**  
(Sheet 2 of 3)

**Definitions**

|                                      |  |
|--------------------------------------|--|
|                                      |  |
| <b>Insurance undertaking</b>         | A direct life or non-life insurance undertaking which has received authorisation in accordance with Article 14 in accordance with Article 13 of the Solvency II Directive.   |
| <b>Insurance intermediary</b>        | Any natural or legal person who, for remuneration, takes up or pursues insurance mediation according to 2002/92/EC on insurance mediation  |
| <b>Payment Protection Insurance</b>  | Payment Protection Insurance (PPI) is a product that covers the consumer of the financial burden in the event that he/she is unable to repay a loan due to reasons such as accident, sickness or unexpected unemployment. The loan which is covered by the PPI is often a consumer credit or a mortgage credit.  |
| <b>Life Insurance - with profit</b>  | A long-term insurance contract which provides benefits through, at least in part, eligibility to participate materially in periodic discretionary distributions based on profits arising from the firm's business or from a particular part.   |
| <b>Life Insurance - unit-linked</b>  | (in relation to a contract of insurance) a long-term insurance contract where the benefits are wholly or partly to be determined by reference to the value of, or the income from, property of any description (whether or not specified in the contract) or by reference to fluctuations in, or in an index of, the value of property of any description (whether or not so specified). |
| <b>Accident and Health Insurance</b> | Accident and Health insurance as per classes 1 and 2 of the Solvency II Directive  |
| <b>Motor Insurance</b>               | Including motor insurance, third party liability, third party liability fire and theft and fully comprehensive as per classes 3, 7, 10 of the Solvency II Directive  |
| <b>Household Insurance</b>           | Including details of all insurances providing cover for fire and other damage to property purchased by the consumer. Household insurance as per classes 8, 9 of the Solvency II Directive.   |
| <b>Travel Insurance</b>              | Including insurance policies which provide cover for loss or damage and other risks related to travel.   |
|                                      |  |

## Appendix 8

(Sheet 3 of 3)

### 1. Insurance product sales data

**When providing figures, please provide actuals rounded to the nearest whole number (see Overview worksheet for more guidance).**

Period of reporting:

a. Total number of insurance products sold:

b. Of the total number of products sold (reported in a.), please provide a breakdown by insurance products if possible

|  |  |
|--|--|
| <b>Unknown including Payment Protection Insurance (PPI) - number of contracts sold</b> |  |
|--|--|

| Life insurance contracts - number of contracts sold | Volume |
|---|--------|
| Life insurance - with profit                        |        |
| Life insurance - unit linked                        |        |
| Other life insurance                                |        |
| Subtotal  |        |

| Non-life contracts - number of policy sold                                  | Volume |
|---|--------|
| Accident and Health insurance   |        |
| Motor insurance   |        |
| Household insurance   |        |
| Travel insurance  |        |
| Other non life insurance (please elaborate in Comments/notes section below) |        |
| Subtotal  |        |

c. Total gross written premium

d. Where possible, please provide a breakdown of gross written premium by insurance products

|   |  |
|---|--|
| <b>Unknown including Payment Protection Insurance (PPI) - gross written premium</b> |  |
|---|--|

| Life contracts - gross written premium | Premium |
|--|---------|
| Life insurance - with profit           |         |
| Life insurance - unit linked           |         |
| Other life insurance                   |         |
| Subtotal                               |         |

| Non-life contracts - gross written premium                                  | Premium |
|---|---------|
| Accident and Health insurance   |         |
| Motor insurance   |         |
| Household insurance   |         |
| Travel insurance  |         |
| Other non life insurance (please elaborate in Comments/notes section below) |         |
| Subtotal  |         |

Comments/notes: Include any other relevant information that helps explain the numbers. For example, do all regulated firms report sales data to the competent authority or do you collect data from a subset of firms only? Does the sales data relate only to retail or are wholesale transactions included as well? Please also provide a full description of what is included in the 'Other' rows of each sub-table if these rows are used/completed.

## Appendix 9: Thematic Work Template



**EIOPA-CCPFI-12/023**  
**26<sup>th</sup> October 2012**

### Thematic Work

Date of submission (please provide in the following format: Day/Month/Year):

Name of reporting country:

Name of reporting organization:

Name of primary contact person:

Name of secondary contact person (include secondary contact if applicable):

Email address of primary contact person:

Email address of secondary contact person:

Phone number of the primary contact person (include international dialing code):

Phone number of secondary contact person (include international dialing code):  
Explanations regarding the template:

For further information or guidance to complete this data template please contact:

**Please provide information about any published thematic work you have finished in 2012 regarding consumer protection or financial innovation topics that leads to insights regarding consumer trends.**

Reporting of sensitive/confidential thematic work in this template is left to your discretion. If reporting such a thematic work, please mention so explicitly in the answer to the first question.

Is the reported thematic work sensitive/confidential?:

Reason(s) for doing the thematic work:

Topic of thematic work:

Title of thematic work (if applicable):

Link to thematic work (if available):

Date thematic work was completed and/or published (please provide in the following format: Day/Month/Year):

Number and type of firms examined (if applicable):

Other sources of information/data used (e.g. files reviewed, etc.):

Method of review (e.g. desk-based, on-site, etc.):

Headline results/ key findings of the thematic work:

Next steps (if any):

Implications of the findings of the thematic work on:

- EU legislation (if any):
- National legislation (if any):

**PLEASE PROVIDE A SEPARATE COMPLETED QUESTIONNAIRE FOR EACH COMPLETED THEMATIC WORK**

**Appendix 10: Top three issues template (including guideline definitions)**  
**Appendix 10**



EIOPA-CCPFI-12/031  
26<sup>th</sup> October 2012

**Top Three Issues on Consumer Protection and Financial Innovation**

1. What would you say are the top 3 issues in the area of consumer protection in your jurisdiction (or Authority)?
2. What would you say are the top 3 issues in financial innovation in your jurisdiction (or Authority)?
3. How did you decide what these 3 issues are?
4. Why/how do you think these issues have materialised?

Please use these questions to provide us with any relevant qualitative information.