

General Secretariat of the Committees for  
Resolution of Insurance Disputes and Violations

10th Annual Report

2014



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## Introduction

In application of the Quranic verse: {And say, "Do [as you will], for Allah will see your deeds, and [so, will] His Messenger and the believers} (Al-Tawbah:105), the General Secretariat of the Committees for Resolution of Insurance Disputes and Violations is delighted to present its Annual Report documenting the works and achievements of the Secretariat with statistics reflecting the work of the Committees for the period 2012-2014 including all insurance disputes filed during the period and the procedures taken by the Primary Committees and the Appeal Committee for Resolution of Insurance Disputes and Violations.

The 10th Annual Report reviews the new development in 2014, in addition to insurance cases filed during the period 2012-2014 with statistics of the works of the Primary Committees and the Appeal Committee.

We hope that the Report reflects the achievements of the period covered and sheds light on the most important performance indicators and work results.



## Secretary General's Statement

It is my pleasure to introduce the 10th Annual Report on the work and services of the General Secretariat of Committees as part of the continuing development process to serve clients and allow them to benefit from the latest services provided by the insurance sector. The Report comes as component of a strategy aiming at offering a package of inclusive and distinctive electronic services to improve communication means by ensuring the quality of services provided to clients.

Development race urges us to evaluate our services regularly and compare them with the best local and international practices. To this end, this multifaceted Report was issued to reiterate our commitment to achieving continued development, enhancing communication with the clients, answering their questions in the best way possible and receiving their comments through surveys.

In conclusion, the General Secretariat remains committed to achieving its vision of contributing to economic growth and supporting the insurance sector, including implementing the electronic transactions strategy and enhancing partnerships with community institutions to put the Kingdom at the forefront of nations in this area

**Abdullah bin Abdulrahman Al-Suhaibani**

## New Developments

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## **1. Implementation of the Committees' Rules and Procedures:**

Council of Ministers Resolution No. 190 dated 9/5/1435H approved the rules and procedures of the Committees for Resolution of Insurance Disputes and Violations which regulate the work of the Primary and Appeal Committees. Article 13 stipulates on restricting the functions of the committees to the following:

The General Secretariat of the Committees, under the supervision of the Secretary General, is responsible of the following:

1. Conducting administrative work, supportive research and studies and providing consultations.
2. Registering, arranging and numbering cases; conducting control activities; managing correspondences and reports; and setting dates.
3. Proposing conciliation procedures that must be approved by the Minister.
4. Classifying decisions issued by the Committees to be communicated.
5. Preparing annual statistics on the activities, decisions and litigation duration of the Committees.
6. Any other functions that fall within its duties as provided in the ministerial resolution.

## **2. Commencement of the Appeal Committee:**

Royal Order No. 35258 dated 22/9/1434H approved the formation of the Appeal Committee for Resolution of Insurance Disputes and Violations stipulated in Article 1 of the Cooperative Insurance Companies Control Law for three years starting from the Order date.

### 3. Reformation of Riyadh Primary Committee:

Council of Minister's Resolution No. 457 dated 27/11/1435H approved the reformation of the Committee for Resolution of Insurance Disputes and Violations in Riyadh for three years starting from the Resolution date.

### 4. Preparing and Conducting the Survey of Services:

To improve and enhance the level of services provided and to gain clients' satisfaction and get their feedback, a survey was created to measure the quality of services for all phases, from case registration to ruling issuance. The survey was simple, clear and suitable for all society segments. The Internal Audit Unit at the General Secretariat conducted an analytical study of the survey results to identify the level of client satisfaction with the services provided and the weaknesses for future improvements.

(استبيان)  
الأمانة العامة للجان الفصل في المنازعات والمخالفات التأمينية  
المركز الرئيسي

حرصاً على الارتقاء بالخدمات المقدمة وسعيًا منا في تطوير وتحسين الاجراءات المتبعة بما يكفل تقديم الخدمة بالشكل المطلوب والأفضل، عليه نأمل التكرم بتعبئة نموذج التقييم أدناه والذي يوضح مدى رضاكم عن مستوى الخدمات المقدمة.  
شاكرين لكم تعاونكم...

• الرجاء وضع علامة (✓) أمام مستوى الخدمة المقدمة:

مستوى الخدمة	الخدمة المقدمة			
	ضعيف	مقبول	جيد	جيد جداً
1				
2				
3				
4				
5				
6				
7				
8				

أي مقترحات أو ملاحظات بشأن الخدمات المقدمة أعلانه:

رقم الدعوى /

مدعى  مدعى عليه  
 قرار ابتدائي  قرار نهائي

وللاستفسار أو تقديم أي مقترحات عن الخدمات المقدمة يمكنكم التواصل معنا عن طريق البريد الإلكتروني  
[ins.dsp@sama.gov.sa](mailto:ins.dsp@sama.gov.sa)

(A sample of the survey)

◆ **Services included in the survey to measure client satisfaction:**

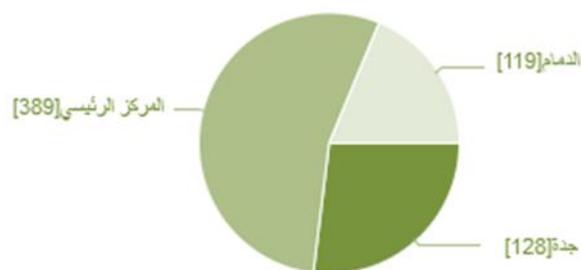
1. How a case is received and registered.
2. Staff's conduct towards clients.
3. Responding to case-related inquiries.
4. Procedures for communicating hearing dates.
5. How hearings are conducted.
6. Time taken to resolve a case.
7. Compliance with the timeframe for delivering the Committee's Rulings.
8. E-services (SMS and notifications).

● **Methods of collecting surveys:**

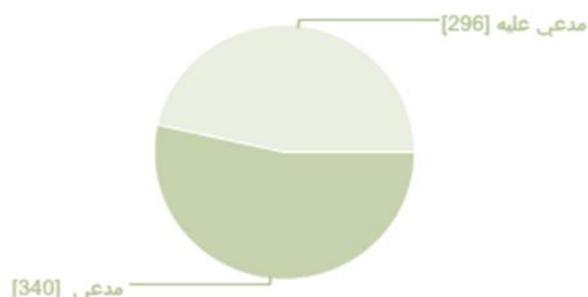
1. General Secretariat's email for complaints.
2. Personally filling the survey by the client when receiving the ruling.
3. Calling random clients and taking their feedback on the services provided. This is done by the internal audit unit of the General Secretariat.

▪ **Results of survey analysis:**

The number of surveys for the head office and branches for the period from 8/6/2014 to 4/2/2015 was 636 surveys detailed as follows:

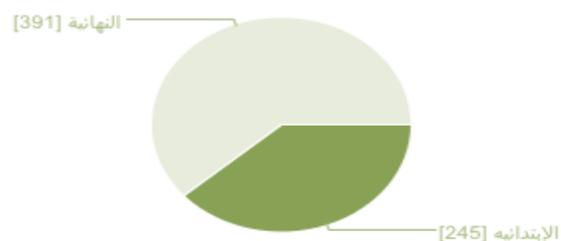


Branch	Number	Percentage
Head Office	389	61%
Jeddah	128	21%
Dammam	119	18%



Survey respondent	Number	Percentage
Plaintiff	340	53%
Defendant	296	47%

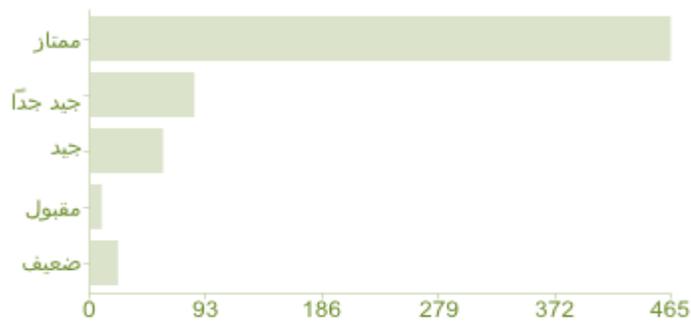
A chart showing survey respondents as most surveys were completed by the “plaintiff”.



Ruling type	Number	Percentage
Preliminary ruling	245	39%
Final ruling	391	61%

A chart showing the type of ruling received by the client and depending on which the survey was filled and feedback was given on the service provided.

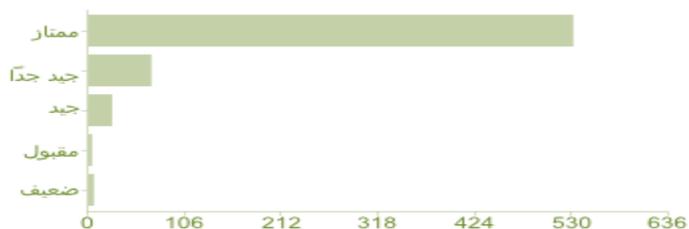
▪ **How a case is received and registered**



Level	Number	Percentage
Excellent	464	73%
Very Good	83	13%
Good	85	9%
Fair	9	2%
Poor	22	3%

The analysis above reflects the clients' general satisfaction with the service provided as Excellent ranked the highest with 73% far ahead of Very Good which ranked 13%.

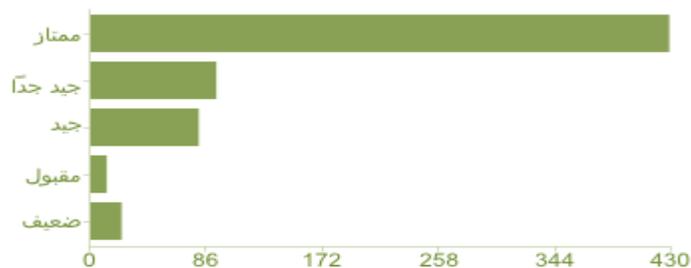
### ▪ Staff's conduct towards clients



Level	Number	Percentage
Excellent	531	83%
Very Good	69	11%
Good	26	4%
Fair	4	1%
Poor	6	1%

The analysis shows that the staff acted and appeared professional as the survey results varied between “Excellent” and “Very good”.

### ▪ Responding to case-related inquiries



Level	Number	Percentage
Excellent	428	67%
Very Good	93	15%
Good	80	13%
Fair	12	2%
Poor	23	3%

The survey shows that clients were generally satisfied with the service provided. The General Secretariat is keen to provide case parties with all necessary case-related information and answer their questions.

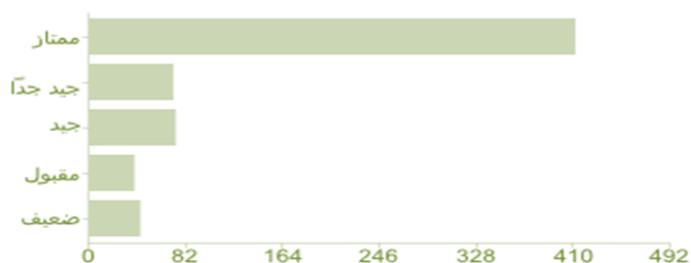
### ▪ Procedures for communicating hearing dates



Level	Number	Percentage
Excellent	445	70%
Very Good	77	12%
Good	87	14%
Fair	13	2%
Poor	14	2%

The analysis shows rising levels of service performance and client satisfaction in general.

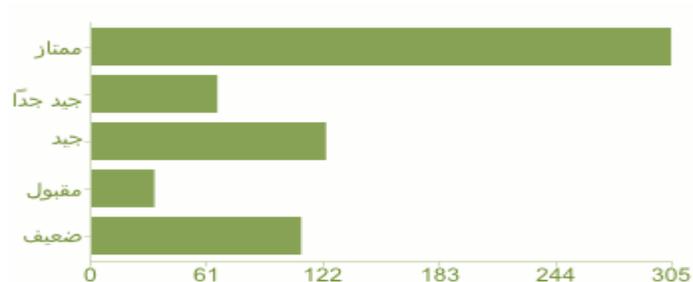
### ▪ How hearings are conducted



Level	Number	Percentage
Excellent	411	65%
Very Good	71	11%
Good	73	11%
Fair	37	6%
Poor	43	7%

The analysis shows rising levels of service performance and client satisfaction in general.

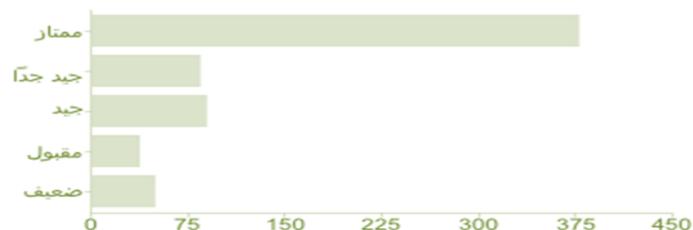
▪ **Time taken to resolve a case**



Level	Number	Percentage
Excellent	304	48%
Very Good	66	10%
Good	123	19%
Fair	33	6%
Poor	110	17%

The analysis shows varied degrees of client satisfaction with the service provided.

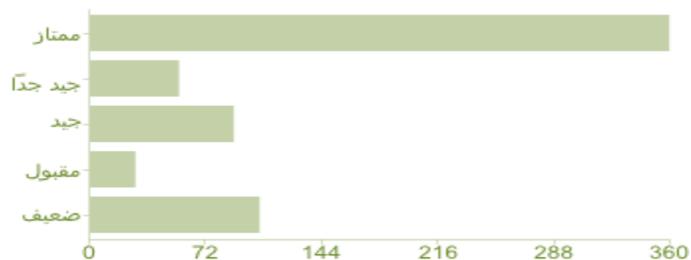
▪ **Compliance with the timeframe for delivering the Committee's Rulings**



Level	Number	Percentage
Excellent	377	59%
Very Good	84	13%
Good	89	14%
Fair	37	6%
Poor	49	8%

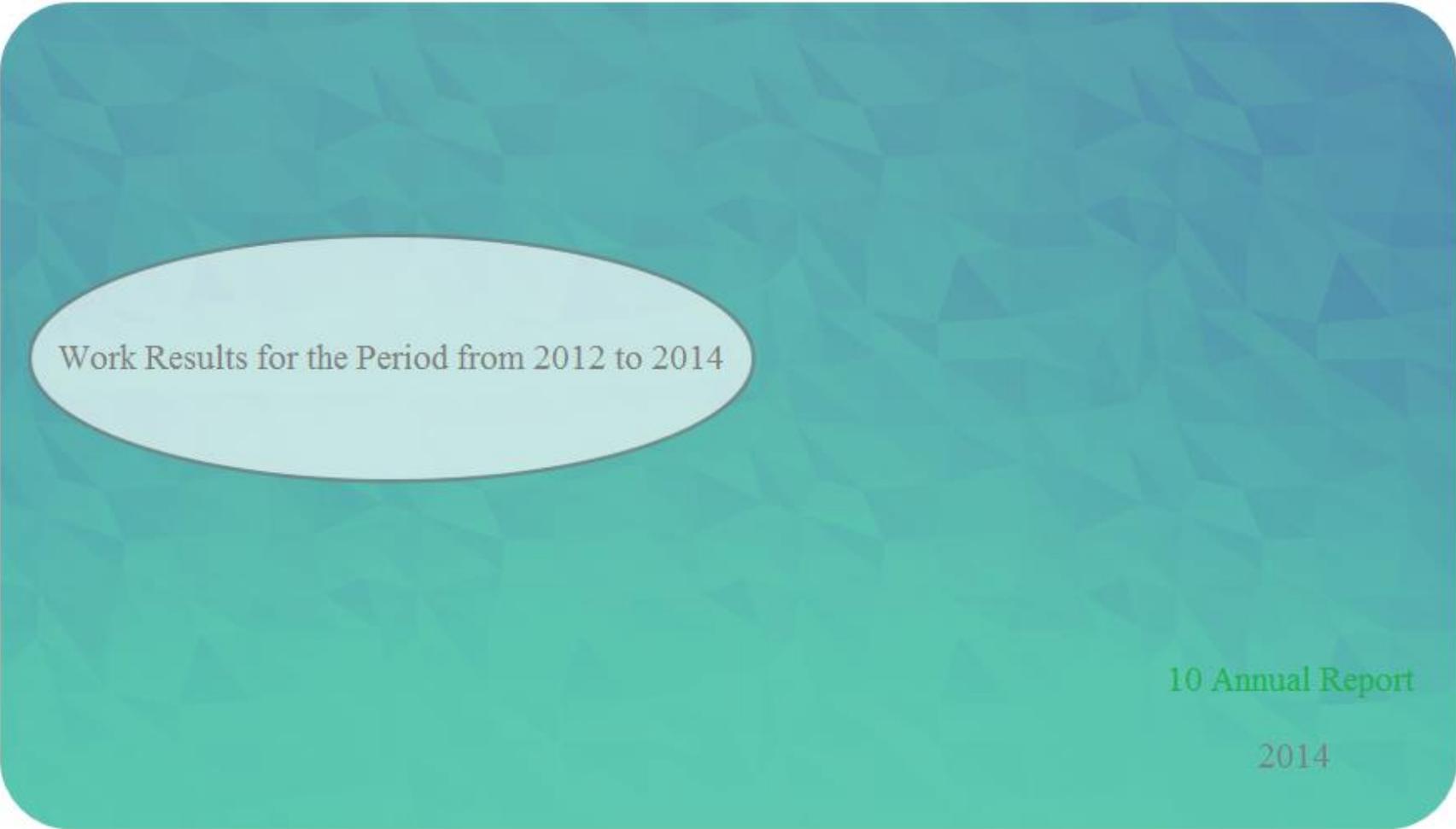
The analysis shows that clients were generally satisfied with the service provided.

▪ **E-services (SMS and notifications)**



Level	Number	Percentage
Excellent	359	56%
Very Good	55	9%
Good	89	14%
Fair	28	4%
Poor	105	17%

The analysis shows that clients were generally satisfied with the level of performance related to the service provided.



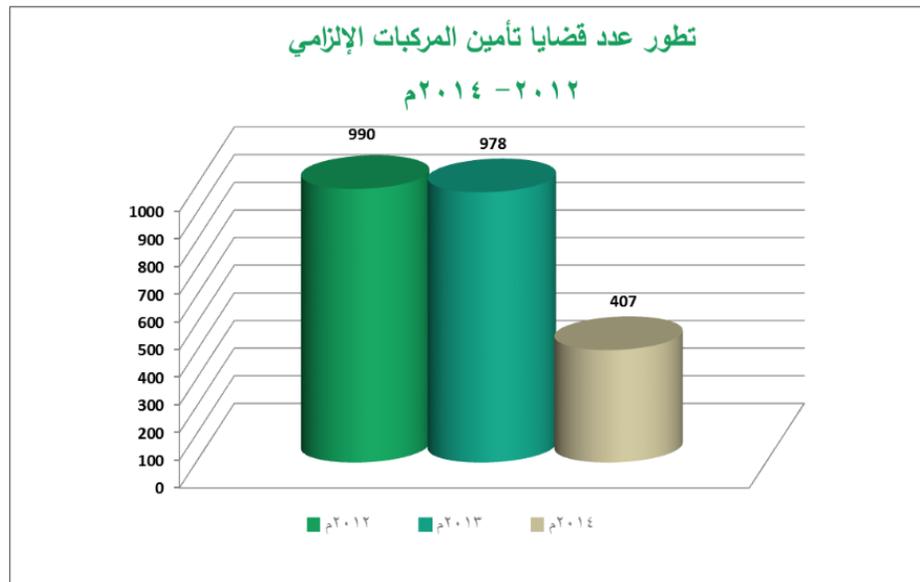
Work Results for the Period from 2012 to 2014

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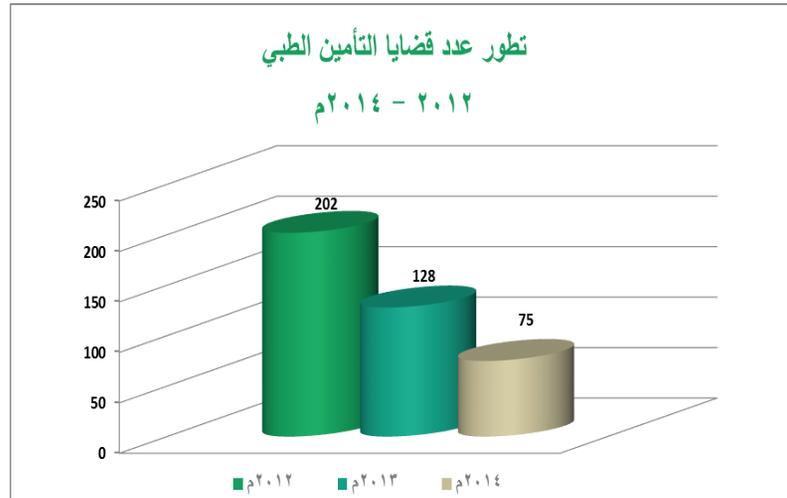
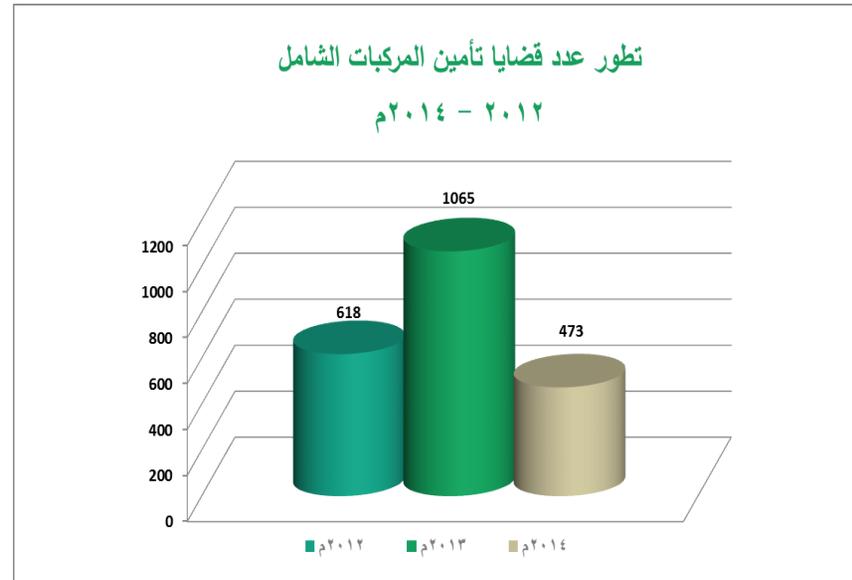
## 1. Number of Cases by Insurance Type for the Period 2012-2014:

- ◆ Motor insurance (both compulsory and comprehensive) cases reached 880 in 2014 representing 89.52% of total cases filed against insurance companies this year, declining by 98 cases compared to 2013 which recorded 2043 cases.



- ◆ 2014 witnessed a significant decline in compulsory motor insurance cases with 407 cases compared to 978 cases in 2013.

- ◆ The number of comprehensive motor insurance cases also dropped significantly in 2014 as the number of cases filed against insurance companies in this year was 473 cases compared to 1065 cases in 2013 dropping by 592 cases.

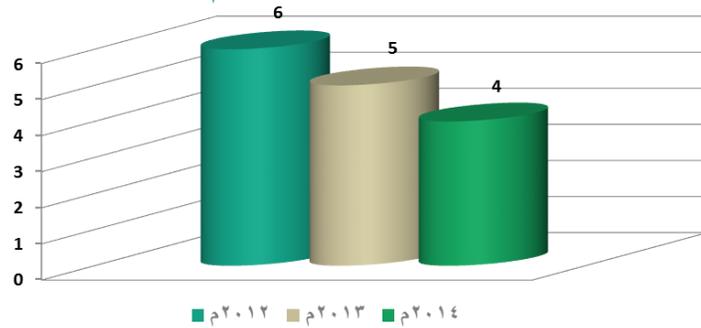


- ◆ Health insurance came third in terms of the number of cases filed against insurance companies during 2014 with 75 cases, accounting for 7.63% of the total number of cases and registering a slight decline compared to 128 cases in 2013.

- ◆ Motor insurance (both compulsory & comprehensive) and medical insurance cases constituted 97.15 % of total cases filed against insurance companies in 2014. This is due to the large number of beneficiaries of these two insurance services, therefore, the number of cases reflects the number of policies issued by insurance companies for motor insurance and medical insurance in 2014.

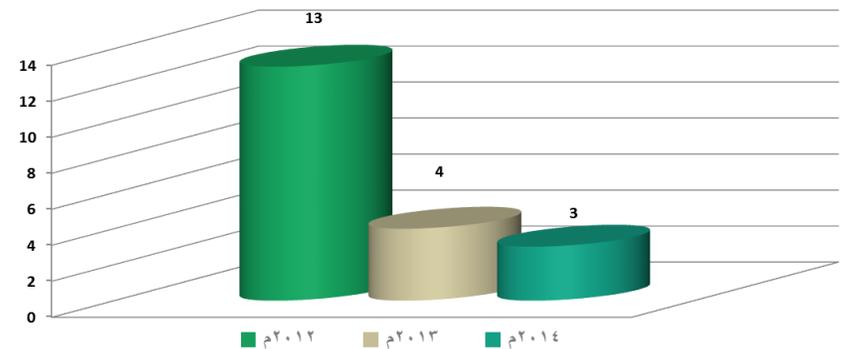
### تطور عدد قضايا تأمين الحريق

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### تطور عدد قضايا تأمين الحماية والإدخار

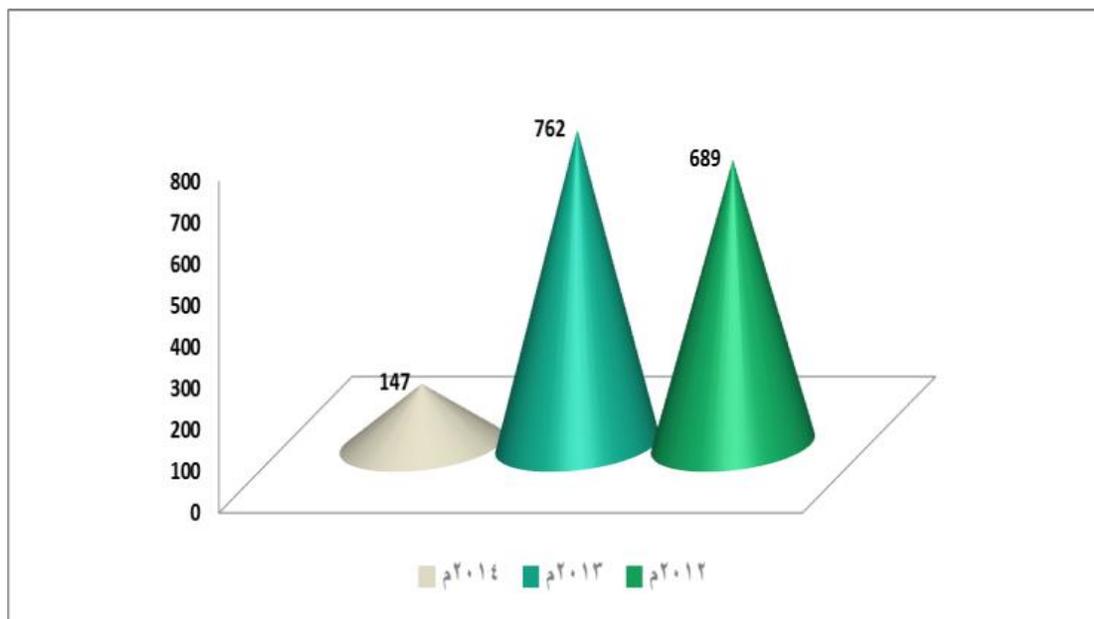
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- ◆ Apart from motor insurance & medical insurance cases, the committees consider cases of all types of insurance such as fire and allied perils, engineering insurance with all its products such as contractors' all risks insurance, protection and saving insurance, professional indemnity insurance including medical malpractice insurance for healthcare providers, medical insurance and marine insurance. These types of cases are characterized with high claim values.

## 2. Amicably Resolved Cases in 2014:

Mediation, which is applied after studying all legal and insurance aspects of cases and prior to submitting them before the committees, resulted in resolving numerous cases. With regard to the number of cases resolved amicably at the General Secretariat, 2014 witnessed the highest number compared to 2013.



Primary Committees for Resolution of Insurance  
Disputes and Violations and the Appeal Committee

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## 1. Statistics on Rulings of Riyadh Primary Committee in 2014:

Riyadh Primary Committee	
Rulings	Year
320	2012
252	2013
194	2014
<b>766</b>	<b>Total</b>

## 2. Statistics on Rulings of Dammam Primary Committee in 2014:

Dammam Primary Committee	
Rulings	Year
165	2012
212	2013
184	2014
<b>561</b>	<b>Total</b>

### 3. Statistics on Rulings of Jeddah Primary Committee in 2014:

Jeddah Primary Committee		Year
Rulings		
237	2012	
325	2013	
247	2014	
<b>809</b>	<b>Total</b>	

### 4. Statistics on Rulings of Appeal Committee in 2014:

- ◆ Since the commencement of the Appeal Committee, it has received 1210 cases to consider.