

Customer Relations Management 2025

At RIMAC, we have a publicly available procedure for handling customer complaints and requests

This document provides customers with clear information on how complaints and requests are defined, who may submit them, the available service channels, applicable response timelines, and the process followed from registration through evaluation and final notification.

INFORMACIÓN RELEVANTE SOBRE EL PROCESO DE ATENCIÓN DE RECLAMOS Y REQUERIMIENTOS – RIMAC SEGUROS Y RIMAC EPS

1. Definiciones:

- a. Reclamo: Son comunicaciones de los clientes o terceros en las que manifiestan su insatisfacción con el producto o servicio adquirido. Por ejemplo, el incumplimiento de obligaciones establecidas en el contrato o normativas vigentes.
- b. Requerimiento: Son pedidos que realizan los clientes o terceros para solicitar una acción, pudiendo tratarse de:
 - i. Consultas
 - ii. Solicitudes de información o documentación
 - iii. Otras solicitudes que no implica insatisfacción ni disconformidad
- c. IAFAS: Institución Administradora de Fondos de Aseguramiento en Salud.
- d. IPRESS: Institución Prestadora de Servicios de Salud.
- e. PAUS: Plataforma de Atención al Usuario en Salud

2. Pueden presentar un reclamo:

- a. Clientes o usuarios: personas que mantienen una relación contractual o consumen un producto o servicio.
- b. Terceros: Personas que, sin ser clientes directos, se ven afectadas o involucradas por una operación, producto o servicio.

3. Canales para ingresar un reclamo o requerimiento:

- a. De manera escrita: a través del Libro de Reclamaciones Virtual, el buzón reclamos@rimac.com.pe, mediante carta escrita firmada y presentada en nuestros centros de atención presenciales.
- b. De manera verbal: a través de nuestra Central Telefónica de Consultas al 01 411-1111 opción 4 o en nuestros centros de atención presenciales.

4. Plazos de atención de reclamos y requerimientos:

- a. Reclamos tipo Seguros*: 15 días útiles
- b. Reclamos tipo EPS: 30 días útiles
- c. Requerimientos*: 15 días útiles
- d. Reclamos de Microseguros: 15 días calendarios

* Estos plazos pueden extenderse, excepcionalmente, siempre que, por la naturaleza del reclamo o requerimiento, requieran el pronunciamiento previo de un tercero. Esta ampliación debe ser comunicada al usuario dentro del mencionado plazo, explicándole las razones de esta, además de precisarle el plazo estimado de respuesta.

5. Proceso de atención:

Click here to [here](#) to see more



Roles and Responsibilities

At RIMAC Seguros, we have a management approach in place to ensure that customer complaints and requests are handled in a timely, consistent and accountable manner. To support this, we maintain an internal procedure that defines the roles and responsibilities involved throughout the complaint- and request-handling process.

A structured internal framework



Clear ownership

The procedure establishes clear internal ownership across the complaint- and request-management process, helping ensure accountability for the activities performed at each stage.



Defined responsibilities

Roles and functions are assigned internally so that each stage of the process is supported by the appropriate areas and responsible positions.



Coordination and governance

The procedure also provides a structured framework for review, coordination and approval, supporting the consistent management of customer complaints and requests.

Multiple channels for customer support

We combine digital, telephone and in-person channels so customers can access information, request support and manage their insurance services.

Online & digital

We provide a Help Center, customer portal, App RIMAC and online insurance procedures that allow customers to access services and initiate or follow up on requests.

Email

Customers can contact us at atencionalcliente@rimac.com.pe. For complaints and requests, we also make reclamos@rimac.com.pe publicly available.

Dedicated phone line

Our general customer service line is (01) 411-1111, option 4. Emergency assistance is available 24/7 through the same main line.

In person

Customers can schedule an appointment at a RIMAC Store. Complaints may also be submitted at our in-person customer service centers.

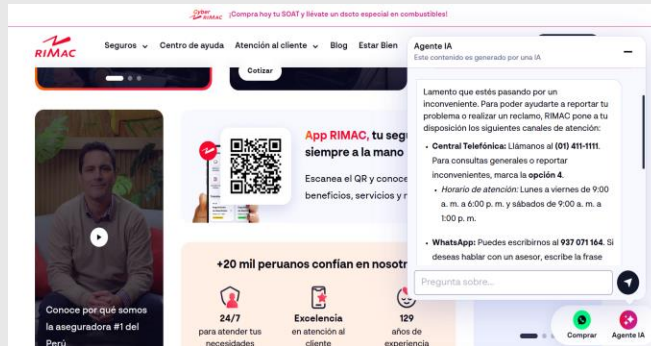
Customer self-service and follow-up

Through our insurance procedures page, customers can initiate a request or follow its status. Available journeys include health reimbursements, claims, policy changes, balance refunds, insurance reactivation and policy cancellation, among others.

Customer service channels in practice

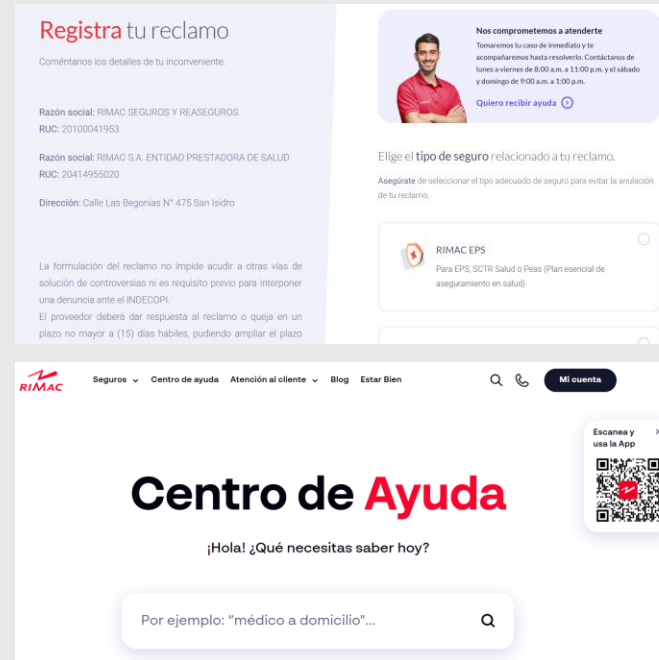
Building on our channel overview, the following examples show how we make customer support and complaint mechanisms available in practice.

AI Service Agent



We provide an AI-based customer support agent through our website to guide users and direct them to the appropriate service channels.

Help Center, customer portal / File your claim



Physical Complaint Books



At our physical service locations, customers can access complaint books for in-person attention. Where we have a **priority line**¹

Learn more about our customer service channels:

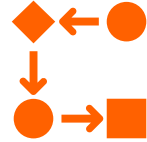
[AI Service Agent](#) / [Help Center, customer portal](#) / [File your claim](#)

1 Preferential attention in Peru is a mandatory right (Laws No. 27408 and No. 28683) that requires public and private entities to exempt pregnant women, older adults, children, and people with disabilities from waiting lines. All commercial establishments and service offices must display visible signage regarding this right and guarantee immediate access or priority ticketing.



How we handle complaints and requests

Our public complaint procedure defines channels, responsibilities and a clear resolution sequence.



1

2

3

4

Register

We receive the complaint or request through the virtual complaints book, email, phone or in-person service centers.

If the complaint is filed in person, the system automatically generates and sends the online complaint form to the email address provided by the user.

Evaluate / route

We validate the reported dissatisfaction according to the product or service. For EPS cases related to an IPRESS, the complaint may be transferred within the defined timeframe.

Resolve & notify

We send the final response through the channel requested by the customer and within the applicable resolution period.

Re-evaluate / escalate

If customers disagree with the response to their complaint, they may request a reconsideration through the corresponding complaint channels so that we can reassess their case. If they remain dissatisfied, they may refer the matter to the competent external bodies, including SBS and INDECOPI.

We distinguish between a complaint (customer dissatisfaction) and a request (queries, requests for information/documentation, or other requests that do not express dissatisfaction).

Transparent complaint resolution timelines

We publicly communicate the applicable response periods and how exceptional extensions are managed.

15

business days

Insurance complaints

30

business days

EPS complaints

15

business days

Requests

15

calendar days

Microinsurance
complaints

Exceptional extensions

When the nature of a complaint or request requires a prior opinion from a third party, the period may be extended. We publicly state that the customer must be informed within the original timeframe, including the reasons for the extension and the estimated response date.

Complaint monitoring & escalation mechanisms

We monitor the registration and handling of complaints every month to track volumes, response times and service performance.

Monthly complaint indicators

MONTHLY

01

Complaints registered

Number of complaints registered per month.

02

Complaints resolved

Number of complaints handled and resolved per month.

03

Average response time

Average handling time measured in business days.

04

Resolved within 24 hours

Percentage of complaints addressed within 24 hours.

05

Resolution by line of business

Percentage of complaints handled by insurance line.



Assurance and Oversight of Customer Complaint Management

We strengthen the reliability of our customer service and complaint management through internal audit and external regulatory oversight.

External regulators

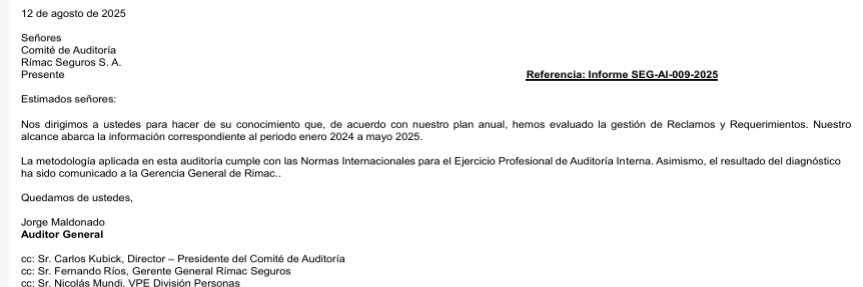
Our customer complaint channels are subject to periodic supervisory reviews by external regulators such as SBS and INDECOPI.



Audit conducted by the SBS from september 22 to october 20, 2025

Internal audit

We conduct periodic internal audits for our Complaints and Requests Management process.



Internal Audit evaluated the process covering January 2024 to May 2025.

Together, these mechanisms provide complementary layers of control: regulatory oversight, internal assurance and continuous improvement.

Audits and inspections conducted by the SBS and Indecopi are regulatory in nature and required by law in Peru. These actions are part of their oversight authority to monitor the market and protect citizens.



