

NQA MANAGEMENT SYSTEMS SURVEILLANCE PROCESS AUDIT REPORT

LBP (Land Bank of the Phil) Insurance Brokerage Inc.

VISIT NUMBER: 6

DATE OF OPENING MEETING: 28/12/2022

THIS REPORT HAS BEEN PREPARED BY:

REGIONAL ASSESSOR: Rhoda Vi B. Demesa

CONTACT NUMBER: +6328863795

EMAIL: info@nqa-ph.com

APPLICABLE STANDARD(S):

ISO 9001:2015 Quality Management System





Client Information

| Primary Contact: | • | Atty. Alvin Dans, Mr. Melvin Barnes | | | | |
|--|---|-------------------------------------|---|---------|------------------------------|------------|
| Address: | Philippines | entre, it | JS Paseo De Roxas, Le | gashi v | fillage, Makati (| City, 1209 |
| Contact Tel: | +632 840-4108 | | | | | |
| Contact Email: | alvin.dans@lbp-ir | lvin.dans@lbp-insurance.com | | | | |
| | Atty. Alvin Dans | | luin Parnos | | | |
| Billing Contact: | Atty. Aivin Dans | , 1711. 1716 | | | | |
| Billing Tel: | +632 840-4108 | | | | | |
| Billing Email: | alvin.dans@lbp- | -insuran | ce.com | | | |
| Audit Conducted at: | Head Office (multi-site certification) | | Participating / Temporary Site (multi-site certification) | | Single Site Certification | |
| Audit Conducted as: | Fully On-Site | | Split On-Site / Remote | | Fully Remote | |
| System integration (integrated audits only | y): | | N/A | | | |
| Additional information on integration (if required): | | N/A | | | | |
| Certificate expiry date | e(s): | | | | | |
| Required changes to EAC or NQA Codes applied: | | No changes requ | lired | | | |
| | | At this | s location | • | cross all lo | ootiono |

| | At this location | Across all locations (Multisite) |
|--------------------------------|------------------|-------------------------------------|
| Total employees | 51 | N/A |
| Repetitive or parallel workers | | |
| | | |
| Energy engaged employees | | |
| Energy consumption | | |
| Energy uses | | |
| Energy sources | | |

Energy data only applicable for ISO 50001 audits. Further guidance available in ASR 47:2.1

The date of the next audit is: 28/1

28/12/2023 to 28/12/2023



Audit Information

| Audit duration (in days): | 2.0md |
|---------------------------|--|
| Scope of certification: | Provision of Insurance Brokering and Claims Processing |
| | Scope is appropriate. |

Confirmation that audit objectives have been fulfilled: All objectives met.

If no, which objectives have not been met. Note that customers with installation/service activities within their scope must receive a minimum of one on-site visit once per cycle. Failure to achieve this may result in this activity being removed from the client's scope of certification.

| NQA Audit To | eam | Client | Position | Attendance |
|------------------|------------------------|--|-------------------------------|---------------------|
| Lead Assessor | Rhoda Vi B. Demesa | Ms. Cherry May Trinidad- Frederick | President & CEO | Opening and Closing |
| Member 1 | Teresita Aquino (A) | Melvin Barnes | ISO Coordinator | Opening and Closing |
| Member 2 | NA | Jaylord Dela Cruz | QMR | Opening and Closing |
| | | Renalyn Caneja | IT Specialist II | Opening and Closing |
| | | Merriesan B. Rador | Remittance specialist | Opening and Closing |
| | | Vieviene Madali | Finance Accounting Analyst | Opening and Closing |
| | | John Harold Bustarga | Marketing Clerk | Opening and Closing |
| | | Robin S. Macarilay | Marketing Assistant A | Opening and Closing |
| | | Marites Ravilo | Finance Account Specialist II | Opening and Closing |
| | | Enrico Penamante | IT Analyst | Opening |
| | | Michael Umali | AMS 1 | Opening |
| | | Ma. Pacita Gapi | Collection Supervisor | Opening |
| | | Josielyn Maala | Acct. Mktg. Specialist II | Opening and Closing |

* Mandatory attendance at OHSAS18001 / ISO45001 Audits. If these mandatory positions are not present at closing meeting, record and justify reasons in the Executive Summary.

| Details of Changes | | | | | |
|-----------------------------------|--------------------|-------|--|--|--|
| Type of action or change required | Action Required | Notes | | | |
| Client Name Change: | | | | | |
| Change of Address: | | | | | |
| Scope Change: | | | | | |
| Contact Change: | X | | | | |
| Number of Employees Change: | | | | | |
| Major NCs Raised: | | | | | |

AUDIT REPORT PART A - EXECUTIVE SUMMARY

| Special Visit Recommended: | |
|----------------------------|--|
| Other: | |

Executive Summary

LBP Insurance Brokerage, Inc. (LIBI) was organized as a wholly-owned subsidiary of the Land Bank of the Philippines on October 22, 1981. LIBI was primarily established to service the bank's insurance requirements, its subsidiaries, its clients/borrowers and other government offices. It was created for the purpose of engaging in the business of general insurance brokerage management and consultancy services on insurance-related activities to its clients.

LIBI was registered at Securities and Exchange Commission (SEC) on July 8, 1982. Its Certificate of Authority/Insurance Brokers License was officially issued by the Insurance Commission on September 10, 1982. On January of 1983 LIBI started its operation with initial capital of P0.250 million.

LBP (Land Bank of the Phil) Insurance Brokerage Inc. has established their management documentation system last June 1, 2018 and updated last Nov. 25, 2021 for the improvement of the documentation and it was verified effectively maintained. The scope of the management system was clearly defined in the quality manual. The justification for exclusion of design and development (8.3) was described in the manual. Required documented information was established. Quality Policy & Objectives were also included in the documentation. These were reviewed to comply with the requirements of standard. Management commitment to communicate the policy and the objectives within the organization was determined. Process interaction with other processes was documented. Legal requirement related to business permits and licenses were available. All the established document information were approved and properly distributed for implementation. The risk and opportunities are appropriate to the organization and actions are taken to address risk. Quality Objectives are proper and it set based on the quality policy and to the strategic direction of the organization. It is monitored regularly and achieved each quality objectives. The latest internal audit and management review was effectively conducted.

Confirmed Scope: Provision of Insurance Brokering and Claims Processing Applicability of industry and scheme code: Financial Industry – EAC32 (QMS52)

Good Points:

- 1) The Top Management's commitment in continuously implementing the QMS was commendable.
- 2) The availability of 2023 LIBI Strategy Map as well as the 2022 LIBI Strategy Map record is a good practice.
- 3) The actions taken and continuous efforts for the improvement of 2021 results of Customer Satisfaction Survey is noteworthy.
- 4) The attainment of Quality Objectives and Targets for Marketing and Accounting Unit were commendable as follows:
- Microinsurance Products for Agricultural and Fisheries Development, Financial Viability, Improve Efficiency and Quality Insurance Process, SM 1 Increase Net Income After Tax, SM 2 Improve on Return on Equity.

5. The creation of LIBI Insurance Application Form as part of continual improvement for insurance brokering is a good practice.

6. The creation of Claims Processing Requirements Checklists is a good practice.

AUDIT REPORT PART A - EXECUTIVE SUMMARY

7. The active participation of all the Staffs and Auditees during the audit and the willingness to improve are commendable.

8. The availability of previous QMS records is a good practice e.g. since year 2018, 2019, 2020, 2021 records were maintained.

9. The updated Insurance Broker's License and other Permits and Clearance are noteworthy.

Non-conformity (NC) - 1 Minor NC

Internal Audit:

The Internal Audit Procedure Manual (ADM-PM-001, Rev.00, Effective Date: November 21, 2018) was not effectively implemented and maintained (reviewed and revised as necessary).

- Evidence:
 - 1) Internal Audit Process- was not audited,
 - 2) There was no Audit Findings Report and Audit Findings Report Summary;
 - 3) Auditors were not evaluated after the conduct of the internal audit and not reflected on the Procedure Manual (required by ISO 19011:2018 Guidelines for Auditing Management Systems)

The audit proved that the implementation and maintenance of the quality management system was in accordance to the requirements of the standard, ISO 9001:2015 and verified effective, therefore certification is recommended.



| Is there any conflict of interest which exists between the Auditor(s) and the client, and are there | |
|---|-----|
| any situations known to them that present themselves, or NQA, with a potential conflict of interest | No. |
| in respect to the audit undertaken? | |

Audit Conclusion

- This visit was Satisfactory: Continuation or granting of certification is recommended, however Non-Conformances have been identified. You must take action as detailed below
- Minor Non-Conformances and Opportunities for Improvement have been identified
- Any findings are as detailed on the following page(s).

Audit Follow-up Actions

The following post-audit action(s) shall be taken by the client: CAPs to be completed and sent by the client to caps@nqa.com within 10 working days and actions to address Major NCs completed with 3-months. Evidence to be provided to NQA when action has been taken.



Please note that certification will not be granted, reissued or revised until all outstanding Non-Conformance responses have been submitted, and in the case of Major Non-Conformances, the evidence of corrective action has been provided to, and accepted by, NQA.

For further information, useful guidance and further support for responding to audit findings, please visit https://www.nqa.com/en-gb/clients/non-conformities

Management system performance, such as trends in audit findings that require further investigation at the next recertification audit.

Mandatory completion at the Head Office Audit of Surveillance Year 2

The management system performance was verified effective. The noted opportunities for improvement noted in this report require verification at next surveillance audit.



Audit Findings

| Ref No. | Clause No. | Details of any finding(s) raised. | Type (Major NC, Minor NC, OFI or AoC) |
|------------|---------------|---|--|
| 1 | Q: 9.3.2 | Ensure improving the required Management Review inputs related to letter 'f,', 'Audit Results' to reflect the results of Internal Audit (e.g. total number of audit findings, number of open, and verified closed-out findings) as well as the External Audit (e.g. NQA Audit findings, COA Audit, etc.) Ensure to reflect on letter 'g.' 'The performance of External Providers' management review inputs the number of external providers versus evaluated, both 'New' and 'Existing' external providers. | OFI |
| 2 | Q: 9.3.3 | Ensure to separate the Management Review Outputs from the 'Management Actions and Decisions' column intended only for the Management Review Inputs discussion. The required outputs shall include decisions and actions related to: a) Opportunities for Improvement; b) Any need for changes to the Quality Management System; c) Resource Needs; | OFI |
| 3 | Q: 8.5.1 | Insurance Brokering: Consider aligning with the Marketing & Sales Procedure (LBP-PM-SMd-001 rev. 0 dated June 1, 2018) the created LIBI Insurance Application Form and register these to DRC to form part of the insurance brokering operations continual improvement. Consider communicating to Account Officer(AO) the other required portions of the LIBI Insurance Application Form e.g. Request For: Quotation, Coverage, Renewal, Endorsement and Type of Loan: Mortgage Loan, Short-Term Loan, Easy Home, etc. Claims Processing: Consider ensuring that all created forms are DRC-registered to support the quality of operations of claims processing. Sampled uncontrolled/unregistered forms were as follows: Motor Claim Requirements, Salary Loan/MRI Claim Requirements, Fire Claim Requirements, etc. 2) Align these forms with the Marketing & Sales Procedure (LBP-PM-SMd-001 rev. 0 dated June 1, 2018) and ensure registering to the DRC. 3) Ensure the proper filing of all claims processing records to avoid loose filing of hardcopy records. | OFI |
| 4 | Q: 8.4 | Procurement: 1) Ensure evaluating all the external provider of goods and services. 2) Ensure to communicate the results of the performance evaluation to all External Providers. | OFI |



| | | Consider revisiting the Supplier/Vendor /Contractor Performance Evaluation rating system. | |
|---|----------|--|----------|
| 5 | Q: 7.2 | Human Resources: Ensure evaluating the training effectiveness both internal and external training conducted. | OFI |
| 6 | Q: 7.1.3 | Preventive Maintenance: Need to establish a preventive maintenance schedule for vehicle, rest room, and equipment e.g. laptops, PC, etc. | OFI |
| 7 | Q: 7.5 | Control of Documented Information/Documents & Records Control: Ensure to update revision history, e.g. Corrective Action Request QR-QMR-001-007 dated12/19/2017 revised 06/11/2018 Ensure coding of the Quality Manual e.g. no document code Consider revisiting the Quality Manual e.g. clause 6.1.4 Planning actions – IMS or Integrated Management System was included but current Management System is QMS. | OFI |
| 1 | Q: 9.2 | Internal Audit:The Internal Audit Procedure Manual (ADM-PM-001, Rev.00,Effective Date: November 21, 2018) was not effectively implementedand maintained (reviewed and revised as necessary).Evidence:4) Internal Audit Process- was not audited,5) There was no Audit Findings Report and Audit Findings Report Summary;6) Auditors were not evaluated after the conduct of the internal audit and not reflected on the Procedure Manual (required by ISO 19011:2018 Guidelines for Auditing Management Systems) | Minor NC |
| | | End of Findings | |
| Note: Responses to findings must be sent using the Corrective Action Plan form, as applicable, to <u>caps@nga-ph.com</u> within the timeframes stated on Page 5. | | | |



| | Closure of Findings from Previous Audit: Report No. 20211227-01, Dated 27/12/2021 | | | | | |
|------------|--|--|----------|-------------------------------------|--|--|
| Ref No. | | of finding and client action: | | Outcome (Closed or Escalated) | | |
| | Clause | Summarise Action(s) Taken to Prevent Recurrence | Category | | | |
| 1 | 4.1 | Need to improve the SWOT Analysis to include the pandemic effect to the organization. Actions Taken: SWOT Analysis has reflected the pandemic effect to the organization and presented RCSA 2022 update. | OFI | Closed | | |
| 2 | 6.1.1 | Need to improve the risk assessment to include the pandemic effect to the organization. Actions Taken: Reflected on the RCSA presented on SP4-A1-2, Risk Planning and Execution, Risk Drivers, no alternative planning and execution of programs, and initiatives effectively may lead to operational inefficiencies, financial losses and project failure. Applicable for 2021 because of Pandemic situation. Base Operational Risk Events Levels Risk Level I: Execution Delivery and Process Management Risk Level II: Transaction Capture Execution and Maintenance Risk Level III: Other Task Mis-performance | OFI | Closed | | |
| 3 | 8.4.3 | Need to ensure to conduct performance evaluation to all goods and service providers. Actions Taken: Conducted evaluation of some Suppliers. | OFI | Closed | | |
| 4 | 6.2.1 | Need to established Quality Objectives for Purchasing/BAC. Actions Taken: With established Quality Objectives for Purchasing/BAC | OFI | Closed | | |
| 5 | 7.2 | Consider to register all the official documents being used e.g. competency framework, competency dialogue etc. Actions Taken: Registered all the official documents being used e.g. competency framework, competency dialogue, etc. Ensure to evaluate the effectiveness of the training done and Consider to review the training manual to include the timing of the evaluation of effectiveness Actions Taken: Evaluated the effectiveness of the training done Ensure to come up with training plan or schedule based on the result of the PTWAR Evaluation as an action for the gap of competency. Actions Taken: With training plan or schedule based on the result of the PTWAR Evaluation as an action for the gap of competency. | OFI | Closed | | |



| 6 | 9.2 | 1. Consider to improve the audit program to include the list of | OFI | Escalated |
|---|-------|--|----------|-----------|
| | | audits to be conducted for the year. | | |
| | | 2. Consider to improve audit reporting to include the summary of | | |
| | | the findings | | |
| | | 3. Need to evaluate the performance of the auditors | | |
| | | 4. Ensure that NC are address without undue delay | | |
| | | 5. Consider to establish CAR Monitoring | | |
| | | 6. Consider to review the Corrective Action Procedure to include | | |
| | | the timing when to evaluate the effectiveness of the | | |
| | | Implementation the corrective action. | | |
| | | Actions Taken: | | |
| | | Recurred | | |
| 7 | 7.5.1 | Need to ensure to properly control all documentation information | OFI | Closed |
| | | use for operations and ISO related documentation. | | |
| | | Actions Taken: | | |
| | | Verified with DRC stamps. | | |
| 1 | 9.3 | The conduct of management review was not effective. | Minor NC | Closed |
| | | Evidence: | | |
| | | It was noted that management review (director's meeting) | | |
| | | was conducted last Dec. 16, 2021, however, no published | | |
| | | minutes of meeting noted at the time of the audit. | | |
| | | minutes of meeting noted at the time of the addit. | | |
| | | Actions Taken: | | |
| | | The Annual (once per year) Management Review has been | | |
| | | conducted last December 5, 2022. Doc. No. ADM-RF-039, QMS | | |
| | | Management Review Minutes of Meeting | | |
| | | אומוומצבוויבות הביובש אווווענבי טו אובבנווצ | | |
| | | | | l |
| | | | | |



Opening and Closing Meetings

Opening and closing meetings were performed in accordance with Form 335. The objective of the audit was to confirm that the management system had been established and implemented in accordance with the requirements of the audit standards.

Confirmed no changes to system scope.

No unusual operations scheduled during this audit.

No changes to company operations since previous audit.

No major customer complaints or environmental / health and safety complaints or issues with delivering contractual requirements have occurred since previous audit.

Discussed site visit requirements, required a minimum of once per audit cycle, to address any remote activities within scope.

Discussed approach to audit and availability of personnel. Confirmed system scope, discussed and clarified business operations occurring on and off site and within the system scope.

Discussed and justified any inapplicable clauses.

Reviewed certificates.

No changes of significance to management structure since previous audit.

Reviewed previous report. No unusual activities scheduled. No issues arising with adhering to Audit Plan as prepared.

Findings closed out as per previous page(s).

Confirmed Company Name: LBP (Land Bank of the Phil) Insurance Brokerage Inc. Confirmed Office Address: 12/F Sycip Law Centre, 105 Paseo De Roxas, Legaspi Village, Makati City, 1209

Philippines

Confirmed Scope: Provision of Insurance Brokering and Claims Processing

Confirm the Number of Employees: 51 Employees

Confirmed no shift work, only working from 8:00am – 5:30pm daily.

Confirmed no change in the organization since last Recertification visit.



| Use of Registration Marks and Logos | | | | | |
|---|--------------------------|--|--|--|--|
| Use of Registration Mark (if used) is in accordance with the Rules of Yes Registration | | | | | |
| The NQA and UKAS logo use as verified used in the stationery documents and it v used, no violation of logo use verified. | was verified effectively | | | | |

Example of the current NQA logos:

ISO 9001 (UKAS Accredited)



ISO 9001 (UKAS Accredited) with 'UKAS Tick and Crown'



More information can be found at: <u>https://www.nqa.com/en-gb/clients/logo-library</u>

If there are inaccuracies, errors or queries regarding this report or audit findings, please contact NQA Head Office on 0800 052 2424 within five working days of the closing meeting.

End of Audit

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NQA, Warwick House, Houghton Hall Park, Houghton Regis, Dunstable, Bedfordshire LU5 5ZX, United Kingdom T: 0800 052 2424 E: info@nqa.com @nqaglobal

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