

Sanadak: the UAE insurance and financial dispute resolution system

A comprehensive guide for insurers, policyholders, and market participants

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1. Executive summary

The UAE operates a mandatory three-tier dispute resolution system for consumer insurance complaints. Each tier must be exhausted before the next becomes available. No court action can be initiated without first passing through tiers 1 and 2.

Tier 1	Tier 2	Tier 3
Internal complaint Policyholder complains directly to the insurer. Deadline: 15 calendar days for insurer to respond Cost: None If unresolved: Escalates to tier 2	Sanadak (ombudsman) Independent review. Mandatory before courts. Deadline: 15 working days for initial response Cost: Free for consumers. Insurers pay case fee per complaint. If unresolved: Escalates to tier 3	IDSRC (judicial committee) Judge-chaired committee. Decisions are enforceable writs. Deadline: 20 working days from receipt of documents Cost: 4% of claim value (min AED 100, max AED 30,000) Finality: No appeal for disputes up to AED 50,000*

*Federal Decree-Law No. 6 of 2025 may raise this threshold to AED 100,000. See section 3 note.

Sanadak is the UAE's independent financial and insurance ombudsman, established by the Central Bank of the UAE (CBUAE) under Decision No. 1659/2023. The name is an Arabic expression meaning "Your Support." It began operations on 7 March 2024, replacing the former Banking and Insurance Dispute Settlement Unit (BIDRU) and assuming responsibility for all outstanding BIDRU complaints at the date of transition. It is the first legally independent ombudsman unit in both the UAE and the MENA region. It is led by CEO and Managing Director Faiza Al Awadhi. (Source: [Fichte & Co Legal, March 2024](#); [Sanadak official website](#))

For the insurance market, **Sanadak is a mandatory pre-court step**. Most onshore insurance disputes must pass through Sanadak before proceedings can be commenced in UAE courts. Federal Decree-Law No. 6 of 2025, which consolidated banking and insurance regulation under a single statute, elevated this role to full statutory status. The system is free for consumers; insurance companies bear the cost through an annual levy and per-complaint case fees. In 2026, Sanadak was presented to financial executives from over 20 Arab countries as a regional model for consumer dispute resolution. (Source: [Chambers and Partners, Insurance & Reinsurance 2026 UAE](#); [Ashurst, October 2025](#); [The Arabian Post, 2026](#))

2. Legal basis and regulatory framework

2.1 Establishment

Sanadak was established under CBUAE Decision No. 1659/2023, issued pursuant to the "Regulation Concerning the Establishment of an Ombudsman Unit in the UAE" (the Ombudsman Regulation), published in the Official Gazette in March 2023. The regulation provided a one-year implementation period, making Sanadak operational from March 2024. (Source: [Fichte & Co Legal](#); [CBUAE Rulebook – Ombudsman Regulation](#))



2.2 Governing legislation

The overarching legislative framework has evolved through three key instruments:

Legislation	Status	Relevance to Sanadak
Federal Decree-Law No. 48 of 2023 Regulating Insurance Activities	Issued November 2023; repealed by Law No. 6 of 2025 (September 2025)	First established the Insurance Disputes Settlement and Resolution Committees under CBUAE oversight. Elevated the committees' judicial status by directing appeals to the Court of Appeal rather than the Court of First Instance. (Source: Al Suwaidi & Company)
Federal Decree-Law No. 6 of 2025 Regarding the Central Bank, Regulation of Financial Institutions and Activities, and Insurance Business	In force (effective 16 September 2025), one-year transition period ending 16 September 2026	Consolidated law that repealed both Federal Decree-Law No. 14 of 2018 (the CBUAE law) and Federal Decree-Law No. 48 of 2023 (the insurance law). Unifies banking and insurance regulation under a single statute. Formalizes Sanadak's role as mandatory pre-court dispute resolution mechanism. Raises maximum administrative fines from AED200 million to AED1 billion. Establishes a new Grievances and Appeals Committee for complaints about CBUAE decisions. May raise the finality threshold for judicial committee decisions from AED50,000 to AED100,000 (see section 3 note). (Source: CBUAE Rulebook ; GLA & Company ; Ashurst ; Norton Rose Fulbright)
CBUAE Ombudsman Regulation (Decision No. 1659/2023)	In force	Establishes Sanadak as an independent legal entity, defines its mandate, scope, funding, complaint procedures, and appeal mechanisms. (Source: CBUAE Rulebook)

2.3 Institutional independence

Sanadak enjoys legal personality and is financially and administratively independent from the CBUAE. Its principal mandate is to receive, handle, review, and resolve complaints in a thorough, timely, transparent, fair, and legally sound manner. This independence is a structural feature designed to ensure impartiality – Sanadak is not an arm of the insurance regulator making enforcement decisions, but a separate dispute resolution body. (Source: [CBUAE Rulebook – Ombudsman Regulation, Article 2](#); [GCC Board Directors Institute](#))



3. The three-tier dispute resolution system

The UAE operates a mandatory three-tier system for consumer and retail insurance disputes. Each tier must be exhausted before the next becomes available. (Source: [Chambers and Partners, Insurance & Reinsurance 2026](#))

Tier 1: Internal complaint to the insurance company

The policyholder or beneficiary must first raise a formal complaint directly with the insurance company. The insurer has up to 15 calendar days to provide a response. This timeline was reduced from the original 30 calendar days stipulated in the Ombudsman Regulation. Sanadak announced the 50% reduction on 20 October 2025, with CEO and Managing Director Faiza Al Awadhi stating it aligned with international best practices and the "We the UAE 2031" vision. The 15-day period applies both to the internal insurer response window (15 calendar days) and to Sanadak's own initial response timeline (15 working days). (Source: [Zawya / Sanadak press release, 20 October 2025](#); [Dawia Family Office](#))

Important for insurers: Sanadak will reject a complaint if the consumer did not first raise an official complaint with the insurer and wait the requisite period. This means insurers must have a functioning internal complaints process with documented timelines. Failure to respond within the internal window effectively opens the door to Sanadak intervention.

Tier 2: Sanadak (the ombudsman)

If the consumer is dissatisfied with the insurer's response, or if the insurer fails to respond within the required period, the complaint can be escalated to Sanadak. This is a mandatory step; court action cannot be initiated without first going through Sanadak. The service is free for consumers.

Sanadak reviews the complaint, requests documentation from both parties, and issues a determination. Complaints can be upheld, partially upheld, or rejected. If the consumer accepts the outcome, the case closes within five working days. (Source: [Sanadak – Resolution Process](#); [Gargash Insurance](#))

Tier 3: Insurance Disputes Settlement and Resolution Committee (IDSRC)

If either party disagrees with Sanadak's determination, the case can be escalated to the IDSRC, a judicial committee established under the insurance law. The IDSRC is chaired by a judge and includes another judge plus one or more experts appointed by the CBUAE. It has the power to settle all types of insurance disputes regardless of monetary value. Committees sit in Abu Dhabi and Dubai, with sessions in other emirates as needed. Virtual hearings are permitted. (Source: [Chambers and Partners](#); [M and Co Legal](#))

IDSRC decisions carry the force of a writ of execution – meaning they are enforceable without further court proceedings. Under Administrative Resolution No. 10-A/1/2024 (effective 15 March 2024), disputes valued at AED50,000 or less are final with no appeal. For disputes exceeding AED50,000, either party may appeal to the Court of Appeal within 30 days. (Source: [Al Suwaidi & Company](#); [Chambers and Partners](#); [Fichte & Co Legal](#))



Potential threshold change under FDL 6/2025: Federal Decree-Law No. 6 of 2025 contains a general provision establishing that competent judicial committees for financial disputes issue binding final decisions for amounts up to AED100,000 – double the AED50,000 threshold in Administrative Resolution No. 10-A/1/2024. The Chambers and Partners Insurance & Reinsurance 2026 guide continues to reference the AED50,000 threshold specifically for IDSRC insurance disputes. It is not yet clear whether the broader AED100,000 provision in the consolidated law has superseded the insurance-specific AED50,000 threshold, or whether implementing regulations during the transition period (ending 16 September 2026) will clarify this. Insurers and TPAs should monitor this point and seek specific confirmation from CBUAE or qualified legal counsel. (Source: [Ashurst, October 2025](#) – citing AED100,000; [Chambers and Partners, 2026](#) – citing AED50,000) *Confidence: medium. Two credible sources cite different thresholds. The discrepancy likely reflects the transition from old to new law.*

4. Detailed process: what happens at each stage

4.1 Filing a complaint with Sanadak

Who can file: Individuals (natural persons), sole proprietors, and small and medium enterprises (SMEs) as defined in the Ombudsman Regulation. (Source: [GCC Board Directors Institute](#))

What can be complained about: Sanadak handles complaints involving all types of insurance – motor, health, property, marine, life, and compensation disputes. Eligible complaints include failure to provide a requested service or product due to arbitrary reasons, discriminatory or deceptive conduct, misleading or fraudulent practices, unfair treatment, and financial loss caused by insurer misconduct. (Source: [Gargash Insurance](#); [GCC Board Directors Institute](#))

How to file: Through the Sanadak website ([sanadak.gov.ae](#)), the Sanadak mobile application (via UAE Pass), by telephone (800 SANADAK / 800 72 623 25), by email ([info@sanadak.gov.ae](#)), or in person at the Abu Dhabi office (Monday to Thursday, 7:30 AM to 3:30 PM). (Source: [Gargash Insurance](#))

Filing deadline: Complaints must be filed within three years from the date of the conduct that gave rise to the complaint, or within two years from the date the complainant became aware of the conduct, whichever period is longer. (Source: [Gargash Insurance](#))

4.2 Grounds for rejection

Sanadak will reject a complaint if:

- The consumer did not first raise an official complaint with the insurer
- The required waiting period after filing with the insurer was not observed
- The complaint is identical to one already under review
- Court proceedings are ongoing for the same matter
- The complaint falls outside CBUAE's regulatory mandate
- The complaint concerns internal company policies, pricing decisions, or AML/CFT practices
- A pre-settlement agreement already exists between the parties

(Source: [Gargash Insurance](#))



4.3 Resolution timeline

Stage	Timeline	Source
Complaint acknowledgment by Sanadak	Within 3 business days	Fichte & Co Legal
Sanadak issues initial response / contacts parties	Within 15 working days (reduced from 30; announced 20 October 2025)	Zawya / Sanadak, 20 October 2025
Insurer must provide clarifications (once referred to IDSRC)	5 working days via Sanadak's e-system	Chambers and Partners
Referral to IDSRC committee (if needed)	Within 5 working days	Chambers and Partners
Request for additional information from parties	Up to 10 business days to respond	Gargash Insurance
IDSRC committee decision	20 working days from receipt of all documents (extendable)	Chambers and Partners
Appeal of Sanadak determination	Within 30 business days of determination	Fichte & Co Legal
Appeal of IDSRC decision (disputes over AED50,000)	Within 30 days to Court of Appeal	Al Suwaidi & Company
Case closure after acceptance	Within 5 working days	Gargash Insurance

5. Fee structure

5.1 Fees for consumers and SMEs

Stage	Fee	Notes
Filing a complaint with Sanadak	Free	No charge at any point for the initial complaint
Appealing a Sanadak determination	AED500 per appeal	Refunded if the determination is in the consumer's favor. The Chief Ombudsman may waive this fee in exceptional circumstances.

(Source: Sanadak – Submit a Complaint; Gargash Insurance)



5.2 Fees for insurance companies and licensed financial institutions

The Ombudsman Regulation establishes four fee types that fund Sanadak's operations. These are borne by the regulated entities – not by consumers. (Source: [CBUAE Rulebook – Ombudsman Regulation](#))

Fee type	Description	Specific amount
Annual levy	A fee levied on all licensed financial institutions and insurance companies on an annual basis. Payment is due within 30 calendar days of the assessment notice.	Set by Sanadak's Board; specific amounts are not published in the regulation or on the public website. <i>Confidence: high (the fee exists); specific amount: not publicly available.</i>
Case fee	A fee levied on the insurer or LFI for each complaint closed by Sanadak during a financial year, regardless of when the complaint was originally referred.	Set by Sanadak's Board; specific amounts are not published in the regulation or on the public website. <i>Confidence: high (the fee exists); specific amount: not publicly available.</i>
Supplementary levy	An additional levy that may be imposed if the annual levy and case fees are insufficient to cover Sanadak's operational costs.	At the Board's discretion. <i>Confidence: high.</i>
Appeals fee	A fee charged to the party appealing a determination. Refundable if the appeal succeeds.	AED500 for consumers. The regulation does not specify a different amount for insurers appealing.

5.3 Fees at the IDSRC (judicial committee) stage

If a complaint escalates from Sanadak to the Insurance Disputes Settlement and Resolution Committee, a separate fee structure applies. These fees were established under CBUAE Administrative Resolution No. 10-A/1/2024 (published 20 February 2024, effective 15 March 2024) and took effect on 1 May 2024. Prior to that date, IDSRC proceedings were free of charge. (Source: [Fichte & Co Legal](#); [Chambers and Partners](#); [Galadari Law](#))



Dispute type	Fee	Notes
Fixed-value disputes	4% of the claim value, minimum AED100, maximum AED30,000	Prior to 1 May 2024, IDSRC proceedings were free of charge.
Unspecified-value disputes	Fixed fee of AED3,000	Applies where the monetary value of the claim cannot be determined at filing.

6. Obligations for insurance companies

6.1 Internal complaint handling

Under the CBUAE Consumer Protection Regulation, all licensed insurers must maintain a formal complaint handling mechanism. This includes providing clear information on how to file a complaint (including contact details and channels such as email, phone, and fax), defined response times, and continuous monitoring and improvement of complaint handling effectiveness. (Source: [CBUAE Rulebook – Consumer Protection Regulation](#))

6.2 Responding to Sanadak

When a complaint is referred to the insurer through Sanadak, the insurer must respond within the timelines set by the system. If the matter escalates to the IDSRC, the insurer must provide clarifications within 5 working days via Sanadak's electronic system. The complainant may then object and request a formal committee referral, which occurs within a further 5 working days. (Source: [Chambers and Partners](#))

6.3 Compliance consequences

Non-attendance at IDSRC hearings without acceptable excuse allows the committee to issue a determination if the case is ready for decision, or to dismiss the case (with the complainant having 30 days to refile). (Source: [Chambers and Partners](#))

IDSRC decisions are enforceable as writs of execution. An insurer that fails to comply with a committee decision is subject to enforcement proceedings under applicable UAE law.

Separately, CBUAE maintains a schedule of administrative fines under Cabinet Resolution No. 7 of 2019. This resolution lists 204 violations with corresponding penalties, applicable to all UAE insurance companies and insurance-related professionals including TPAs and loss adjustors. Individual violation penalties under this resolution range from AED5,000 to AED250,000, with a cumulative ceiling of AED2 million per entity, doubled for repeat violations within one year. (Source: [CBUAE Rulebook – Cabinet Resolution No. 7 of 2019](#); [BSA Law](#))

Penalty escalation under FDL 6/2025: Federal Decree-Law No. 6 of 2025 substantially raised the ceiling for administrative fines. The maximum fine for licensed financial institutions and insurance companies is now AED1 billion, with enhanced sanctions including license revocation. This represents a significant escalation from the AED200 million maximum that applied under the broader CBUAE regulatory framework (Federal Decree-Law No. 14 of 2018). The new penalty regime applies to all in-scope entities from 16 September 2025, with a one-year transition period for compliance. (Source: [Norton Rose Fulbright](#); [Addleshaw Goddard](#))



7. Scope and exclusions

7.1 What Sanadak covers

Sanadak handles complaints against insurance companies and licensed financial institutions regulated by CBUAE. This includes all onshore UAE insurance companies writing motor, health, property, marine, life, and other lines of business. The mandate covers product and service delivery failures, arbitrary service denials, and financial harm from insurer misconduct.

7.2 What Sanadak does not cover

Exclusion	Rationale
Complaints about internal company policies or pricing	Commercial decisions are outside the ombudsman's scope
AML/CFT-related matters	Handled by the Financial Intelligence Unit
Disputes already before the courts	Prevents parallel proceedings
Disputes subject to valid arbitration agreements	Arbitration takes precedence
Claims between insurance professionals (insurer-to-insurer, reinsurance)	Sanadak is for consumer protection, not commercial disputes between licensed entities
DIFC and ADGM-regulated entities	Free zone financial services regulators have their own dispute resolution mechanisms
Subrogation claims by insurers	These are insurer commercial actions, not consumer complaints

(Source: Gargash Insurance; M and Co Legal)



8. The 2025 law: what changed

Federal Decree-Law No. 6 of 2025, effective 16 September 2025, is the consolidated law that brought banking, financial institution regulation, and insurance regulation under a single statute. It repealed both the 2018 CBUAE law and the 2023 insurance law. (Source: [CBUAE Rulebook](#); [White & Case LLP](#))

Key changes relevant to Sanadak and insurance disputes:

Consolidated mandate: The law unifies consumer complaints for banking and insurance under Sanadak, reinforcing its role as the single front door for all regulated financial and insurance disputes.

Mandatory pre-court referral: The requirement that most onshore insurance disputes pass through Sanadak before court proceedings is now embedded in the consolidated statute.

Enhanced consumer protection: Article 149 mandates robust fraud prevention, prompt breach notification, and transparent fee disclosure. (Source: [GLA & Company](#))

Resolution authority: The law establishes a formal Resolution Authority within CBUAE for financial institutions and insurers, extending beyond dispute resolution into regulatory intervention.

Enhanced penalties: Maximum administrative fines increased from AED200 million to AED1 billion, with enhanced sanctions including license revocation. (Source: [Norton Rose Fulbright](#))

Grievances and Appeals Committee: A new committee was established to handle complaints about CBUAE decisions, with appeals available to the Higher Federal Court. (Source: [Norton Rose Fulbright](#))

Judicial committee finality: The law contains provisions establishing that competent judicial committees issue binding final decisions for disputes up to AED100,000. This may supersede the AED50,000 insurance-specific threshold set by Administrative Resolution No. 10-A/1/2024, though the position is not yet confirmed (see section 3 note). (Source: [Ashurst](#))

Technology regulation: Entities offering digital platforms, decentralized applications, or technological infrastructure supporting financial services now fall under CBUAE oversight. (Source: [Norton Rose Fulbright](#))

Transition period: A one-year transition period applies for all in-scope entities to align operations with the new law's requirements. The deadline is 16 September 2026. The CBUAE Board retains discretion to extend this period. (Source: [Chambers and Partners, 2026](#); [Addleshaw Goddard](#))

9. Practical implications for insurers

9.1 Direct financial exposure

Each complaint that reaches Sanadak generates a direct cost to the insurer through the case fee, in addition to the annual levy all licensed entities pay. While specific fee amounts are not publicly disclosed, the structure creates a clear financial incentive for insurers to resolve complaints internally before they escalate. An insurer with a high volume of Sanadak complaints will bear proportionally higher costs.

If the complaint escalates to the IDSRC, further costs arise: the 4% of claim value filing fee (minimum AED100, maximum AED30,000), legal representation costs, and management time spent on committee proceedings.



9.2 Operational requirements

Insurers need robust internal complaint handling processes that meet CBUAE Consumer Protection Regulation standards. This includes documented procedures, clear response timelines, trained complaint handling staff, and systems to track complaint volumes and resolution rates. A failure at the internal stage, particularly failing to respond within the required period, automatically gives the consumer grounds to escalate to Sanadak.

9.3 Reputational considerations

Sanadak creates a centralized record of complaints against each insurer. While complaint data is not currently published in a public league table, the CBUAE has the data and the regulatory interest to use it. Insurers with disproportionately high complaint volumes relative to their market share may attract supervisory attention.

9.4 Related regulatory developments

In the broader consumer protection environment, CBUAE Directive PD-05-2025 (effective late 2025) requires health insurers in Dubai to pay a 0.03% daily delay fee if claims payment deadlines (typically 30 to 45 days) are missed. While this directive applies to health insurance specifically, it signals a regulatory appetite for enforcing claims-payment discipline across insurance lines and may foreshadow similar measures in motor insurance. (Source: [Chambers and Partners, Insurance & Reinsurance 2026](#))

9.5 Precedent-setting decisions

Sanadak has shown willingness to favor proportionate outcomes in certain cases. For example, in non-disclosure disputes where a misrepresentation affected pricing rather than the acceptability of the risk, Sanadak has in some cases favored proportionate remedies rather than total policy avoidance. These outcomes are fact-dependent and not codified, but they signal a consumer-protection orientation that insurers should factor into claims handling decisions. (Source: [Chambers and Partners, Insurance & Reinsurance 2026](#))

10. Research methodology and limitations

10.1 Methodology

This report was compiled through systematic review of primary regulatory sources (CBUAE Rulebook, federal legislation, Sanadak official website), secondary legal analysis (law firm publications from Al Tamimi & Company, Fichte & Co Legal, Al Suwaidi & Company, White & Case, GLA & Company, Norton Rose Fulbright, Ashurst, Addleshaw Goddard, Galadari Law, BSA Law), industry publications (Chambers and Partners, GCC Board Directors Institute), and trade media (Gulf News, Arabian Business, The Arabian Post, Zawya). Each factual claim was cross-referenced against at least two independent sources where possible. The report was originally compiled in March 2026 and updated in April 2026 to incorporate FDL 6/2025 developments, the confirmed timeline reduction date, and additional law firm analyses published after the initial research.



10.2 Limitations

Case fee and annual levy amounts: The specific AED amounts that insurers pay to Sanadak per complaint and as annual levies are set by Sanadak's Board and are not publicly disclosed. This report confirms the existence and structure of these fees but cannot verify the exact amounts.

Complaint statistics: Sanadak has not published complaint volume statistics, resolution rates, or outcome breakdowns for its first years of operation. No annual report was found in the public domain as of the date of this research.

Timeline reduction: (*Resolved in April 2026 update.*) Sanadak officially announced the reduction from 30 to 15 days on 20 October 2025 via a Zawya press release. The original March 2026 version of this report could not confirm the date; this has now been verified.

Finality threshold ambiguity: Administrative Resolution No. 10-A/1/2024 sets the IDSRC finality threshold at AED50,000. FDL 6/2025 contains a broader provision referencing AED100,000 for judicial committee decisions on financial disputes. It is not clear whether the new law has superseded the insurance-specific threshold. Two leading practice guides cite different figures (Chambers 2026: AED50,000; Ashurst: AED100,000). This requires monitoring during the FDL 6/2025 transition period.

2025 law transition: The full impact of Federal Decree-Law No. 6 of 2025 on Sanadak's operations is still developing, as the one-year transition period extends into 2026.



11. Source list

Tier 1 – Primary and regulatory sources

[Sanadak official website](#) – complaint submission, eligibility, resolution process, FAQs

[CBUAE Rulebook – Establishment of Ombudsman Unit Regulation](#) – the founding regulation, articles on scope, funding, complaint resolution, and appeals

[CBUAE Rulebook – Federal Decree-Law No. 6 of 2025](#) – consolidated CBUAE and insurance law

[CBUAE Rulebook – Consumer Protection Regulation](#) – complaint handling requirements for licensed entities

[CBUAE Rulebook – Cabinet Resolution No. 7 of 2019](#) – administrative fines schedule for insurance violations

[CBUAE Rulebook – Board Resolution No. 33 of 2019](#) – regulation of insurance dispute resolution committees

[UAE Government Portal – Raising complaints against financial and insurance institutions](#)

[Department of Health Abu Dhabi – Health Insurance Complaint](#) – source of the AED2,000 health insurance complaint fee

Tier 2 – Established legal and industry sources

[Chambers and Partners – Insurance & Reinsurance 2026, UAE: Trends and Developments](#)

[Chambers and Partners – UAE Central Bank Regulates Insurance Disputes with Sanadak](#)

[Fichte & Co Legal – Introducing Sanadak, March 2024](#)

[Fichte & Co Legal – IDRC Jurisdiction, Powers, and Fees \(Administrative Resolution No. 10-A/1/2024\)](#)

[Al Suwaidi & Company – Federal Decree-Law No. 48 of 2023 Summary](#)

[White & Case LLP – New CBUAE Law](#)

[GLA & Company – CBUAE Law No. 6 of 2025 Analysis](#)

[Ashurst – UAE Enacts Landmark Central Bank Law \(FDL 6/2025 analysis, AED100,000 threshold\) \(added April 2026\)](#)

[Norton Rose Fulbright – UAE Financial Regulation Overhaul \(FDL 6/2025 penalties and Grievances Committee\) \(added April 2026\)](#)

[Addleshaw Goddard – CBUAE New 2025 Law \(transition period, compliance timeline\) \(added April 2026\)](#)

[Galadari Law – UAE Central Bank Regulates Insurance Disputes with Sanadak \(added April 2026\)](#)

[M and Co Legal – IDRC Jurisdiction and Territorial Competence](#)

[GCC Board Directors Institute – Sanadak Establishment](#)

[BSA Law – Administrative Fines Alert](#)

[Al Riyami Advocates – Sanadak Establishment](#)



Tier 3 – Trade press and specialist media

[Zawya – Sanadak reduces response time by 50%](#)

[Gulf News – UAE consumer rights and Sanadak launch](#)

[Dawia Family Office – Step-by-Step Sanadak Filing Guide](#)

[Gargash Insurance – Sanadak Explainer](#)

[The Arabian Post – Sanadak Unveils Regional Dispute-Resolution Blueprint, 2026](#) *(added April 2026)*



About Axxion

[Axxion Claims Settlement Services L.L.C.](#) is a Dubai-based motor claims management company and the UAE's first dedicated motor third-party administrator (TPA). Axxion manages the full motor claims lifecycle on behalf of insurance partners, from first notification of loss through damage assessment, repair coordination, quality control, and settlement. The operation pairs more than four decades of hands-on repair and motor claims expertise with AI-enabled processes to deliver lower repair costs, shorter cycle times, and auditable compliance on every claim.

Axxion's claims platform generates a documented cost trail on each claim, produces burning cost analytics for insurer partners.

The company is led by Managing Director and Co-founder [Frederik Bisbjerg](#), an internationally recognized insurance executive whose career includes C-level leadership at Qatar Insurance Group, AXA Global Healthcare, Al Wathba Insurance, and Daman National Health Insurance. Bisbjerg is a published author on insurance transformation and a founding faculty member of the world's first mini-MBA in Digital Insurance.

His work as Head of MENA at The Digital Insurer and his contributions to AI strategy across the GCC have made him one of the region's leading voices on the application of artificial intelligence in insurance operations.

Axxion operates within World Automotive Group, a MENA-based automotive and insurance services group. World Automotive Group is owned by Skelmore Holding, a global consortium founded in Toronto in 1994, with \$650 million in revenue and 4,000 employees across the GCC and North America.