



POLICYHOLDER PROTECTION AND WELFARE

**CONSUMER AFFAIRS ANNUAL BOOKLET
2010-11**



**INSURANCE REGULATORY AND
DEVELOPMENT AUTHORITY**



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FOREWORD



J.Hari Narayan,Chairman, IRDA

Policyholder protection is the prime mission of IRDA and all its activities revolve around achieving this even while it works towards ensuring a healthy all round development of the insurance sector. Consumer protection has several facets. Consumer satisfaction is a critical element but is rarely achieved fully, especially in a complicated transaction like insurance. A dissatisfied consumer often has a grievance or comes up with a dispute. This happens because of not making the right choice or buying a product that is not suited or simply being goaded into buying a product that he or she does not understand. The information asymmetry that exists in this arena makes this even more complicated. Speedy and effective grievance redressal is therefore an important facet of consumer protection. Then again policyholder protection would be incomplete without sufficiently educating the policyholders about the complexities of insurance. Conveying these complexities in a simple manner is a challenge for all those who have the responsibility to educate be it the Regulator, the Industry or the Intermediaries.

Consumer grievances and consumer education are interlinked in more ways than one. While grievances can provide the very input for identifying areas where the consumer needs to be educated, consumer education helps create a well informed consumer who can make the right choices in buying the product based on the need and a proper understanding, thereby giving little scope for a grievance or dispute.

IRDA is sensitive to the issues that concern policyholders and has been taking several steps for their betterment . From establishing an exclusive department (Consumer Affairs Department) to focus on policyholder protection including grievance redressal and insurance education to taking several measures in areas critical to the insurance consumer such as public disclosures, concerns relating to ULIPs, distance marketing etc., the Regulator has striven to work hard for welfare of policyholders. We are now launching the Integrated Grievance Management System (IGMS), the online system where policyholders can register and track their grievances. The IGMS also provides a tool for IRDA to monitor the disposal of grievances by insurance companies, apart from creating a central repository that enables identification and analysis of policyholder concerns so that corrective action can be taken. Last year, we launched the IRDA Grievance Call Centre that provides a channel for registering grievances over telephone.

IRDA felt it apt to organize a seminar exclusively on policyholder protection that would provide a platform for discussions on the subject. What better time than now to launch the online grievance management system developed exclusively for the benefit of the policyholder. Today, we have eminent speakers from across the industry representing different stakeholders who will be speaking on consumer protection, consumer education, grievance management and dispute redressal. We look forward to a fruitful day of discussions and dialogue on these important areas of policyholder protection.

J. HARI NARAYAN

POLICYHOLDER PROTECTION AND WELFARE

One of the most important components of a sound and competitive insurance market is effective policyholder protection. Where this is lacking, prospects and policyholders would be exposed to unfair treatment by insurers. They would become an easy prey to abusive market practices, especially when the products are complex. The crux of the problem from the consumer protection point of view, is the imbalance of the power, information and resources between policyholders and insurers. Prospects and policyholders are at a disadvantage though theoretically (and sometimes in practice), the information asymmetry may work the other way round as well. However, most times it is the policyholder who is vulnerable to the asymmetry.

The Regulator, therefore, has the duty of not only preventing market failure but also ensuring that there is no imbalance or asymmetry in it. A pre-requisite for this is a well designed policyholder protection framework. The Insurance Regulatory and Development Authority (IRDA) has ensured that such a framework, in the form of regulations, guidelines, circulars etc., is in place. While the basic framework to some extent could remain static, the dynamic elements created by the ever changing market scenario need periodical review and revisiting. IRDA has been carrying this out to meet the new challenges and concerns that are created in the market for the policyholder.

Transparency:

Consumer protection is deemed to have succeeded if certain basic parameters are achieved. The primary one is transparency in transactions. This cannot be truer for insurance. A prospect should be provided with full, plain, adequate and comparable information about the rates, terms and conditions, risks involved etc. There should be utmost transparency at the time of sale and promotion so that the policyholder is made to feel confident that he or she is being given complete information regarding the product. Provision of clear and complete information about products is not only a fundamental expectation but also a necessity, to ensure fair treatment to policyholders by insurance companies. The **IRDA (Protection of Policyholders Interest) Regulations, 2002** define the obligations of insurers and intermediaries and lay down time-frames for compliance of various policyholder servicing parameters covering the life cycle of the insurance product, from sale to servicing including claims servicing. The Regulations for the Intermediaries—

Agents, Corporate Agents and Brokers, among other things, lay down the Code of Conduct including at the point of sale. **The IRDA (Insurance Advertisement and Disclosure) Regulations, 2000** address advertising and disclosure requirements at the point of sale. The **File and Use** procedure of IRDA is also a drill from the point of view of product simplicity and its understanding, apart from other parameters. One of the recent initiatives of IRDA, to ensure that clear information regarding products is given to the prospect/policyholder in a way he/she can understand is the proposal to introduce **Key Feature Document** in simple language. The test of a Key Feature Document is whether or not the target customer for a particular product understands its main features and is able to take a decision as to whether the product is suitable for him/her. A Key Feature Document would also ensure disclosure by insurers of other important information such as premium details, payment modes, various charges, risks involved, what happens in the event of discontinuance etc. IRDA is currently examining the feedback from various stakeholders on the exposure draft put up by it regarding the proposal to issue guidelines in respect of Key Feature Document.

Sales and Distribution:

Another important element of policyholder protection is that Insurers and Intermediaries shall be **non-coercive** while selling. Not only shall they be non-coercive but more importantly, they shall **not mis-sell**. The Policyholder Protection Regulations and Regulations for the various intermediaries, brought out by IRDA are geared to address these issues. However, given the complexity of some of the products, IRDA felt the need for more specific solutions relating to mis-selling in the specific area of Unit Linked Insurance Products.

In respect of ULIPs, IRDA had stipulated that insurers must provide the prospect/policyholder all relevant information about amounts deducted towards various charges for each policy year so that the prospect could take an informed decision. Further, insurers are required to provide Benefit Illustrations giving two scenarios of interest, 6% and 10% respectively. The prospect is required to sign on the illustration while signing the proposal.

More recently, IRDA has taken certain initiatives in the form of specific regulations/modifications to existing regulations. There are certain distribution related

modifications with a view to ensuring that there is no scope for the involvement of unlicensed personnel/entities in the sale of insurance products. There is also no scope for payment of any remuneration other than commission where sale has been effected. This measure reduces the expenses of the insurer, thereby lowering the premiums to be paid by the policyholder. Further, IRDA has also addressed the issue of Referrals with the **IRDA (Sharing of database for distribution of insurance products) Regulations, 2010** that leaves no scope for misuse of the system.

Needs Analysis is another initiative identified by IRDA as a step in curbing wrong advice and mis-selling. The idea is to require insurers to have Prospect Product Matrix that will match a product with the requirement, based on the Needs Analysis carried out. The feedback of the stakeholders regarding this has been received and draft guidelines are under preparation.

Guidelines relating to **Distance Marketing** have been issued by IRDA which address challenges relating to mis-selling using distance marketing mode, a fallout of the advancement in technology. While the benefits of having new and faster channels need to be reaped, the loopholes created by them need plugging and this is precisely what the guidelines are aimed at.

IRDA has issued guidelines to agents for **Persistency of Life Insurance policies** to ensure that servicing of policies by agents is sustained and is with a long term of objective of servicing the policyholder and not driven by an objective of just pushing sales.

Fair Treatment:

While liberalization has helped create choice, there is a need to ensure that in the name of choice, the market does not have too many products that are badly designed and have blurred differentiations. Insurers shall offer stable, well designed specific products that are useful to the consumers, meeting their needs. The terms and conditions of the product shall ensure fair treatment to the policyholder. The Regulator steps in, wherever required, to ensure this. The ULIPs example again is a case in point. Recently, IRDA has taken several steps with regard to the **product structure** of ULIPs. The lock-in period has been increased from three years to five years, thereby making them **long term financial instruments** which basically provide **risk protection**. All regular premium/limited premium ULIPs shall have uniform/level paying premiums. Any additional payment shall be treated as single premium

for the purpose of insurance cover. Charges on ULIPs are mandated to be evenly distributed during the lock in period, to ensure that high front ending of expenses is eliminated.

Further, all limited premium unit linked insurance products, other than single premium products shall have premium paying term of at least five years. All unit linked products, other than pension and annuity products shall provide a mortality cover or a health cover thereby increasing the risk cover component in such products. The minimum cover to be offered has been specified for these segments. With a view to smoothening the cap on charges in ULIP products, the capping been rationalized by IRDA to ensure that the difference in yield is capped from the 5th year onwards. This will not only reduce the overall charges on these products, but also smoothen the charge structure for the policyholder.

IRDA has also addressed the issue of discontinuance charges for surrender of ULIPs. The **IRDA (Treatment of Discontinued Linked Insurance Policies) Regulations, 2010** have been notified in this regard. The Regulations stipulate that an insurer shall recover only the incurred acquisition costs in the event of discontinuance of policy and that these charges are not excessive. The discontinuance charges have been capped both as percentage of fund value and premium and also in absolute value. The Regulations also clearly define the Grace Period for different modes of premium payment. Upon discontinuance of a policy, a policyholder shall be entitled to exercise an option of either reviving the policy or completely withdrawing from the policy without any risk cover. Further, the regulations also enable IRDA to order refund of discontinuance charges in case they are found excessive on enquiry.

The other significant area where the Regulator has recently intervened is the **pensions**. A pension contract is a form of savings vehicle that caters to the needs of retired or the aged population. The contributions that have been used to fund the pension contracts shall not only be intact but also increase, to enable the individual to purchase an annuity which can at least meet his or her basic needs. **Unit linked pension contracts** without any guarantee of return may either provide increased benefits or erode the funds accumulated. The downside risk is too much to be ignored. IRDA has introduced a prudential regulatory approach whereby it has stipulated that all ULIP **pension/annuity products** shall offer a **minimum guarantee** of 4.5% per annum or as specified by IRDA,

from time to time. This will protect the life time savings for the pensioners, from any adverse fluctuations at the time of maturity.

Public disclosures:

Public disclosure of risks faced by the insurers is critical for policyholder protection. They help policyholders make informed decisions before entering into insurance contracts. Reliable and timely disclosures also ensure a fair and orderly insurance sector. With this in view, IRDA stipulated public disclosure requirements for all insurance companies.

The disclosures were made effective from the period ended 31st March, 2010. Insurers shall publish the Balance Sheet, Profit & Loss Account, Revenue Account and Key Analytical Ratios on a half yearly basis in at least one English daily newspaper circulating in the whole or substantially the whole of India and in one newspaper published in the regional language of the region where the registered office is situated or in Hindi in the stipulated font size and within the time-frame laid down. Insurers shall also host all the forms including Revenue Account, Profit & Loss Account, Balance Sheet, segmental reporting, schedules to accounts and other forms on their website as per the periodicity and other parameters stipulated.

Grievance Redressal:

The Consumer Affairs Department of IRDA gives a special focus to and oversees the compliance by insurers of the IRDA Regulations for Protection of Policyholders' Interests. The Consumer Affairs Department also seeks to empower consumers by educating them regarding details of the procedures and mechanisms that are available for grievance redressal as well as their Rights and Obligations as policyholders.

Policyholders shall be provided with inexpensive and speedy mechanisms for complaints disposal and the **IRDA (Protection of Policyholders Interests) Regulations, 2002** require insurance companies to have in place, effective and speedy grievance redress mechanisms. IRDA has also issued **Guidelines for Grievance Redressal**, which lay down specific time-frames and turnaround times (TATs) for response, resolution etc., which will further strengthen the redressal systems insurers already have in place.

The effectiveness of the mechanisms needs to be monitored by the Regulator. To enable this as well as create a central repository of industry-wide insurance

grievance data, IRDA is implementing the **Integrated Grievance Management System (IGMS)**. IGMS will create a gateway for policyholders to register complaints with insurance companies first and if need be escalate them to the IRDA Grievance Cells. IGMS is a comprehensive solution which not only has the ability to provide a centralized and online access to the policyholder but complete access and control to IRDA for monitoring market conduct issues of which policyholder grievances are the main indicators. IGMS will have the ability to classify different complaint types based on pre-defined rules. The system will be able to assign, store and track unique complaint IDs and also enable intimation to various stakeholders as required, within the workflow. The system will enable defining of target Turnaround Times (TATs) and measure the actual TATs on all complaints. The system will set up alerts for pending tasks nearing the laid down Turnaround Time. Thus, the system will automatically trigger activities at the appropriate time through rule based workflows.

A complaint registered through IGMS will flow simultaneously to the insurer's system as well as the IRDA repository. Updation of status by the insurers would automatically be mirrored in the IRDA system. IGMS will be able to generate reports on all criteria like ageing, status, nature of complaint and any other parameter that is defined. Thus the IGMS will provide a standard platform to all insurers to resolve policyholder grievances and to provide IRDA with a tool to monitor the effectiveness of the grievance redressal system of insurers.

IRDA has recently introduced the **IRDA Grievance Call Centre (IGCC)** that provides for a toll free number **155255**. IGCC provides an additional channel for policyholders to lodge their grievances and also seek their status over phone/e-mail. The Call Centre environment will interface with IGMS, once the IGMS is implemented. The IGCC has enabled policyholder easy access to the grievance redressal cells of IRDA both through telephone and e-mail, apart from providing details of the redressal systems of insurance companies whenever policyholders require them. The Call Centre carries out filling of grievance registration forms on the basis of the call. The IGCC also provides a channel for tracking of grievances. Further, the IGCC also educates policyholders about the Insurance Ombudsman who provides a channel for fair disposal of complaints falling within the laid down jurisdiction.

With a view to going beyond facilitation of complaints resolution IRDA has begun to drill down into details of

complaints to identify instances of violation/non-compliance of various provisions of the applicable Regulations through enquiries and inspections. Where required, regulatory action is initiated.

Further, the institution of Insurance Ombudsman is also being reviewed for possible changes and expansion of jurisdiction, to ensure that grievances that are not resolved by insurers and get escalated to the Regulator and/or Ombudsman are decided conclusively, except where they would fall necessarily within the ambit of the courts.

Consumer Education:

Consumer Protection and Consumer Education complement each other. Consumer education not only helps individuals understand the products and the risks involved better but is also a necessity for market efficiency as it contributes to more efficient, transparent and competitive practices by the insurance service providers. It also produces better educated citizens who

can monitor markets through their own decisions. IRDA has taken several initiatives through various media—print, radio and television. Throughout 2010-11, the regulator carried out a sustained campaign to create insurance awareness on Rights and Obligations of policyholders, alerts regarding complex products such as Unit Linked Products. IRDA also encourages and supports consumer bodies to conduct seminars on insurance and grievance redressal, thereby not only educating the consumer but also providing a platform for the consumer to interact with its representatives who, it makes sure, participate in such seminars. This apart, the IRDA itself conducts or participates and supports several national level seminars on different insurance topics or subjects as well as consumer related issues through which it reaches out to the public. A Consumer Seminar on an annual basis is part of the publicity plans.

Further, a Consumer Education Portal, meant as the name indicates exclusively for the consumer is in the pipeline for launch by IRDA.



ULIPS KE CHAAR SUTRA

A Unit Linked Insurance Policy (ULIP) is a long term instrument for risk protection with a lock-in period of 5 years.

- Do you know that you can't surrender your ULIP policy for a period of 5 years?
If you surrender the policy before 5 years, no payment will be made by your insurer until the expiry of five years.
- Do you know that for your Pension/Annuity ULIP you can commute only one third of the surrender value after the lock-in period?
The remaining amount must be used to purchase an annuity, as allowed.
- Do you know that a certain percentage of the premium goes towards various charges of the insurance company?
Find out the sum total of charges and invest in products having lower charges.
- Do you know that the insurance company deducts certain amounts towards surrender charges from the amount payable to you if you surrender your policy?
Find out the exact percentage of Surrender Charges before buying ULIPs.

Remember that it is in your interest not to surrender your ULIP Policy before it expires.



A public awareness initiative by

बीमा विनियामक और विकास प्राधिकरण

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Promoting insurance. Protecting insured.

You may contact IRDA Call Centre at 155255 if your grievance has not been attended to by the insurance company or You may approach the Insurance Ombudsman, if applicable. For further information, visit www.gbic.co.in or www.irda.gov.in

**INFORMATION RELATING TO
GRIEVANCE REDRESSAL MECHANISMS OF
INSURANCE COMPANIES**

LIFE INSURERS

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF AEGON RELIGARE LIFE INSURANCE COMPANY**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Mr. Debmalya Maitra Head - Audit, Risk & Compliance
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also) Contact Details of the GRO Full address Telephones Fax E-mail Id Non-personal email ID for IRDA escalation Call center details Toll free number: Email ID:	Mr. Rajiv Shah Director - Customer Service & New Business Operations Landline: +91 22 6118 0251 Mobile: + 91 9967575531 Mr. Debmalya Maitra Address – AEGON Religare Life Insurance Company Limited Nomura, B-Wing, First Floor, Unit No. 102, Near D-Mart, Hiranandani Garden, Powai, Mumbai -400076 Telephone: +91 22 6118 0251 / +91 9820093247 Fax: +91 22 6118 0200 E-Mail Id- debmalya.maitra@aegonreligare.com grievance.manager@aegonreligare.com Email Id: customer.care@aegonreligare.com Toll free number: 1800 209 9090
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	2 Weeks
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	All the touch points where customer can register a complaints is given in policy terms & conditions of policy document
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	Yes. We have a Board level committee called 'Policyholders' Protection Committee" (PPC). Scope of the committee is as follows; 1. To ensure access to redressal mechanism by Policyholders. 2. Put in place proper procedures and effective mechanism to address complaints 3. Ensure adequacy of disclosure of "material information" to the policyholders both at the point of sale and at periodic intervals. 4. Review the mechanism at periodic intervals. 5. Review the status of complaints at periodic intervals
7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	Yes. We have a executive level committee called Policyholder's Protection & Compliance Committee (PPCC). All the executives meet bi-monthly to review grievance. All cases of mis-selling, fraud & forgery are sent to Risk Management Function wherein independent check are carried out and based on the malpractice matrix, action is taken against the agents/corporate agents/employees.

8. Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	We do not have Market Conduct Cell. Risk Management Function takes appropriate action on the erring stakeholders as per the malpractice matrix.
9. Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	Yes. We have an automated grievance redressal system called Customer Relationship Management (CRM). CRM has in-built business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution.
10. If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.	Policyholder can register his grievances online. Please refer below link; http://www.aegonreligare.com/complaints_new.php
11. What are the three best practices you follow in the area of grievance redressal in your company?	<ol style="list-style-type: none"> 1. We get in touch with the customer to understand the complaint once the customer write to us or call us for the resolution of their complaint 2. We have automated customer relationship management system with inbuilt escalation matrix on predefined TAT, which takes care of handling of customer grievance 3. We have an independent Risk Management Function which is separate from the function handling customer complaints, to action on mis-selling, Fraud & Forgery cases.

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF AVIVA LIFE INSURANCE COMPANY**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Ms Vijayalakshmi Natarajan Senior Vice President - Operations
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also) Contact Details of the GRO Full address Telephones Fax E-mail Id Non-personal email ID for IRDA escalation Call center details Toll free number: Email ID:	Direct : 91-124-2709310 : Mobile : 9899291380; Aviva Tower Sector Road DLF phase V Sector 43 Gurgaon Haryana- 122003 9820011525 91-124-2571180 vijayalakshmi.natarajan@avivaindia.com cro@avivaindia.com 1800-180-2266 0124-2709046 Customer.services@avivaindia.com
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	Operation Related Complaint – 7 days Sales Related Complaint – 10 days
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	We are sharing our Redressal mechanism in all customer communications done by Complaints and Customer Services Teams. In this we share information related to complaint Access channels / escalation/ CRO / Ombudsman details.
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	Yes The functions of the Committee are: 1. Putting in place proper procedures and effective mechanism to address complaints and grievances of policyholders including mis selling by intermediaries. 2. Ensure compliance with the statutory requirements as laid down in the regulatory framework. 3. Review of the mechanism at periodic intervals. 4. Ensure adequacy of disclosure of “material information” to the policyholders. These disclosures shall, for the present, comply with the requirements laid down by the Authority both at the point of sale and at periodic intervals. 5. Review the status of complaints at periodic intervals to the policyholders. 6. Provide the details of grievances at periodic intervals in such formats as may be prescribed by the Authority. 7. Ensure adequacy of disclosure of material information like details of insurance ombudsmen to policyholders.

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7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	Root Cause Analysis is done every month and close looping is done with all Stakeholders
8.	Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	Yes. The case details are shared with relevant stakeholders like Sales/ Human Resources/ Fraud Management Teams and close looping of these cases is done.
9.	Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	No, Grievance Redressal system is on Talisma and escalations are done manually
10.	If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.	Yes. Policy Holder has an option of registering their problems/complaint at www.avivaindia.com/en/AboutUs/CRatAVIVA.aspx .
11.	What are the three best practices you follow in the area of grievance redressal in your company?	<ol style="list-style-type: none"> 1) Proposal Stage Calling (PSC) which explains and solicits customer confirmation of key policy features like surrender charges, policy-term, annual premium to be paid, etc/ An easy to read and understand Most Important Terms (MIT) document is sent along with the Policy Schedule which highlights the essence of the insurance contract/ Welcome Stage Calling 2) Root Cause Analysis of complaints and close looping with stakeholders 3) Prioritization of Service levels for complaint cases

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF BAJAJ ALLIANZ LIFE INSURANCE COMPANY LIMITED**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Pawan Mahajan
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	Pawan Mahajan 020-30514749
	Contact Details of the GRO Full address	Bajaj Allianz Life Insurance Co Ltd Bajaj Finserv Building, 3 rd floor, A-wing, S.No.208/B-1, Viman Nagar, Pune – 411014.
	Telephones	020-30514749/716
	Fax	020-40111502
	E-mail Id	pawan.mahajan@bajajallianz.co.in
	Non-personal email ID for IRDA escalation	Irda.grievance@bajajallianz.co.in
	Call center details	1-800-233-7272 / 1-800-3000-7272 /
	Toll free number:	1-800-103-7272 / 1-800-209-7272
	Email ID:	customercare@bajajallianz.co.in
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	As prescribed by IRDA
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	The Company has a system to receive and deal with all kinds of grievances/complaints including: <ol style="list-style-type: none"> 1. Customer Care Centre: 24X7 call center with 4 toll free lines from each from different provider; where their grievances/complaints can be resolved by our Customer Care Executives. 2. Branch: Customers can approach any branch for resolution of their grievances/complaints 3. E-mail: Customers can e-mail their grievances/complaints to customercare@bajajallianz.co.in 4. Letters: Customers can write to us; name & address given on every policy document. 5. Website : Customers can also register their grievances/complaints on our website www.bajajallianz.com
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	The Company has constituted the Board Sub-Committee for Protection of Policyholders. Gist of its functions is as under: <ol style="list-style-type: none"> a. Putting in place proper procedures and effective mechanism to address complaints and grievances of policyholders including mis-selling by intermediaries. b. Ensuring compliance with the statutory requirements as laid down in the regulatory framework.

		<ul style="list-style-type: none"> c. Review of the Grievance Redressal Mechanism at periodic intervals. d. Ensure adequacy of disclosure of “material information” to the policyholders as prescribed by the Insurance Regulatory and Development Authority (the Authority) both at the point of sale and at periodic intervals. e. Review the status of complaints at periodic intervals. f. Provide the details of grievances at periodic intervals in such formats as may be prescribed by the Authority. g. Provide details of insurance ombudsmen to the policyholders. h. Review / approve initiatives oriented towards providing better customer service.
7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	Yes
8.	Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	The matter regarding any action to be taken against erring stakeholders is referred to the respective department
9.	Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	Yes
10.	If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.	Grievances can be registered online from the following link available on our website https://general.bajajallianz.com/BagicNxt/misc/iTrack/onlineGrievance.jsp
11.	What are the three best practices you follow in the area of grievance redressal in your company?	<ul style="list-style-type: none"> • 24X7 call center with 4 toll free lines from each from different provider • With a view to improve customer service standards, Bajaj Allianz has introduced video Kiosks at few of our branches. These kiosks are integrated with the Call Centre. The facility can be used by customers during peak hours at the local office for resolution of queries. Customers who want to take up their matters at Head-Office level can also get connected to us and interact with us face to face. • We initiated a process of making Welcome call to our customer once the policy is issued. During the call we explain policy conditions to the customer. This has been done to reduce grievances related to misselling.

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF BHARTI- AXA LIFE INSURANCE COMPANY**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Conjeevaram Lakshminarasimhan Baradhwaj (CLB) – Head, Compliance Department
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	Head of Customer Service – Jyoti Punja Direct Land-Line Nos : 022-40732774 Official Address : Bharti-Axa Life Insurance Company Ltd,Unit,602,6 th Floor, Off Western express highway,Goregaon (E). Fax 022-40306347 Email ID : Jyoti.Punja@bharti-axalife.com
	Contact Details of the GRO Full address	Direct Land-Line Nos : 022-40306364 Official Address : Bharti-Axa Life Insurance Company Ltd,Unit,602,6 th Floor, Off Western express highway,Goregaon (E).
	Telephones Fax E-mail Id	Fax 022-40306347 Email ID : cl.baradhwaj@bharti-axalife.com
	Non-personal email ID for IRDA escalation	irdacomplaints@bharti-axalife.com/ cro@bharti-axalife.com
	Call center details Toll free number: Email ID:	18001024444 service@bharti-axalife.com
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes. Grievance Redressal Policy of Bharti- Axa Life Insurance has been approved by the Board on January 28, 2011
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	We have aligned our TAT to 2 weeks for resolution of grievances
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	We have disclosed all the information pertaining to our Grievance Mechanism to the customer on our website, policy bond and communication letters. Customers can now escalate cases to the next level incase they are not satisfied with the resolution provided by the 1 st level of investigation officers.
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	Yes. The Company has constituted the Board Sub-Committee for Protection of Policyholders. The functions of this Committee are listed as under: <ul style="list-style-type: none"> • Putting in place proper procedures and effective mechanism to address complaints and grievances of policyholders including mis-selling by intermediaries; • Ensure compliance with the statutory requirements as laid down in the regulatory framework; • Review of the mechanism at periodic intervals;

	<ul style="list-style-type: none"> • Ensure adequacy of disclosure of “material information” to the policyholders. These disclosures shall, for the present, comply with the requirements laid down by the Authority both at the point of sale and at periodic intervals; • Review the status of complaints at periodic intervals to the policyholders; • Provide the details of grievances at periodic intervals in such formats as may be prescribed by the Authority; • Provide details of insurance ombudsmen to the policyholders.
7.	<p>Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level</p> <p>Root cause analysis for market conduct concern areas are done every quarter with definite action for concern areas.</p>
8.	<p>Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders</p> <p>Yes</p>
9.	<p>Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place</p> <p>Complaints Handling System is used to track grievances raised by the customers. It includes allocation of cases to the respective work group and facility to escalate cases internally.</p>
10.	<p>If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.</p> <p>Policy Holder can lodge complaint online : http://www.bharti-axalife.com/customer-care/grievances.aspx</p> <p>Complainant has an option to post his/her grievances by mentioning policy details.</p>
11.	<p>What are the three best practices you follow in the area of grievance redressal in your company?</p> <ol style="list-style-type: none"> 1. We have dedicated complaint redressal officers who have been assigned complaints as per the channel through which the policy has been sourced. This enables faster resolution of complaints and highlighting of trends 2. We have a dedicated risk control team for investigation of fraud complaints. This enables quality investigation reports. 3. Telephonic contact with customer to ensure customer’s concerns are fully addressed and thus personal contact is established. If required, we also ask our local team to meet the customer

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF BIRLA SUN LIFE INSURANCE COMPANY**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Ms. Shabana Shaikh Head – Service Assurance
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also) Contact Details of the GRO Full address Telephones Fax E-mail Id Non-personal email ID for IRDA escalation Call center details Toll free number: Email ID:	Ms. Yamini Kurup Head – Customer Service Birla Sun Life Insurance Co. Ltd. G-Corp, 3 rd Floor, Kasar Vadavli, Ghodbunder Road, Thane-W 022-39961964 Shabana.Shaikh2@birlasunlife.com Grievances@birlasunlife.com 1800-270-7000 Customerservice@birlasunlife.com
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes, the Grievance Redressal Policy has been duly approved by the Board in Oct 2010 & the same has been filed with IRDA vide BSLI letter dated 28th October 2010
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	5-7 business days
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	NA
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	Yes, the Policyholders' Protection Committee (PPC) (reporting to the Board) has been constituted in April 2010. The role & responsibilities of PPC: <ol style="list-style-type: none"> 1. Putting in place proper procedures & effective mechanism to address complaints/grievances of policyholders including misselling by intermediaries. 2. Ensure compliance with statutory requirements as laid down in the regulatory framework. 3. Review of mechanism at periodic intervals. 4. Ensure adequacy of disclosure of "material information" to the policyholders. These disclosures shall, for the present, comply with the requirements laid down by the IRDA both at the point of sale and at periodic intervals and such other disclosures as may be specified by IRDA from time-to-time. 5. Review the status of complaints at periodic intervals to the policyholders. 6. Provide details of grievances at periodic intervals in such formats as may be prescribed by the IRDA. 7. Provide details of insurance ombudsmen to the policyholders.

		8. Any other functions as may be deemed fit by the PPC & as may be specified by IRDA from time to time
7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	Yes
8.	Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	Yes
9.	Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	Yes
10.	If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.	Yes, customer can register complaint at www.birlasunlife.com
11.	What are the three best practices you follow in the area of grievance redressal in your company?	<ol style="list-style-type: none"> 1. Daily TAT monitoring 2. Acknowledgement call to the customer over and above the written response 3. SMS alert if customer is not contactable over and above a written response

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF CANARA HSBC ORIENTAL BANK OF COMMERCE LIFE INSURANCE COMPANY LIMITED**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Mr Rajeev Nair Vice President- Legal & Compliance (Compliance Officer)
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	Ms Pooja Verma Assistant Vice President-Complaint Redressal Unit Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited Unitech Trade Center, 2nd Floor , C- Block, Sushant Lok , Ph - I, Sector - 43 , Gurgaon 122009 91-124 4535341 pooja.verma@canarahsbclife.in
	Contact Details of the GRO	Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited
	Full address	Augusta Point, 2nd Floor,DLF Golf Course Road, Sector-53, Gurgaon- Haryana (INDIA) 122002
	Telephones	91-124 4535752
	Fax	
	E-mail Id	rajeev.nair@canarahsbclife.in
	Non-personal email ID for IRDA escalation	cro@canarahsbclife.in
	Call center details	
	Toll free number:	18001030003/18001800003
	Email ID:	customerservice@canarahsbclife.in
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	2 weeks from the date the complaint is received by the Company.
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	<ul style="list-style-type: none"> • Company's Grievance Redressal Procedure • Options for lodging complaints through: • Company's website • Resolution Centre, • Grievance Officers Branch locations • Complaint Redressal Unit • Escalation Matrix incase customer not satisfied with the resolution provided or if response not received within timelines • Option to track status of the complaint on Company's website
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	<p>Yes.</p> <p>Gist of the functions of the Policyholder Protection Committee:</p> <ul style="list-style-type: none"> • Review information pertaining to complaints received by the Company, resolutions provided, turnaround times involved etc; • Review claims statistics of the Company;

- Receive reports of any statutory non-compliances by the Company in the area of protection of policyholders interests;
- Receive updates on the process put in place by the Company for preparation, review and dissemination of communication intended at customers including advertisements;
- Analyse the effectiveness of the existing policies and framework within the Company from the data furnished before it and make recommendations wherever it considers necessary to improve the efficiency and effectiveness of such framework for fair treatment of customers and ensuring statutory compliance;
- Review the key grounds for complaints and the underlying causes for the same, and make recommendations to remedy the same;
- Receive updates on initiatives of the Company to ensure transparency and fairness in the selling and servicing processes;
- Review reports of sales compliance initiatives and the adequacy of corrective/remedial action initiated by the Sales Compliance Team;
- Review the Grievance Redressal Policy of the Company annually.

7. Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	Complaint trends and issues relating to market conduct are discussed in various management committees within the organization on a quarterly basis. The Company also has a dedicated Sales Compliance team which looks into market conduct issues arising out of complaints and other reports received by it, and supports in identifying and implementing requisite corrective/preventive action. The team also undertakes proactive measures like mystery shopping periodically to identify market conduct issues and potential concern areas which may not be apparent in the normal course of business.
8. Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	The Sales Compliance function provides feedback and suggestions to the Company's sales team and its corporate agents, with a view to remedy existing defects/ deficiencies identified and also to prevent recurrence of the same.
9. Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	The Company has developed a Customer Interaction Management System (CIMS) which is a web based system to register, track and manage customer complaints. Major functionalities of CIMS include registration of complaints, internal assignment of complaints, processing, sending email communication, generating letters, reporting etc. CIMS is also linked to Company's website through which all complaints entered by the customer in the website are directly received in the system by the Complaint Redressal Unit. CIMS presently does not have business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution

<p>10. If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.</p>	<p>Yes, the Company's website has the functionality to permit a policy holder to register a complaint. Acknowledgement number is issued to the customer on submission of his Complaint details.</p>
<p>11. What are the three best practices you follow in the area of grievance redressal in your company?</p>	<ol style="list-style-type: none"> 1. Availability of multiple modes both offline and online, for customers to lodge grievances with the Company, with the facility of tracking status of the same online. 2. Strong and empowered central Complaints Redressal Unit with: <ul style="list-style-type: none"> • a dedicated central team to ensure fair, timely, transparent and consistent treatment of customer grievances; • well defined authority matrix empowering the team and providing financial authorities to facilitate faster and effective decision making; • periodic training programs for members of the team on areas including customer service via phone/email, resolving challenging situations, problem solving etc. 3. Multi-tier review mechanism to verify appropriateness of position taken in case of repeat complaints, complaints received through IRDA, Insurance Ombudsman and judicial/quasi judicial forums

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF DLF PRAMERICA LIFE INSURANCE COMPANY**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Nayana Mitter SVP & Chief Compliance Officer
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also) Contact Details of the GRO Full address Telephones Fax E-mail Id Non-personal email ID for IRDA escalation Call center details Toll free number: Email ID:	Neelesh Jha - AVP – Service Delivery 4 th Floor Building No – 9B,DLF Cyber City, Phase III Gurgaon, Haryana , 122002 Tel – 0124-4697000 Fax- 0124 – 4697200 Nayana Mitter SVP & Chief Compliance Officer 4 th Floor Building No – 9B,DLF Cyber City, Phase III Gurgaon, Haryana , 122002 Tel – 0124-4697000 Fax- 0124 – 4697200 contactus@dlfpramericalife.com contactus@dlfpramericalife.com customerfirst@dlfpramericalife.com Toll Free – 1800 102 7070 Email - contactus@dlfpramericalife.com customerfirst@dlfpramericalife.com
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	14 Days
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	Policyholder is made aware of these following mechanism <ul style="list-style-type: none"> • Posters installed in Branches for creating awareness about the Institution of Insurance Ombudsman • Awareness of Grievance Redressal touchpoints & escalations through Terms & Conditions in Policy Pack. • Various Touch Points to Register Grievance: • Customers can walk in to any of the Company Branch • Customers have an access to the Company Website • Customers can send an e mail to contactus@dlfpramericalife.com • Customers can call Toll Free at 1800-109-2-7070 • Acknowledgement for the Grievance registered within 3 days to Complainant. • Complainant can also check the status of the Grievance through Company Website.

6. Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	<p>Yes, The Committee has Quarterly Meetings in this respect. Gist of the functions of this Sub-Committee:</p> <ul style="list-style-type: none"> • Putting in place proper procedures and effective mechanism to address complaints and grievances of Policyholders including misselling by intermediaries • Ensure compliance with the statutory requirements as laid down in the regulatory framework; • Review of the process of Policyholders Grievance at periodic intervals • Ensure adequacy of disclosure of “material information” as may be prescribed / necessary to the Policyholders both at the point of sale and at periodic intervals • Review the status of complaints received at periodic intervals • Provide details of grievances received, resolved and outstanding at periodic intervals in such formats as may be prescribed by the Authority • Provide details of insurance ombudsmen to the policyholders; and • Update Board of its activities, status of various customers complaints and such other matters that are within responsibilities of Committee
7. Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	Yes, Action taken where necessary
8. Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	Yes, Disciplinary Committee in Place to take action
9. Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	<ul style="list-style-type: none"> • Automated System in place to Capture Grievance with system generated Acknowledgement Letters, Tracking and Resolution with TAT's. • Given the current scale allocation to related work group and work flows is done manually basis the severity and aging of the Grievance.
10. If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.	Yes, Policyholder can register Grievances online by visiting our website www.dlframericalife.com , under Customer Service section on the Homepage. Complainant can also view the current status of the Grievances.
11. What are the three best practices you follow in the area of grievance redressal in your company?	<ul style="list-style-type: none"> • Various Customer Touch points and escalation levels embedded in the final resolution letter that goes to the Complainant • Pre login telecalling done to verify the details of the applicant and recorded Welcome Call made post issuance to all Policyholders to pre-empt any Grievance. • Grievance Redressal Touch Points and Escalation Levels mentioned in Terms & Conditions of the Policy & “Contact Us” posters displayed in the Branches .

INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM OF FUTURE GENERALI INDIA LIFE INSURANCE COMPANY LIMITED

1.	Name and designation of the Grievance Redressal Officer (GRO)	Mr. Madangopal Jalan, Company Secretary & Legal – Head
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	<p>Contact Details of Mr. Madangopal Jalan:</p> <p>Address: 001, Delta Plaza, 414 Veer Savarkar Marg, Prabhadevi, Dadar (West), Mumbai – 400025 Contact no.: 022 – 40976913 / 022-40976666 Email id – madan.jalan@futuregenerali.in</p> <p>Head Customer Service: Mr. Mohan Kamath Contact Details of Mr. Mohan Kamath</p> <p>Address: 3rd Floor, Lake city Mall, Kapurbavdi Junction, Majewade, Thane (West), Maharashtra - 400607. Contact no.: 022- 41514709/ 022-41514800 Email id – mohan.kamath@futuregenerali.in</p> <p>Mr. Madangopal Jalan 001, Delta Plaza, 414 Veer Savarkar Marg, Prabhadevi, Dadar West, Mumbai – 400025 022 – 40976913 022 – 40976600 madan.jalan@futuregenerali.in</p>
	Contact Details of the GRO	
	Full address	
	Telephones	
	Fax	
	E-mail Id	
	Non-personal email ID for IRDA escalation	gro@futuregenerali.in
	Call center details	Captive call center based at 3rd Floor, Lake city Mall, Kapurbavdi Junction, Majiwade, Thane, (West), Maharashtra 400607.
	Toll free number:	1800-220-233 (BSNL/MTNL) / 1860-500-3333
	Email ID:	care@futuregenerali.in
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes The Grievance Redressal Policy of Company was approved by the Board in its meeting held on August 3, 2010. The said Policy was revised by the Board in its meeting held on November 15, 2010 and was also sent to the IRDA vide letter dated, December 9, 2010.
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	As per Annexure 1
5.	Other features of your Redressal mechanism that need to be disclosed to the policyholder	The Company has a robust Policyholders Grievances Redressal Mechanism with following broad features. <ul style="list-style-type: none"> a. The customer can forward the grievance through various different ways <ul style="list-style-type: none"> 1. Calling at toll free no. 2. Writing an email at web portal 3. Writing an email to customer care 4. Writing an email to GRO

5. Submitting grievances to Branch Grievance Officer
6. Communicating with Customer Care Department, GRO, Head Customer Service in relation to any grievances
 - b. First level of the grievance redressal is Customer Care / Branch Grievance Redressal Officer; 2nd level of the redressal is the Customer Grievance Redressal Department and third level is GRO of the Company
 - c. Stringent TAT requirement for each of the above level to redress the Policyholder's grievance
 - d. Dedicated and efficient claim department
 - e. Claim Committee at management level, which reviews/ decides the cases beyond Claim amount of Rs. 10,00,000/- or where the cases from the Claim Department are specifically highlighted.
 - f. Independent Claim Review Committee headed by retired justice of High Court, which review the decision of the Company in relation to the claim repudiation.
 - g. The Policy provides necessary information to customer, in event he/she wish to approach IRDA Consumer Affairs Department/Ombudsman/ Claim review Committee of the Company as the case may be as an escalation.
 - h. The Company has a Board level "Policyholder Protection Committee" to monitor, review, formulate strategies/ policies, in respect of overall grievances redressal system of the Company

6. Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).

- Yes
- The Board of Directors of the Company at their meeting held on November 26, 2009 has constituted a Board level Sub-Committee for Protection of Policyholders titled "Policyholder Protection Committee" in compliance with the Corporate Governance guidelines issued by IRDA. The Policyholder Protection Committee discusses, reviews and make recommendations *inter alia* in respect of following
- a. Putting in place proper procedures and effective mechanism to address complaints and grievances of policyholders including mis-selling by intermediaries.
 - b. Ensuring compliance with the statutory requirements as laid down in the regulatory framework.
 - c. Reviewing of the mechanism at periodic intervals.
 - d. Ensuring adequacy of disclosure of "material information" to the policyholders. These disclosures shall comply with the requirements laid down by the Insurance Authority both at the point of sale and at periodic intervals.
 - e. Reviewing the status of complaints at periodic intervals to the policyholders.
 - f. Providing the details of grievances at periodic intervals in such formats as may be prescribed by the Insurance Authority.
 - g. Providing details of insurance ombudsmen to the policyholders

<p>7. Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level</p>	<p>Yes Policyholder Protection Committee which is formed to protect the interest of the policyholders discusses and deliberates on all the major complaint categories depending on the nature of the complaints received by the Company along with the reasons and corrective actions required to avoid reoccurrence. Corrective action, if required is incorporated in the form of change in existing policies of the Company. The Company has Knowledge Management team which has initiated "Learning's Bulletin" to capture key learning from various complaints. The said key learning a. is being shared from time to time with stakeholders in the organisation to avoid reoccurrence. b. Corrective action are being taken by way of amendment in the company policies</p>
<p>8. Whether your Organization has Market Conduct Cell/Department to take appropriate action on the erring stakeholders</p>	<p>Yes a. The Company has sales inspection team, which investigate the market conduct issues arising out of policyholders complaints. b. Based on the investigation the necessary action is taken against errant stakeholders including agents and employees of the Company c. The Company has management level Committee with the name of "Fraud Prevention Committee", which reviews the matters pertaining to frauds and initiate the action against errant stakeholders</p>
<p>9. Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place</p>	<p>The functionality of work allocation to the respective owner had been built into the system but auto escalation feature is being tested & will get into production post Mar'11. Till such time tracking of TAT is being done manually on a daily basis.</p>
<p>10. If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.</p>	<p>Yes Policy holder can register grievances online. The functionality is available on our Website. Compliant> Submit a Complaint</p>
<p>11. What are the three best practices you follow in the area of grievance redressal in your company?</p>	<p>Claim Review Committee: The Company has a independent Claim review Committee headed by retired justice from High Court to review the decisions of the Company as to repudiation of claims, which facilitate one more fair chance to the Claimant as to his grievance and action from the Company. Learning Sharing & Process Improvements: The complaints are reviewed to find the root cause analysis & learning shared thereof to stake holders. Basis the learning the process improvement suggestions are implemented. Consequent action basis the analyses of each complaint SMS on call logging and closure: The Customers are sent SMS on logging and closure in respect of their grievances and their complaints are close looped till resolution and closure.</p>

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF HDFC STANDARD LIFE INSURANCE COMPANY**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Mr. Atul Juvle Vice President – Legal, Compliance and Company Secretary
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	Ms. Sailaja B. Vice President – Customer Service SP-7A, Gupta Garments Building, Thiruvika Industrial Estate, Guindy, Chennai – 600032. Tel: +91 44 66111666 Fax: +91 44 22253275 Email: sailajab@hdfclife.com
	Contact Details of the GRO	Mr. Atul Juvle
	Full address	13 th Floor, Lodha Excelus, N.M. Joshi Marg, Mahalaxmi, Mumbai – 400 011.
	Telephones	Tel: +91 22 67516666
	Fax	Fax: +91 22 67516333
	E-mail Id	Email: ajuvle@hdfclife.com
	Non-personal email ID for IRDA escalation	grievance.irda@hdfclife.com
	Call center details	Toll Free: 1800-209-7777 (Any Phone)
	Toll free number:	1800-228-228 (BSNL/MTNL)
	Email ID:	Email: service@hdfclife.com
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes. Approved by the Board of the Directors of the Company on 5 th August, 2010.
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	T+12 days where T is the date on which complaint has been received by us.
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	<ol style="list-style-type: none"> 1. Written request / E-mail from the registered email id are mandatory. 2. HDFC Life will issue an acknowledgement letter to the customer within 3 working days of receipt of complaint 3. HDFC Life will endeavour to resolve the complaint within 2 weeks of its receipt and send a final letter of resolution to the policyholder.
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	<p>The Board of Directors at its meeting on Feb 10, 2010 constituted the Policyholders Protection Committee. The functions of the Policyholder Protection Committee includes:</p> <ul style="list-style-type: none"> • Putting in place proper procedures and effective mechanism to address complaints and grievances of policyholders. • Ensure compliance with the statutory requirements as laid down in the regulatory framework. • Review of the mechanism at periodic intervals.

		<ul style="list-style-type: none"> • Ensure adequacy of disclosure of “material information” to the policyholders. These disclosures shall, for the present, comply with the requirements laid down by the Authority both at the point of sale and at periodic intervals. • Review the status of complaints at periodic intervals to the policyholders. • Provide the details of grievances at periodic intervals in such formats as may be prescribed by the Authority. • Provide details of insurance ombudsmen to the policyholders
7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	Root-cause analysis is done for every complaint received. Periodic reporting of the concern areas are done to the respective stakeholders every quarter. A process gap document is also circulated every quarter which highlights breakdowns occurred and corrective action proposed which will avoid occurrence in future.
8.	Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	The Malpractice Matrix has been incorporated as an integral Code of Conduct of HDFC Life. Our Internal Audit and Risk Management department monitors areas relating to mis-selling and also specifies the appropriate action to be taken against the erring stakeholders as per the matrix.
9.	Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	Our grievance redressal system is equipped to automatically allocate complaints received at our end based on business rules. A complaint gets routed by round-robin system to reduce the waiting time. Currently escalations are tracked manually. An auto-escalation is being developed in our systems which will be in sync with IGMS.
10.	If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.	Policyholders can register their grievances online by visiting our corporate website at www.hdfclife.com . The complaint registered gets automatically routed to our grievance redressal department for further action.
11.	What are the three best practices you follow in the area of grievance redressal in your company?	<ol style="list-style-type: none"> 1. 100% Welcome call done to customers upon policy issuance explaining the brief features of the plan. 2. Welcome call transcript checked with the nature of complaint registered with us to see if similar concerns had been raised at the time of policy conversion. 3. 3-level escalation matrix incorporated in our acknowledgement letter which informs the customer whom to approach in case of delay. 4. Fair assessment of every complaint based on investigation inputs from field, channel and customer.

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF ICICI PRUDENTIAL LIFE INSURANCE COMPANY LTD.**

1	Name and designation of the Grievance Redressal Officer (GRO)	Name: Mr. Deepak Kinger Designation: Senior Vice President & Head - Compliance, Taxation & Secretarial
2	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also) Contact Details of the GRO Full address	GRO: ICICI Prudential Life Insurance Company Ltd., ICICI Prulife Towers, 1089 Appasaheb Marathe Marg, Prabhadevi, Mumbai- 400025 Head-Customer Service (CS): ICICI Prudential Life Insurance Company Ltd., Vinod Silk Mills Compound, Chakravarti Ashok Nagar, Kandivali (East), Mumbai-400101 GRO: 022- 40391600 , Direct: 022-40391729 / 1887 Head-Customer Service: 022-42058000, Direct: 022-42058800 / 8810 GRO: 022- 24376956 Head-Customer Service: 022-67100805 GRO: deepak.kinger@iciciprulife.com Head-CS: vv.balaji@iciciprulife.com senior.management@iciciprulife.com
	Telephones	GRO: 022- 40391600 , Direct: 022-40391729 / 1887
	Fax	Direct: 022-42058800 / 8810
	E-mail Id	GRO: 022- 24376956
	Non-personal email ID for IRDA escalation	Head-Customer Service: 022-67100805
	Call center details	GRO: deepak.kinger@iciciprulife.com
	Toll free number:	Head-CS: vv.balaji@iciciprulife.com
	Email ID:	senior.management@iciciprulife.com
3	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Updated Grievance Redressal Policy of the company has been approved by the Customer Service and Policyholders' Protection Committee of the Board on October 19, 2010
4	The maximum TAT prescribed for resolution of grievances internally by your Company.	<ul style="list-style-type: none"> The Company endeavors to resolve the grievances at the earliest. The maximum TAT for resolution is 10 days from the date of receipt of the complaint. In the event of any failure to comply with the aforesaid timelines, due to investigation on fraud or claim related complaints, the policyholder is informed of the reasons and the revised timeline for resolution.
5	Other features of your Redressal mechanism that need to be disclosed to the policyholder	<p>Features of the Redressal mechanism are:</p> <ul style="list-style-type: none"> A written acknowledgment along with details of grievance redressal mechanism is sent to the Customer within 3 business days, All touch points are empowered to provide status of complaints/grievance to policy holders. Customer is informed on how to pursue the complaint by making available the Grievance Redressal Procedure (including the escalation mechanism) on the Website and at our Branches.

6	<p>Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).</p>	<p>The Company has constituted a sub- committee of the Board for protection of Policyholders with the following members:</p> <ul style="list-style-type: none"> • Mr. Vinod Kumar Dhall – Chairman • Mr. Ramkumar – Member, ICICI Bank Nominee • Mr. Adrian O’ Connor – Member, Prudential Nominee <p>The terms of reference of the Committee are as follows:</p> <ul style="list-style-type: none"> • Putting in place proper procedures and effective mechanism to address complaints and grievances of policyholders including mis-selling by intermediaries. • Ensure compliance with the statutory requirements as laid down in the regulatory framework pertaining to policyholders’ protection. • Review of the mechanism at periodic intervals. • Ensure adequacy of disclosure of “material information” to the policyholders. • These disclosures shall, for the present, comply with the requirements laid down by the Authority both at the point of sale and at periodic intervals. • Review the status of complaints of the policyholders at periodic intervals. • Provide the details of grievances at periodic intervals in such formats as may be prescribed by the Authority. • Provide details of insurance ombudsman to the policyholders. <p>Given the enhanced focus on Customer Service and grievance management the Board suggested that the terms of reference of the Committee be made broad based. Accordingly, the terms of reference were amended and the Committee was renamed to ‘Customer Service & Policyholders Protection Committee’. Following are the additional terms of reference.</p> <ul style="list-style-type: none"> • Shape the customer service philosophy and policies of the organization based on the overall environment in the financial services industry. • Oversee the functions of the customer service council. • Review measures for enhancing the quality of customer service. • Provide guidance to bring about improvement in the overall satisfaction level of customers.
7	<p>Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level</p>	<p>Root cause analysis for market conduct concern areas is conducted periodically and corrective action is presented at the Customer Service Council. Any policy level changes/ action arising from the discussions are further presented at the Customer Service & Policyholders’ Protection Committee (CSPPC) and the Grievance Redressal Committee held every quarter.</p>
8	<p>Whether your Organization has Market Conduct Cell/Department to take appropriate action on the erring stakeholders</p>	<p>The Company has constituted a ‘Risk Control’ function which conducts all the investigations. Basis the mal- practice matrix, appropriate action is initiated on the erring stakeholders.</p>

9	Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	<ul style="list-style-type: none"> The Company has an automated Grievance redressal system in place. All Complaints/Grievances are registered in a centralized Customer Relationship Management (CRM) system. This is a common system accessed by all the touch-points. (Branches, Call Centre, Email channel, Correspondence channel). A unique reference number is generated for every interaction. Through pre-defined rules, depending on the classification, the system auto-populates the TAT and work group for resolution. The CRM has a built in workflow through which the case is auto-allocated to the concerned work group. The system auto escalates in case of non-resolution.
10	If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.	Customer has the option to register grievances on our website www.iciciprulife.com through the complaints link
11	What are the three best practices you follow in the area of grievance Redressal in your company?	<ul style="list-style-type: none"> Root cause analysis: The Company regularly initiates improvement projects to reduce grievances. A cross functional project team studies root causes and suggests corrective actions on processes / policies. These findings are presented at the Customer Service Council chaired by the Managing Director for final consideration and subsequent action The Company regularly scans the internet space for any comments posted by customers about the company. If any adverse feedback is posted, the company proactively contacts the Customer to understand concern and resolve their grievances in a suitable manner Process improvements and Audits: The Company has set up strong monitoring mechanism to drive accurate and timely resolutions. The Service Quality team publishes daily, weekly and fortnightly reports on open calls to respective work groups and initiates required action. Monthly audits are conducted on sample cases to validate the quality of resolution offered to Customers. '<i>Closure within defined timelines</i>' and '<i>Right resolution</i>' forms a part of performance indicators for customer service teams Customer feedback: The Service Quality team collects customer feedback on an on-going basis to understand their experience with customer service touch points. (Branch, Call Centre, Email channel) This feedback helps customer service teams assess service delivery quality and thereby identify training requirements and system / process improvements

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF IDBI Federal Life Insurance Company Limited INSURANCE COMPANY**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Mr. Sudhakar Shetty Head – Legal, Secretarial and Compliance
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	Mr. Sudhakar Shetty (GRO) Head – Legal, Secretarial and Compliance Address : IDBI Federal life Insurance Co ltd, Oasis , Tradeview, Kamala City, Lower Parel (W), Mumbai 400013 Contact Number : 022- 6735 8264 Mr. Shishir Verma Head – Customer Service and Call Center Address: IDBI Federal life Insurance Co ltd, Oasis , Tradeview, Kamala City, Lower Parel (W), Mumbai 400013 Contact Number: 022- 6735 8274 Contact Details of the GRO Full address Telephones Fax E-mail Id Non-personal email ID for IRDA escalation Call center details Toll free number: Email ID:
		Contact Number : 022- 6735 8264 Address : IDBI Federal life Insurance Co ltd, Oasis , Tradeview, Kamala City, Lower Parel (W), Mumbai 400013 Contact Number : 022- 6735 8264 Fax: 022- 2494 1016 Email: sudhakar.shetty@idbifederal.com grievance@idbifederal.com 1800 102 5005 (Non Mtnl Toll Free) and 1800 22 1120 (MTNL Toll Free) Email: support@idbifederal.com
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	15 days
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	The Grievance Redressal Policy has been approved by the Board of Directors in the Board Meeting held on 10 th August 2010. The Grievance Policy has been thereafter filed with IRDA in the month of September 2010
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	Yes The Policyholder Protection committee of the Board was constituted on November 2, 2009. The committee consists of Mr. P. H. Ravikumar, Chairman, Mr. R.K. Bansal, Mr. Damis Ziengs, Mr. R. K. Thapliyal and Mr. Davinder Rajpal as members of the Committee.

		The Policyholder Protection Committee (PPC) of the Board is primarily responsible for formulation of policies pertaining to customer service; ensure effective mechanism to address complaints and grievances of policyholders including misselling, examine issues having a bearing on the quality of customer services rendered by the Company, review of the adequacy of disclosures of material information to the policyholder, review of the functioning of Customer Services Committee and ensure compliance with the regulatory requirements.
7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	This is done by complaints team
8.	Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	No we do not have market conduct cell- however market conduct analysis is done regularly by customer care, compliance and channel. There is also a defined process for handling Misselling complaints
9.	Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	Yes, we do have an automated system for logging and resolving complaints with automatic escalations handling basis the prescribed Turnaround times
10.	If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.	Yes
11.	What are the three best practices you follow in the area of grievance redressal in your company?	<p>a) Policy Holder Protection Committee – Board Level Committee members are appraised of the various complaints and analysis of the type of complaints is presented on a quarterly basis along with process improvements</p> <p>b) Customer Service Committee – Senior Management Level- The customer service committee meets every month to discuss matters related to improvement of customer service and process related to complaints and claims .</p> <p>c) Clearly Defined process for handling complaints and escalations where the TAT 's are conforming to IRDA specifications and dedicated customer service personnel to manage grievances from receipt to response to customer and ensure resolution .</p>

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF INDIAFIRST LIFE INSURANCE COMPANY**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Mr. Mohit Rochlani
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also) Contact Details of the GRO Full address Telephones Fax E-mail Id Non-personal email ID for IRDA escalation Call center details Toll free number: Email ID:	GRO is the same person as Head – Customer Service. Mr. Mohit Rochlani 301, 'B' Wing, The Qube, Infinity IT Park, FilmCity – Dindoshi Road, Malad (East), Mumbai 400097 +912233259536 +912233259545 Mohit.Rochlani@indiafirstlife.com Grievance.redressal@indiafirstlife.com 18002098700 Customer.first@indiafirstlife.com
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes Approved by Board at their meeting held on October 25, 2010
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	14 days
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	The Grievance Policy is attached as Annexure I
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	The Board has constituted the Policyholders Protection Committee. The roles and responsibilities are attached as Annexure II
7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	Yes is carried out by Risk Management and Operations team.
8.	Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	There is a standard process in place to investigate market conduct cases. The Compliance and Risk team investigate cases and take appropriate actions.
9.	Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	The Company is in the process of installing a CRM system which shall automate Grievance Redressal in the company.
10.	If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.	Currently, the company is in the process installing CRM System. The same shall commence from June 30, 2011.

11. What are the three best practices you follow in the area of grievance redressal in your company? Few best practices followed by IndiaFirst are:
1. Complaints received through all channels (voice, email and snail mail) are registered in our system as per category for tracking and allocation of the complaint to the respective teams.
 2. There is a defined Turnaround time for each function in the organisation depending on type of complaints.
 3. All Escalations are to be resolved within a 24-48 hour TAT. The customer is contacted within 24 hours of receipt of the complaint and is constantly kept updated till resolution.
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GRIEVANCE REDRESSAL POLICY

About Us:

IndiaFirst Life Insurance Company is a joint venture between Bank of Baroda, Andhra Bank and Legal and General (UK).

Bank of Baroda is one of the largest public sector banks in the country with an enviable network of over 3050 branches that spreads across the geography of India and over 70 branches across 22 countries globally! This behemoth financial institution is over 100 years old and has been built on financial prudence, corporate governance and most importantly – the trust of valuable customers like you.

Andhra Bank has been serving the Indian customer for over 85 years and currently has a network of over 1557 branches. The bank has developed best in class deposit and lending schemes for its valued customers. Both the banks are nationalized and provide best in class products and services to every Indian citizen.

Legal & General is one of UK's leading financial institutions with a heritage of over 150 years. It provides life assurance, pensions, investments and general insurance plans to over 5.5 million customers across UK. It brings rich fund management and insurance experience to India.

Our Vision:

“Become a life insurance and pensions business leader in providing significant value for all stakeholders through true customer delight”

Customer Service Philosophy:

We, at IndiaFirst value our customers and believe in always placing the Customer First. The customer's requirement is of utmost importance to us. The products designed, processes implemented or any service delivered is keeping in mind the Customer's needs.

1. Introduction

The purpose of this policy is to outline the process of receiving the customers' complaints & grievances. The Policy covers the following

- Definitions
- Registration of complaints by Customers
- Modes of receipt of complaints
- Categorisation of complaints
- Complaint handling

2. Definitions

“Complaints”

A complaint arises due to inadequacy of the services made available to the customer or gaps in standards of services expected and actual services rendered.

All queries which arise due to non-adherence to the stipulated turn-around-time will be treated as a Complaint. An Illustrative (not exhaustive) list of such complaints is placed below

- Reference by customer regarding mis selling
- Refusal by company to compensate for loss due to delays in servicing
- Non responsiveness to customer
- Inappropriate response during customer's interaction

“Grievances”

A complaint would be termed a grievance once it is beyond the service standards set by the company & the original response to the complaint was not to the satisfaction of the client.

All complaints which have regulatory references from the IRDA, Life Council, Court of Law, Legal & Compliance of IndiaFirst and Ombudsman will be treated as a Grievance.

3. Grievance Redressal Policy:

We at IndiaFirst are committed to extend the best possible service to our customers at all times. However, if the customer is not satisfied with our services and wishes to lodge a complaint, he may get in touch with us and we will address his concerns at the earliest.

Registration of complaints

- **Step 1**
You may **write to us**
Customer Care
301, B Wing, The Qube, Infinity Park
Dindoshi- Filmcity Road, Malad (East)
Mumbai – 400097

OR

Call us on our Toll free number 1800-209-8700 from Mon to Sat between 8 am and 8 pm:

OR

Email us at customer.first@indiafirstlife.com

Time Taken- A written communication giving reasons of either redressing or rejecting the complaint will be sent within **14** days of receipt of the complaint.

- **Step 2**

In case you are not satisfied with the response received you may email us at grievance.redressal@indiafirstlife.com OR write to our 'Grievance Officer' at the address mentioned above.

(Please quote your Complaint/Service Request ID provided in Step 1)

Time taken- A written communication giving reasons of either redressing or rejecting the grievance will be sent within **14** days of receipt of the grievance.

An acknowledgment to all complaints received will be sent within **3** working days of receipt of the complaint/ grievance.

A complaint/grievance will be treated as closed only in a scenario where the complainant does not revert within **56** days from the date of receipt of the communication.

Closure of Complaint/grievance

- A complaint will be treated as 'Closed' once the company has provided a resolution in line with the customer's requirement OR
- Once the Customer expresses receipt & satisfaction over the resolution provided OR
- Where the complainant does not revert within **56** days from the date of receipt of the communication OR
- Where the Grievance Redressal Officer has certified that the company has discharged its contractual, statutory and regulatory obligations and therefore closes the complaint.

4. Modes of receipt

The customer can communicate his complaints/grievance in the following manner

- Send a letter at the registered office "301, 'B' Wing, Infinity IT Park, Dindoshi – Film City Road, Malad (East), Mumbai - 400 097. "
- Send a email at customer.first@indiafirstlife.com
- Contact our Call centre on the Toll free No 1800 209 8700
- Contact the nearest Bank of Baroda or Andhra Bank branch to forward the same to IndiaFirst.

5. Categorization of complaints/grievances

The complaints are then categorized based on the departments to which they relate to

- I. **Proposal Processing Including Refunds** -Proposal (NB) Related issues (from receipt of proposal until results in to policy) including Refunds
- II. **Policy Servicing Delays/Denials** - Policy Servicing issues related to service / delays excluding Surrender Value, Survival Benefit, Maturity claims and Death claims
- III. **Survival Claims** – Survival Benefit claims / Maturity claims / Surrender Value payment & connected issues including (Pension) Annuity Payments
- IV. **Death Claims** - Death Claims & Connected Issues
- V. Insurers' Unfair Business Practices/Mis sale/Mis representation/Tampering Records/ Forging Signature etc
- VI. **Unit Liked Policies-** Complaints regarding Charges, Improper Allocation of Units, NAV Related Complaints Switching and Partial Withdrawals
- VII. **Others-**Other Issues not covered under headings I to VI

6. Complaint Handling

- Complaints received through all channels (voice, email and snail mail) are registered in our system as per category for tracking and allocation of the complaint to the respective teams.
- All complaints shall be acknowledged within 3 working days of the receipt along grievance redressal procedure, TAT and name and designation of the officer who will deal with the grievance.
- There is a Turnaround time for each team depending on type of complaints.
- Legal complaints are routed to Corporate Legal department & the resolution is done with their help in wording the communication.
- For written complaints received, on resolution a written communication is sent to client.
- All complaints addressed to the CEO's office will be termed as an Escalation.

RESPONSIBILITY AND ROLES OF POLICYHOLDER PROTECTION COMMITTEE**Responsibilities:**

1. To put in place proper procedures and effective mechanism to address complaints and grievances of policyholders including misselling by intermediaries.
2. To ensure compliance with the statutory requirements as laid down in the regulatory framework.
3. Review of the mechanism at periodic intervals.
4. To ensure adequacy of disclosure of “material information” to the policyholders. These disclosures shall, for the present, comply with the requirements laid down by the Authority both at the point of sale and at periodic intervals.
5. To review the status of complaints at periodic intervals to the policyholders.
6. To provide the details of grievances at periodic intervals in such formats as may be prescribed by the Authority.
7. To provide details of insurance ombudsmen to the policyholders

Roles:

1. To put in place systems to ensure that policyholders have access to redressal mechanisms.
2. To establish policies and procedures, for the creation of a dedicated unit to deal with customer complaints and resolve disputes expeditiously.
3. To address the various compliance issues relating to protection of the interests of Policyholders
4. To keep the policyholders well informed and educated about insurance products and complaint-handling procedures.

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF ING VYSYA LIFE INSURANCE COMPANY**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Ashwin B – Chief Operating Officer
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	Gaurav Mishra Executive Vice President – Customer Service Operations
	Contact Details of the GRO	'ING Vysya House', 5th Floor
	Full address	22, M.G. Road, Bangalore 560001
	Telephones	91-80-25328000
	Fax	91-80-25559764
	E-mail Id	ashwin.b@inglife.co.in
	Non-personal email ID for IRDA escalation	complaintscell@inglife.co.in
	Call center details	+91-9880888228
	Toll free number:	1-800-419-8228
	Email ID:	complaintscell@inglife.co.in
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	14 calendar days
5.	Other features of your Redressal mechanism that need to be disclosed to the policyholder	NA
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	Yes <ul style="list-style-type: none"> • Ensure effective policyholder protection activities including customer complaint handling • Reviewing trends in terms of types and numbers of Complaints • Reviewing the timely resolution of complaints, turnaround times for closures and reviewing complaints pending beyond 14 days • Review the complaints relating to claims and litigations
7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	Yes
8.	Whether your Organization has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	Yes
9.	Whether you have an automated grievance Redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	No

10. If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.
- The policy holder can register his grievance online through the customer portal –
- https://portals.inglife.co.in/wps/portal/Cust1/c0/04_SB8K8xLLM9MSSzPy8xBz9QJ_89Mw8_YJ0RUUAk9OZqw!!
- In case the policy holder is not registered on the customer portal he may register the complaint on the website – <http://www.inglife.co.in/contactus/complaintscellnew.aspx>
-
11. What are the three best practices you follow in the area of grievance Redressal in your company?
- 1) Complaints capture enabled at multiple touch points across branch, web and head office.
 - 2) Complaints Cell reports directly to Head of Customer Service who in turn report to the Grievance Redressal Officer, to give this the required importance and focus.
 - 3) The complaints performance has been incorporated as part of Key Performance Indicators for the company, which is reviewed by Senior Management on a monthly basis.

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF KOTAK LIFE INSURANCE COMPANY LIMITED**

1.	Name and designation of the Grievance Redressal Officer (GRO)	R. Mahesh Kumar – Head, Compliance
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	R. Mahesh Kumar – 6621 5999 Kalparupa Datta (Head – Customer Service) – 66056825
	Contact Details of the GRO	R. Mahesh Kumar – Head, Compliance,
	Full address	9th floor, Godrej Coliseum,
	Telephones	Behind Everard Nagar, Sion (East). Mumbai 400097
	Fax	PHONE – 6621 5999
	E-mail Id	FAX – 66215757
	Non-personal email ID for IRDA escalation	EMAIL – MAHESH.KUMAR@KOTAK.COM
	Call center details	KLI.GRIEVANCE@KOTAK.COM
	Toll free number:	1800 209 8800
	Email ID:	CLIENTSERVICEDESK@KOTAK.COM
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Approved by the Board in the Board Meeting held on April 27, 2010.
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	15 days
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	<ol style="list-style-type: none"> 1. We encourage the policyholders to approach us with their grievances first. 2. In case if the Policyholders are not satisfied with the response, it can be escalated to the Grievance Redressal Officer (GRO) through our Customer Service Desk (CSD) 3. In case if the customer is still not satisfied with the response, we inform the Policyholders that they can approach forums like the Insurance Ombudsman
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	<p>We have constituted the Policyholders Protection Committee which looks into the Grievance Redressal aspects. The minutes of the Policyholders Protection Committee are placed in the Board Meeting. The Policyholders Protection Committee looks into the following:</p> <ul style="list-style-type: none"> • Putting in place proper procedures for redressal of customer complaints including misselling • Ensure compliance with statutory requirements • Review of mechanism at periodic intervals • Ensure adequacy of disclosure of material information to the policyholders both at point of sale and at periodic intervals • Review status of complaints at periodic intervals • Provide details of grievances at periodic intervals as prescribed to IRDA

	<ul style="list-style-type: none"> • Provide details of insurance ombudsman to the policyholders • Other Policyholders Protection measures
7. Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	<ol style="list-style-type: none"> 1. The Policyholders Protection Committee is held every quarter which looks into the market conduct concern areas and for taking corrective actions 2. Additionally, we do a Customer Satisfaction Survey (CSAT) specific to service areas once a year. findings out of the survey are converted into action items basis cost benefit analysis done
8. Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	<ol style="list-style-type: none"> 1. The Company has instituted an Ethics Committee which looks into the unethical behaviour of employees/advisors and takes action against unethical behaviour 2. Any such unethical behaviour is duly reported to the Life Insurance Council 3. Such names of individuals indulging in unethical behaviour is also published in internal e-mails circulated within the Company
9. Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	<p>We have a system which enables us to generate the grievance id and also allows escalations. However, it does not have business rules for allocation, work flows etc. We are working on a new CRM system which will have many of the features enumerated in the para. It is an advance system and is expected to be implemented by end April 2011</p>
10. If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.	<p>Yes – they can log on http://insurance.kotak.com/ and click on the grievance redressal system link</p>
11. What are the three best practices you follow in the area of grievance redressal in your company?	<ol style="list-style-type: none"> 1) Monthly root cause analysis of complaints and subsequent actions taken to reduce the same. eg: to curb misselling cases, 2) Welcome calls are done within the freelook period to explain the policy taken and handle any discrepancy then and there. 3) SMS alerts are also sent at the time of login reaffirming the policy opted for by the customer 4) Any unethical behaviour is placed before the Ethics Committee and stringent action taken

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF LIFE INSURANCE CORPORATION OF INDIA**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Ms. Sarojini S. Dikhale Executive Director (CRM)
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also) Contact Details of the GRO Full address Telephones Fax E-mail Id Non-personal email ID for IRDA escalation Call center details Toll free number: Email ID:	CRM Department, LIC of India Central Office: 5 th Floor (Floor), Yogakshema Jeevan Bima Marg, Mumbai 400021 022 22028227 022 22825829 co_crm@licindia.com co_crm@licindia.com We do not have a dedicated Call Centre for Grievances. Contact details of our Grievance Redressal Officers at Divisional Office level are given on website www.licindia.in
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	2 weeks
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	Grievance Redressal Officers are appointed at all levels, details of which are given below: Branch Office: Branch In-charge Divisional Office: Manager (CRM) Zonal Office: Regional Manager (CRM) Regional Manager (P&GS) is designated as Grievance Redressal Officer in respect of Group policies for respective zones. Further, Grievance Redressal Committee is formed at Central Office under the supervision of Executive Director (CRM) and consists of following officials: Chief (Health Insurance) Chief (P&GS) Secretary (Micro-Insurance) These members are responsible for handling grievances pertaining to their respective departments.

6. Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	Yes. Functions include: a.) helping Board in formulating policies/strategies in the area of customer service, setting best benchmarks for the service functions, setting up and monitoring appropriate customer interface. b.) Review of functioning of grievance redressal mechanism, complaints remaining unresolved, complaints of sensitive nature and periodical statements relating to complaints/ claims sent to the Authority in prescribed formats.
7. Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	We have made a provision in our policy to carry out structured review and root cause analysis to ascertain factors leading to grievances and to consider rationalization of processes, if required, so as to reduce the instances leading to grievances.
8. Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	There is no separate cell. However, we have well laid out Staff Rules and Agents Rules which provide for disciplinary actions, wherever required.
9. Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	Yes, this is under modification to bring it in line with proposed IGMS.
10. If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.	Policyholder after registering on our portal www.licindia.in can log-in his grievance/complaint on-line and can track its movement on Complaint Management System (CMS)
11. What are the three best practices you follow in the area of grievance redressal in your company?	<ol style="list-style-type: none"> 1. Claims Review Committees are set up at Zonal Office and Central Office level. The committee consists of two or more senior officers of LIC and an Honourable Retired Judge of District Court/High Court. Claimants can appeal to these committees to reconsider repudiated death claim. 2. Grievance Redressal Officers at various levels are available for personal meeting on designated days. 3. Standing Committees are also formed at Divisional, zonal and Central Office levels to which grievances can be referred by Grievance Redressal Officers to deal with the issues related to customer service, which can not be decided at the respective servicing departments on account of procedural constraints.

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF MAX NEW YORK LIFE INSURANCE COMPANY**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Mr. Vikas Gujral Senior Vice President & Head - Operations & Customer Service
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	Mr. Vikas Gujral Senior Vice President & Head - Operations & Customer Service
	Contact Details of the GRO	Max New York Life Insurance
	Full address	Plot No – 90 A, Sector 18 Udyog Vihar, Gurgaon – 122015, Haryana
	Telephones	Direct: +91-124-4159393, Board: +91-124-4219090
	Fax	+91-124-4239683
	E-mail Id	Vikas.gujral@maxnewyorklife.com
	Non-personal email ID for IRDA escalation	Nodal.officer@maxnewyorklife.com
	Call center details	Our Call center services are available in 10 languages.
	Toll free number:	1800 200 5577 (Policy Holder's help-line) 1800 180 5577 (Policy Holder's help-line)
	Email ID:	Service.helpdesk@maxnewyorklife.com
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	2 weeks
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	<ol style="list-style-type: none"> 1) Policy Holder/ Complainant can log their grievances through any of the following means: <ul style="list-style-type: none"> - Branch office - Call Center at our toll-free numbers - Email (Service.helpdesk@maxnewyorklife.com) - SMS (5616155) - Customer Portal (www. maxnewyorklife.com) 2) Within 24 hours of receipt of a grievance a unique reference number is generated and provided to Complainant through E-mail/call/SMS/letter. 3) Through above communication, complainant is informed, that if not satisfied with the response or in case of no response within 2 weeks of logging a grievance, they can escalate there complaint to below email ID – manager.services@maxnewyorklife.com 4) Resolution of any grievance is mandatorily communicated through an E-mail/letter apart from call and SMS.

6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	<p>Yes, MNYL has a Policy Holder Protection Committee at the board level.</p> <p>The committee reviews complaints trend, performance and root cause analysis on quarterly basis. Further, suggests the corrective actions required.</p> <p>MNYL has a policy on Treating Customer Fairly, which imbibes:</p> <p><i>“We are committed to being completely transparent, customer-focused, equitable and fair in dealing with our customers. To achieve this objective we will ensure that our management philosophy, processes and systems are developed in a manner that:</i></p> <ul style="list-style-type: none"> • <i>Our customers can be confident that they are dealing with a company where the fair treatment of its customers is central to its corporate culture.</i> • <i>Our products and services are designed to meet the needs of identified consumer groups and are targeted accordingly.</i> • <i>Our customers are provided with clear information and are kept appropriately informed before, during and after the point of sale.</i> • <i>Our customers receive advice from us which is appropriate for them and takes into account of their circumstances</i> • <i>Our products perform as we have led our customers to expect, and our customer service is both of an acceptable standard and also as our customers have been led to expect.</i> • <i>Our customers do not face post-sale barriers to cancel (under free look provision) or surrender a policy, switch funds, submit a claim or make a complaint.”</i>
7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	<ul style="list-style-type: none"> - We have an Investigation team, which does root cause analysis and imposes disciplinary action on any kind of miss-conduct. - We also have a dedicated grievance redressal unit, managing the appropriate resolution at the policy level. - Market conduct concerns are discussed at the board level as well.
8.	Whether your Organization has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	<ul style="list-style-type: none"> - We have a dedicated grievance redressal unit which, end to end resolves the concerns of erring customers. - We conduct annual customer satisfaction surveys and mystery shopping to reach our customers, to pro-actively know the concern areas and bridge up the gaps identified through surveys.

- Our specialized investigation team does analysis and investigates the complaint pertaining to any misconduct in the market. Further, the team takes necessary disciplinary actions (as per the pre-designed Disciplinary Action Grid) for close looping of the concerns raised.

9. Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place

Yes. We have our CRM system, which enables assignment of grievances to related work groups and auto-escalation in case of non-resolution.

10. If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.

Yes, Policy holder can register his grievance through the Policy Holder's Portal (www.maxnewyorklife.com). Immediately a unique reference number is issued to him.

Through Portal, he can also watch the status of his current complaint and previous history of complaints (if any).

11. What are the three best practices you follow in the area of grievance redressal in your company?

- We have a dedicated grievance redressal team, which ensures an appropriate resolution and a legitimate communication of the same to complainant.
- Policy holder protection committee reviews it on quarterly basis.
- Basis the root cause analysis, we derive key improvement areas and six sigma projects are run to come over these gaps.
- We have dedicated Customer Relationship Officers assigned to the policy holders, wherein Agent Advisor is inactive. These officers take care of policy holder's queries and complaints.

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM OF
MetLife India Insurance Co. Ltd.**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Gaurav Sharma Director-Operations and Services
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also) Contact Details of the GRO Full address Telephones Fax E-mail Id Non-personal email ID for IRDA escalation Call center details Toll free number: Email ID:	Not Applicable Orchid Centre, 5th Floor, DLF Golf Course Road, Sector-53, Gurgaon - 122 002 Direct Landline: +91 124 4179011 Mobile : +91 9650344418 Email : gsharma@metlife.com GRO@metlife.co.in 18004256969 Indiaservice@metlife.co.in
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	15 days
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	<p>We aim to provide the best in customer service. In the rare event if customers are not satisfied with the services provided, they can highlight their concern on the below mentioned touch points:</p> <p>Level 1 For any complaint/grievance, approach any of our following touch points:</p> <ol style="list-style-type: none"> 1. Call 1800-425-69-69 (Toll free) or 080-26502244 or Fax 080-41506969 2. Email at india_grievancecell@metlife.co.in 3. Write to "Customer Service Department", MetLife India Insurance Co. Ltd., Brigade Seshmahal, 5, Vani Vilas Road, Basavangudi, Bangalore-560004, India 4. Online through our website www.metlife.co.in 5. Our nearest MetLife branch across the country <p>Level 2 In case not satisfied with the resolution provided by the above touch points, customer can write to our Grievance Redressal Officer at gro@metlife.co.in or send a letter to the Registered Office "MetLife India Insurance Co. Ltd., Brigade Seshmahal , 5, Vani Vilas Road, Basavangudi, Bangalore-560004, India"; or</p>

Level 3

In case customer is still not satisfied with the decision of the above officer, or have not received any response within 10 days, customer may contact the Insurance Regulatory and Development Authority for resolution

Grievance cell (Complaint against Life Insurer)
Insurance Regulatory and Development Authority
Parishrama, Bhawanam, 5-9-58/B,
Basheerbagh, Hyderabad - 500 004
Toll Free: 155255
E-mail: lifecomplaints@irda.gov.in

Or may approach the Insurance Ombudsman.
Contact details of the same are available at www.irda.gov.in

6. Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	<p>Yes, We have Policyholder Protection Committee constituting of select Board Members, Managing Director and Grievance Redressal Officer (Director Operations & Services)</p> <ul style="list-style-type: none"> • Review of Customer service performance • Review of implementation related to regulatory changes • Review of trends in areas like sales complaints, claims related complaints, etc • Review of actions to improve the policyholder awareness and customer service levels
7. Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	<p>It's a continuous process at MetLife, our compliance and Risk Unit is engaged in analyzing the causes. Some of the examples of corrective action taken so far</p> <ol style="list-style-type: none"> 1. Customer Profiler is mandatory to identify customer needs & suggests a list of best suiting products for the customer 2. Detailed & explicit information on our products is available on our website and brochures 3. Welcome Call to customers to take feedback and explain product features 4. Summary of key policy features along with the Policy Document for the ease of understanding
8. Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	<p>Dedicated Internal Compliance and Risk Control Unit to take appropriate action, if required supported by</p> <ul style="list-style-type: none"> • Malpractice Matrix – A framework of disciplinary actions against misconducts & frauds • Weekly communication on malpractice deterrents to Sales, Training & Services to caution on action against infractors • Quarterly RAG Report at branch / region level to highlight Risk negative cases

<p>9. Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place</p>	<p>Yes, we have customer relationship management software “ Talisma” which is</p> <ul style="list-style-type: none"> • Integrated with our policy admin system for real time information • Available at every customer touch point for seamless service • Workflow with rules for allocation based on classification of requests / complaints • Multiple levels of auto escalation in case of non-resolution within specified timeline. • Every interaction with customer is stored and accessible at any given point in time for speedy and quality closure of grievances • User friendly reports to monitor trends and performance
<p>10. If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.</p>	<p>Policyholder can register grievance online through our website www.metlife.co.in .</p> <ul style="list-style-type: none"> • Separate section of Grievance is available for ease of access • Escalation Point and Grievance Process is mentioned for quick reference • Status of Grievance can also be accessed online
<p>11. What are the three best practices you follow in the area of grievance redressal in your company?</p>	<ol style="list-style-type: none"> 1. Dedicated & Specialized team for Grievance handling to manage all complaints irrespective of nature of complaint. One stop shop for all grievances addressed by process experts 2. Root Cause analysis of complaints to ascertain the gaps and eliminate the chances of reoccurrence 3. Setup of specialized, channel based service delivery team for servicing of internal as well external customers <p>Some of the Prevention steps that we take to minimize grievances</p> <ol style="list-style-type: none"> 1. Ethics & Compliance, Code of Conduct, Anti Money Laundering (AML) & Anti-Corruption Policy (ACP) within 7 days of joining of employee 2. Monthly newsletter (Met World) on sales practices 3. Education series from compliance advisor on Misselling, Splitting, Anti-Corruption Policy, Benefit illustration, correct sales practices

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF RELIANCE LIFE INSURANCE COMPANY LIMITED**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Mr. Saroj K. Panigrahi , Head Legal, Compliance and Company Secretary
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	
[A]	Contact Details of the GRO Full address: Telephones: Fax: E-mail Id:	Mr. Saroj K. Panigrahi – Head Legal, Compliance and Company Secretary 10 th Floor, R-Tech Park, Bldg No. 2, Nirlon Compound, Goregaon (East), Mumbai 400063 022 3000 2000 (Board), 022 3000 2222 Rlife.gro@relianceada.com
[B]	Contact Details of the Head – Customer Care Full address: Telephones: Fax: E-mail Id:	Mr. Amitabh Aich 10 th Floor, R-Tech Park, Bldg No. 2, Nirlon Compound, Goregaon (East), Mumbai 400063 022 3000 2000 (Board) 022 3000 2222 Rlife.headcustomercare@relianceada.com
	Non-personal email ID for IRDA escalation:	Rlife.IRDA@relianceada.com
	Call center details: Toll free number:	1800 3000 8181
	Email ID:	Rlife.Customerservice@relianceada.com
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	15 days
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	A policy holder, dissatisfied with any of our services can voice his grievances at our 24X7 contact centre (1800 3000 8181) or visit us at any branch or mail us at Rlife.Customerservice@relianceada.com . The policy holder may exercise the option of sending his grievance in writing to our registered office address. If unsatisfied with the resolution, he can approach our Branch Manager (local grievance officer) at a branch location convenient to him. For any subsequent escalation, the policyholder can write to our Head – Customer Care, Mr. Amitabh Aich at the email ID Rlife.headcustomercare@relianceada.com

In the event that there are still any unresolved grievances, the complainant can write in to our Grievance Redressal officer (Mr. Saroj Panigrahi; Head – Legal, Compliance and Company Secretary) at the email ID – Rlife.Gro@relianceada.com

Any grievances for which the policyholder does not receive a satisfactory resolution after approaching all of the above channels, may be referred to the Insurance Ombudsman in terms of Rule 12 & 13 of the Redressal of Public Grievance Rules, 1998.

**these details are mentioned in all Policy Documents and also on our website*

6. Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	The Board at its meeting held on August 26, 2009 constituted the Board Committee namely Board Policyholders' Protection Committee. The detailed Terms of Reference for the said Committee is enclosed as Annexure 1.
7. Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	Yes, we do a root cause analysis, which includes Channel wise, Branch Wise, and Distributor wise details. These are reviewed on a monthly basis with the President and respective Head of Departments and appropriate action is initiated.
8. Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	Yes, we have a Risk team which investigates the complaints. Post investigation, they initiate appropriate action on the erring stakeholders. We also have a compliance function which encompasses the Grievance Redressal Office machinery.
9. Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	Yes. We have a CRM tool, which is accessible across all our servicing channels – online, Interactive Voice Response System, Branches and Call Center. The CRM is based on a workflow and has functionalities of a)auto assigns the complaints, depending on its nature, b) has pre-specified TATs, based on the type of complaint, c)generates acknowledgement email/letter and SMS on creation & closure of a complaint, c)escalates the pending complaints on ageing logic.
10. If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.	As of now we only have the email option through which a customer can notify us with his grievance. We are working for a completely online tool along with development of IGMS link. Tentative go-live date – June 2011.
11. What are the three best practices you follow in the area of grievance redressal in your company?	<ol style="list-style-type: none"> 1. Pro-active measures – Welcome Call; Pre & Post Issuance communication through SMS & E Mail; 2. Special empowered Centralized team to handle all grievances 3. Monthly dashboard review with President on Grievances – resolution TATs & Quality, followed by a quarterly presentation to board 4. Quarterly C-Sat survey with Customers by an external agency

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM OF
SAHARA INDIA LIFE INSURANCE COMPANY LIMITED**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Mr. Parakh Tandon Company Secretary
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also) Contact Details of the GRO Full address Telephones Fax E-mail Id Contact Details of the Head, Customer Service Full address Telephones Fax E-mail Id Non-personal email ID for IRDA escalation Call center details Toll free number: Email ID:	Mr. Parakh Tandon Sahara India Life Insurance Co. Ltd. Sahara India Centre, 2, Kapoorthala Complex, Lucknow-226024 Tel. No.: 0522-2337777 (Extn.:5100) Fax: 0522-2332683 E-mail parakh.tandon@hqlife.sahara.co.in Mr. P. P. Nagar Sahara India Life Insurance Co. Ltd. Sahara India Centre, 2, Kapoorthala Complex, Lucknow-226024 Tel. No.: 0522-2337777 (Extn.:5661) Fax: 0522-2332683 E-mail: pp.nagar@hqlife.sahara.co.in life@life.sahara.co.in 1800-180-9000 (BSNL/MTNL) life@life.sahara.co.in
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	As per IRDA Guidelines No. 3/CA/GRV/YPB/10-11 dated 27 th July 2010
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	The Company mentions in Policy Bond: (i) The contact details of Grievance Redressal Officer, (ii) The contact details of Ombudsman, and (iii) The procedure for appeal in case of repudiation of claims
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	Yes. Company holds Quarterly meetings of Policyholders' Protection Committee which reviews status of grievances/complaints of policyholders and take necessary steps for their redressal. Committee also reviews status of surrender/fore surrender cases/Maturity/Survival Benefit payments and Death Claim payment also and take remedial steps wherever necessary.
7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	Yes

8. Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	Although the Company does not have any separate Department/Cell but appropriate actions are being taken on the erring stakeholders
9. Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	No, we are in process of its implementation
10. If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.	Yes, he can register his complaint/grievance through e-mail life@life.sahara.co.in
11. What are the three best practices you follow in the area of grievance redressal in your company?	<ul style="list-style-type: none"> i) Immediate response and remedial action to the grievance/complaint of the policyholder ii) Company's motto is to keep the policyholder satisfied by offering personalized service either on phone or e-mail. iii) To train Agents/Marketing Executives, so that they may render right and efficient services to policyholders.

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF SBI LIFE INSURANCE COMPANY**

1.	Name and designation of the Grievance Redressal Officer (GRO)	RAJ KUMAR RAINA
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	Head – Client Relationship
	Contact Details of the GRO	SBI Life Insurance Company Limited
	Full address	Central Processing Centre Kapas Bhavan, Plot no.3A, Sector no 10 CBD Belapur, Navi Mumbai – 400 614
	Telephones	Phone : 022-66456241
	Fax	Fax : 022-66456655 / 6674
	E-mail Id	E-mail : rajkumar.raina@sbilife.co.in
	Non-personal email ID for IRDA escalation	irda@sbilife.co.in
	Call center details	SBIL Contact Center C/o Mphasis, Bannerghatta, Bangalore-560076
	Toll free number:	1800222123 / 18004259010
	Email ID:	info@sbilife.co.in
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	YES
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	7 Days
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	NIL
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	YES (Enclosed)
7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	Yes, Pre and Post issuance welcome calls is outcome of Root cause Analysis
8.	Whether your Organization has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	We do have sales Quality system to look into such cases along with CFIC (Complaint Fraud & Investigation cell)
9.	Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	YES

10. If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.

“Grievances/Complaints” options for Policyholders to register their grievances online is available through SBI Life website @ www.sbilife.co.in

Services>>>> Grievances/Complaints

11. What are the three best practices you follow in the area of grievance redressal in your company?

1. We thoroughly investigate misselling complaints. Pre & post issuance welcome calls are conducted to prevent misselling.
2. A Unique Grievance Redressal Mechanism has been introduced under which a customer, having a grievance or a query, sends an SMS “SOLVE” TO 56161. The Company reverts to the customer within 24 working hours and resolves the complaint immediately thereafter.
3. Every Quarter end, detail report of complaint management analysis is sent to Audit committee & discussed in detail.

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF _SHRIRAM LIFE ___INSURANCE COMPANY**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Mr. Cassie Kromhout
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	040-23434466. Extn: 209
	Contact Details of the GRO	#3-6-478, 3 rd Floor, Anand Estate, Liberty Road, Himayatnagar, Hyderabad – 500 029.
	Full address	
	Telephones	040-27671726
	Fax	
	E-mail Id	grievance.redressal@shriramlife.in
	Non-personal email ID for IRDA escalation	cassie@shriramlife.in
	Call center details	
	Toll free number:	1800-425-6116
	Email ID:	customercare@shriramlife.in
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	15 – 30 days
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	Grievance Redressal Officers at Service Centers and Insurance Ombudsman Address on the Policy Document sent to customers.
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	<p>Yes</p> <ul style="list-style-type: none"> • Reviewing the report on complaints made by the policyholders <ul style="list-style-type: none"> o Complaints by the policyholders' o Complaints received from IRDA o Complaints received from ombudsman • Discussing on claims settlement position • Review of report on internal claims review committee (ICRC) • Discussing on policyholders' matters (claims) which went to any forum / court / ombudsman • Discussing on progress or requirements for policyholders protection measures • Discussing on grievance redressal policy
7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	We are doing a root cause analysis when we are getting a complaint.

- | | |
|---|---|
| 8. Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders | We shall be starting it shortly. |
| 9. Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place | Yes. We have initiated the process of IGMS and will start using it shortly. |
| 10. If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement. | Yes. They can write to us by visiting our website and lodge complaints, request or suggestion which would be addressed by our Customer Care team. |
| 11. What are the three best practices you follow in the area of grievance redressal in your company? | <ol style="list-style-type: none"> 1. Internal Claims Review Committee (ICRC). 2. On spot interaction by Employee personnel with customers. 3. Escalation from one office to another by the customers. |

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF STAR UNION DAI-ICHI LIFE INSURANCE COMPANY LIMITED**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Mr. Kamalji Sahay – MD & CEO
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	Contact No of the GRO – 022 - 39546200 Details of Head, Customer Service Name – Sanjay Dhavalikar Designation – Vice President – Operations & Customer Service Contact No of the Head Customer Service – 022 - 39546240
	Contact Details of the GRO	Address: Star Union Dai-ichi Life Insurance Co Ltd 11th Floor, Raghuleela Arcade, IT park, Sector 30 A, Opp. Vashi Railway Station, Vashi, Navi Mumbai – 400703 Tel. No.: 022-39546200
	Full address	
	Telephones	
	Fax	
	E-mail Id	Email ID: ceo@sudlife.in
	Non-personal email ID for IRDA escalation	grievanceredressal@sudlife.in
	Call center details	
	Toll free number:	Tel. No.:- 39546300
	Email ID:	Customercare@sudlife.in
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes. The Grievance Redressal Policy has been approved by the Board.
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	20 Days – For Death Claim not paid / disputed under Claims Process
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	The various touch points are available for the customers for addressing Grievances, such as Grievance Redressal email ID specially dedicated for Grievance, Website, Contact Centre and other touch points such as Regional Offices and Bank Branches.
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	Yes. The Company has constituted the Board sub-committee for Protection of Policyholders. The gist of the functions of the sub-committee is as under: a. Putting in place proper procedure & effective mechanism to address complaints & grievances including mis-selling by intermediaries. b. Ensure compliance with the statutory requirements. c. Ensure adequacy of disclosure of material information to the policy holders.

		<ul style="list-style-type: none"> d. Review of the mechanism and the status of complaints at periodic intervals. e. Providing the details of insurance ombudsman to the policy holders. f. Providing the details of the grievances at periodic intervals in formats prescribed by the Authority.
7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	Yes. The Root Cause Analysis is done on a monthly basis for market conduct concern areas and the corrective action is taken at each policy level.
8.	Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	Yes. The Company has the Market Conduct Cell under our Distribution Department, which investigates and takes the appropriate action against the erring stakeholders.
9.	Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	We have in-house automated Grievance Redressal System, i.e. Call Management System. The TATs and the auto-escalation matrix have been inbuilt into the system. The grievances pending beyond TAT gets escalated upto CXO level as per the matrix. We would be integrating this system with the IGMS.
10.	If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.	The policy holder can register grievance online. The Customer can email us on grievanceredressal@sudlife.in or go to sudlife website www.sudlife.in and register the grievance . Click contact usàClick Grievance RedressalàClick Point Number.4àRegister onlineàGet Register NumberàRetain the call ID and Track it.
11.	What are the three best practices you follow in the area of grievance redressal in your company?	<ul style="list-style-type: none"> 1. Root Cause Analysis & Process Improvement 2. Prudent TAT –Adherence 3. Customer Centric approach

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF Tata AIG Life Insurance Company Limited**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Mr. Anurag Dharnidharka, Assistant Vice President and Head – Compliance
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	GRO: Tata AIG Life Insurance Co. Ltd. Delphi - B Wing, 2nd floor, Orchard Avenue, Hiranandani Business Park, Powai, Mumbai – 400076 Tel: 022 – 66479111 Fax: 022 – 67024133 Email: Anurag.dharnidharka@tata-aig.com Head – Customer Services: Mr. Vaibhav Goyal, Assistant Vice President and Head – Customer Services Tata AIG Life Insurance Company Limited Unit No. 302, Building No. 4, Infinity IT Park, Film City Road, Dindoshi, Malad (East), Mumbai – 400 097 Tel: 022 – 67608178 Fax: 022 - 67608012 Email: Vaibhav.goyal@tata-aig.com Contact Details of the GRO Full address Telephones Fax E-mail Id Non-personal email ID for IRDA escalation Call center details Toll free number: Email ID:
		Tata AIG Life Insurance Co. Ltd. Delphi – B Wing, 2nd floor, Orchard Avenue, Hiranandani Business Park, Powai, Mumbai – 400076 022 – 66479111 022 - 67024133 Anurag.dharnidharka@tata-aig.com Life.complaints@tata-aig.com 022 – 66939500 1-860-266-9966 / 1-800-11-9966 Customercare@tata-aig.com
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	YES
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	The maximum TAT prescribed for resolution of grievances by Tata AIG Life is on the basis of complaint categorization and is in line with the timelines specified in IRDA circular no. 3/CA/GRV/YPB/10-11 dated 27th July, 2010
5.	Other features of your Redressal mechanism that need to be disclosed to the policyholder	- Touch points where grievances can be registered - Internal escalation mechanism in case of dissatisfaction with the resolution - Details of Insurance Ombudsman The Grievance Redressal Procedure is enclosed for further details.

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6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	Yes - Policyholder Protection Committee (Charter attached)
7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	Yes
8.	Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	Yes
9.	Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	The current system does not support rule based allocation to work groups and automated escalations. A CRM project is currently underway that will have automated workflows built in.
10.	If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.	Customers can provide their grievances on our website in the link mentioned below. http://www.tata-aig-life.com/contact-us/email-us-fields.html
11.	What are the three best practices you follow in the area of grievance redressal in your company?	<ol style="list-style-type: none"> 1. Proactive monitoring of complaints on the internet. 2. Providing contact details of senior management as an escalation mechanism to aggrieved customers 3. Root Cause analysis of complaints received and elimination of the identified root causes

**INFORMATION RELATING TO
GRIEVANCE REDRESSAL MECHANISMS OF
INSURANCE COMPANIES**

NON-LIFE INSURERS

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF AGRICULTURE INSURANCE COMPANY OF INDIA LIMITED**

1.	Name and designation of the Grievance Redressal Officer (GRO)	M.K.PODDAR Deputy General Manager Chief Grievance Redressal Officer & Appellate Authority P.L.NARAYANAPPA Manager & Grievance Redressal Officer
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	Agriculture Insurance Company of India Ltd 13, Ambadeep building 14,K.G.Marg, New Delhi -110001
	Contact Details of the GRO Full address	Agriculture Insurance Company of India Ltd 13, Ambadeep building, 14,K.G.Marg New Delhi -110001
	Telephones	Ph- 46869805(MKP) , 46869808(PLN)
	Fax	46869815(MKP),46869854(PLN)
	E-mail Id	mkpoddar@aicofindia.com plnarayanappa@aicofindia.com
	Non-personal email ID for IRDA escalation	cgro@aicofindia.com
	Call center details	
	Toll free number:	
	Email ID:	Not Commissioned as on date
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	2 weeks
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder Grievance Redressal Policy of the Company Annexed	Details available on AIC Portal http://www.aicofindia.com/AICEng/General_Documents/Grievance_Redressal/GRP080709.pdf
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	Yes . The Board Sub Committee examines the grievances received, their Redressal and suggest ways and means for further improvement .
7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	Yes Status with regard to the Redressal of the Grievance put up to the Board of the Company on Quarterly basis
8.	Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	Yes, through Grievance Department Head Office
9.	Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	IGRS Under development through Project Annapoorna

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10. If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement. Under development and likely to be ready by the year- end
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11. What are the three best practices you follow in the area of grievance redressal in your company?
1. There is a provision to appeal against the decision of the Grievance Redressal officer to Chief Grievance Redressal Officer by the Complainant
 2. There is a provision for acknowledgement of grievance soon after receipt
 3. The Board of the Company is kept apprised of the nature of the grievances and their Redressal and thus being given consideration at the highest level keeping in view the provisions of the protection of policyholders' interest enshrined in the IRDA Rules and Regulations.
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**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF APOLLO MUNICH HEALTH INSURANCE COMPANY**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Mr. Padmesh Nair, Assistant Vice President
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	Mr. Suraj Mishra- Senior Vice President Operations and Customer Services Apollo Munich Health Insurance Company Limited 10th Floor, Building No.10, Tower B, DLF Cyber City, DLF City Phase-2, Gurgaon-122002, Haryana, INDIA. Tel: +91-124-4584388 (Direct) Tel: +91-124-4584333 (Board) Fax: +91-124-4584111 Mobile: +91-9717900489
	Contact Details of the GRO Full address	Apollo Munich Health Insurance Company Limited 10th Floor, Building No.10, Tower B, DLF Cyber City, DLF City Phase-2, Gurgaon-122002, Haryana, INDIA.
	Telephones Fax	Tel: +91-124-4584320 (Direct) Tel: +91-124-4584333 (Board) Fax: +91-124-4584111
	E-mail Id	Mobile: +91- 9810031672
	Non-personal email ID for IRDA escalation Call center details Toll free number: Email ID:	1800-102-0333 customerservice@apollomunichinsurance.com
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	YES
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	1) All grievances will be given acknowledgement receipt within 48 hours of receipt. 2) Based on the type of grievance Apollo Munich Health will try to provide acceptable reply within 2weeks.
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	1. Single interface to process and record all customer interactions. 2. Extensive set of management and quality assurance tools and reports.
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	YES, The Board of Directors had constituted a Policyholders Protection Committee: Composition: 1. Ms. Shobana Kamineni 2. Mr. Antony Jacob 3. Mr. R. Krishnan

Functions /Scope of the Committee: The scope of the Policyholders Protection Committee includes the following:

- Putting in place proper procedures and effective mechanism to address complaints and grievances of policyholders including misselling by intermediaries.
- Ensure compliance with the statutory requirements as laid down in the regulatory framework.
- Review of the mechanism at periodic intervals.
- Ensure adequacy of disclosure of material information to the policyholders. These disclosures shall, for the present, comply with the requirements laid down by the Authority both at the point of sale and at periodic intervals.
- Review the status of policyholders' complaints at periodic intervals.
- Provide the details of grievances at periodic intervals in such formats as may be prescribed by the Authority from time to time.
- Provide details of insurance ombudsmen to the policyholders.

7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	YES
8.	Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	<ol style="list-style-type: none"> 1) C-Sat-We have customer Satisfaction survey (C-Sat) which is carried out by a third party. Further, it does analysis of entire touch points with customer covering turnaround from sales to claims processing. 2) Customer Connect- Analysis of Queries and Complaints are done in order to bring process based solutions and avoid such cases in future.
9.	Whether you have an automated grievance system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	<p>YES</p> <p>We have System based Customer Relation Management tool, which got defined TAT for escalation towards higher order of hierarchy for all cases of non-resolution.</p>
10.	If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.	<p>http://www.apollomunichinsurance.com/healthcare-customer-email-service.aspx</p> <p>On the above web link, customer can log a complain, yet the Case ID get created after CRM receives the mail.</p>
11.	What are the three best practices you follow in the area of grievance redressal in your company?	<ol style="list-style-type: none"> 1. Single point view for Customers' complaints. 2. Single point of interaction for customers backed by dedicated customer servicing team. Grievance Redressal initiative is not mixed with general business to keep it separate from any presumed judgment and meet quality servicing. 3. Customer Connect team that analyses the queries/ concerns of Customers and implements a process level resolution.

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Ms. Garima Banerjee, DM-Customer Service
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	
	Contact Details of the GRO	Ms. Garima Banerjee DM-Customer Service
	Full address	3rd Floor, S.No. 208/1-B, Bajaj Finserv Building, Viman Nagar, Pune - 411 014
	Telephones	020-30514702
	Fax	020-40111502
	E-mail Id	Garima.banerjee@bajajallianz.co.in
	Contact Details of the Head Customer Service	Mr. Pawan Mahajan, Head-Customer Service
	Full address	3rd Floor, S.No. 208/1-B, Bajaj Finserv Building, Viman Nagar, Pune - 411 014
	Telephones	020-30514749
	Fax	020-40111502
	E-mail Id	Pawan.mahajan@bajajallianz.co.in
	Non-personal email ID for IRDA escalation	Irda.nonlifecomplaints@bajajallianz.co.in
	Call center details	
	Toll free number:	1800-209-5858/1800-22-5858/1800-102-5858/ 1800-3000-7272
	Email ID:	Customercare@bajajallianz.co.in
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	The policy has been approved by the Board of Directors
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	We try to resolve over 90% complaints in a TAT of 5 days. Which is set as our benchmark for resolution of grievances internally.
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	The Company has a system to receive and deal with all kinds of grievances/complaints including: <ol style="list-style-type: none"> 1. Customer Care Centre: 24X7 6call center with 4 toll free lines from each from different provider; where their grievances/complaints can be resolved by our Customer Care Executives. 2. Branch: Customers can approach any branch for resolution of their grievances/complaints 3. E-mail: Customers can e-mail their grievances/complaints to customercare@bajajallianz.co.in 4. Letters: Customers can write to us; name & address given on every policy document.
5.	Website : Customers can also register their grievances/complaints on our website www.bajajallianz.com	

6. Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	<p>The Company has constituted the Board Sub-Committee for Protection of Policyholders. Gist of its functions is as under:</p> <ol style="list-style-type: none"> a. Putting in place proper procedures and effective mechanism to address complaints and grievances of policyholders including mis-selling by intermediaries. b. Ensuring compliance with the statutory requirements as laid down in the regulatory framework. c. Review of the Grievance Redressal Mechanism at periodic intervals. d. Ensure adequacy of disclosure of “material information” to the policyholders as prescribed by the Insurance Regulatory and Development Authority (the Authority) both at the point of sale and at periodic intervals. e. Review the status of complaints at periodic intervals. f. Provide the details of grievances at periodic intervals in such formats as may be prescribed by the Authority. g. Provide details of insurance ombudsmen to the policyholders. h. Review / approve initiatives oriented towards providing better customer service.
7. Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	Yes
8. Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	The matter regarding any action to be taken against erring stakeholders is referred to the respective department
9. Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	Yes
10. If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.	Grievances can be registered online through following link available on our website https://general.bajajallianz.com/BagicNxt/misc/iTrack/onlineGrievance.jsp
11. What are the three best practices you follow in the area of grievance redressal in your company?	<ol style="list-style-type: none"> 1. 24x7 easily accessible call centre 2. For every call that we receive at the call centre, we request the caller to rate our services. Based on their feedbacks we try to improve our service standards 3. Bajaj Allianz takes service recovery as an integral part of customer care. Complaints are analyzed to find root cause and measures are taken to reduce/mitigate cause for complaint. It is an on-going activity which is reviewed once a quarter

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
Bharti AXA General insurance co. ltd**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Mr. Ravi Seshadri T
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also) Contact Details of the GRO Full address Telephones Fax E-mail Id Non-personal email ID for IRDA escalation Call center details Toll free number: Email ID:	GRO-Mr. Ravi Seshadri T Email id: Ravi.SeshadriT@Bharti-axagi.co.in National Manager-Customer Support- Mr. Gurinder Singh Email id: Gurinder.Singh@bharti-axagi.co.in Mr. Ravi Seshadri T Bharti AXA General Insurance Co. Ltd, 1 ST Floor,Ferns Icon, Survey no. 28, Doddenkundi,Off outer ring road, bangalore-560037 Tel phone no. 40260187 FAX: 080-40260101 Email id: Ravi.SeshadriT@Bharti-axagi.co.in Customer.service@bharti-axagi.co.in 1800-103-2292, 1800-103-2292 Customer.service@bharti-axagi.co.in
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	10 Days
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	Redressal Procedure is available in our website
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	Yes The Board subcommittee reviews the periodic reports & complaint trends on the below mentioned parameters: <ul style="list-style-type: none"> • No. of complaints received • No. of complaints resolved • Analysis of Turn Around Time of resolution • Zone/Branch/Channel/Product wise analysis of Complaints. <p>Based on above findings, a detailed root cause analysis is done by the Customer Support and details presented to the committee on reducing complaints & improving customer centricity. The Sub Committee reviews the Action Taken</p>
7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	Two Monthly surveys:

		'Customer satisfaction survey' & 'Compliance Welcome calling' is conducted on monthly basis to proactively listen to any dissatisfaction & corrective actions are taken based on the surveys.
8.	Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	Customer satisfaction survey & Compliance Welcome calling on Monthly basis. The Compliance department takes strict action on erring employees/sales force, as the GRO of the Company is also the Compliance Officer
9.	Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	Yes
10.	If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.	Yes. They can do it in our company's Website
11.	What are the three best practices you follow in the area of grievance Redressal in your company?	<ol style="list-style-type: none"> 1) Toll free no. which is operational 24*7 and also publicize our Grievance Redressal officers (Department-wise, Zones-wise & Branch-wise) on our website under Contact us- Grievance Redressal so that customers can easily report their Grievances/ Complaints 2) "Customer Satisfaction surveys" & "Compliance Welcome calling" is conducted to proactively listen to any dissatisfaction about the standard of service / deficiency of service. 3) Six sigma project undertaken on reduction of customer complaints. 4) Claims repudiation analysis/review to ensure good service delivery parameters

INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM OF CHOLA MS INSURANCE COMPANY

1.	Name and designation of the Grievance Redressal Officer (GRO)	Mr.A.Prabhakaran, VP-Operations & Chief Grievance Officer
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	Ms.Smitha Kumar, Head – customer service (smithak@cholams.murugappa.com)
	Contact Details of the GRO	Mr.A.Prabhakaran,
	Full address	Dare House, 2 nd Floor, #2, NSC Bose Road, Chennai – 600001
	Telephones	Ph: 044-30985527
	Fax	
	E-mail Id	prabhakarana@cholams.murugappa.com
	Non-personal email ID for IRDA escalation	Chola.grievancecell@cholams.murugappa.com
	Call center details	
	Toll free number:	18002005544
	Email ID:	Customercare@cholams.murugappa.com
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	14 days
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	An acknowledgement letter and resolution letter is sent to the customer. This letter also contains the escalation matrix in case the customer is unhappy or not satisfied with the resolution
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	Yes. The Board has constituted a Policyholder Protection Committee with The functions of the Committee are as follows: <ul style="list-style-type: none"> • Review of status of complaints/ grievance redressal mechanism; • Ensure adequacy of disclosure of 'material information' to policyholders; • Provide information relating to grievances to IRDA in formats prescribed periodically; • Ensure to provide details of Ombudsman to policyholders • Review status of representations of customers at legal forums; • Review regulatory queries/reports pertaining to policyholder servicing and • Ensure improvement of quality of customer contact and • Any other function as may be conferred by the Board in future.

7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	No
8.	Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	Yes .We have an Internal Audit Team which investigates into all such reported incidents and takes action against the erring stakeholders.
9.	Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	No. However a manual escalation mechanism is available
10.	If policyholder can register his grievances online, Please mention the details thereof. If not, the approximate date of its commencement.	Yes . Policy holder can register his grievances ON LINE , post which the information is received by the Grievance Officer for resolution.
11.	What are the three best practices you follow in the area of grievance redressal in your company?	<p>We take a confirmation from the customer on call on resolution of a complaint</p> <ul style="list-style-type: none"> • In case of disputes, we conference the customer and the person concerned to understand the actual grievance and then take up for resolution • Information on complaints is published on the company's intranet site.

**Information Relating to Grievance Redressal mechanism of
EXPORT CREDIT GUARANTEE CORPORATION OF INDIA LIMITED**

Name and designation of the Grievance Redressal Officer (GRO)	Shri. V Ramachandran (General Manager)
Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	Shri. Arvind Mehta
(Chairman cum Managing Director) Contact Details of the GRO Full address Telephones Fax E-mail Id	10 FL, Express Tower Nariman Point, Mumbai-21 Tel- 022- 66530515 Fax- 022 – 66590517 e-mail- cmd@ecgc.in
Non-personal email ID for IRDA escalation	-
Call center details Toll free number: Email ID:	NA
Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes, Resolution number 371/S1- 01 Dt. 26-11-2010
The maximum TAT prescribed for resolution of grievances internally by your Company.	15 to 30 days
Other features of your redressal mechanism that need to be disclosed to the policyholder	Two Stages of Redressal Mechanism System
Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	Yes, Implementation is under process
Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	The Corporation appoint the agency to make market survey yearly and take appropriate action on suggestions/ Information received from the concern agency
Whether your Organization has Market Conduct Cell/ Department to take appropriate action on the erring stakeholders	Yes, Corporation has National marketing Division (NMD) and Policy Planning Dept.(PPD)
Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	Yes, Corporation has automated grievance redressal system.
If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.	Policy Holders register the complains/ grievance on-line also
What are the three best practices you follow in the area of grievance redressal in your company?	Our System Provides: 1. We acknowledge the complain/ grievance with 3 working days 2. We give the name of the officer who deals with the concern grievance 3. We endeavor complain/ grievance with in 15 to 30 days

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED**

1.	Name and designation of the Grievance Redressal Officer (GRO)	MR. Manish Pahwa, Company Secretary & Compliance Officer
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	Mr. Manish Pahwa (GRO) Email : Manish.pahwa@futuregenerali.in Phone 022- 40976907 Mr. Hari Shankar Mishra, Head Customer Service Email: Harishankar.mishra@guturegenerali.in Phone : 022 40976854
	Contact Details of the GRO	
	Full address	001, Delta Plaza, 414, Veer Savarkar Marg, Prabha Devi , Mumbai , 400025
	Telephones	022-40976900
	Fax	Phone 022- 40976907
	E-mail Id	Manish.pahwa@futuregenerali.in
	Non-personal email ID for IRDA escalation	Email: Assure@futuregenerali.in
	Call center details	Captive call center based at 3rd Floor, Lake city Mall, Kapurbavdi Junction, Majiwada, Thane, (West), Maharashtra, 400607.
	Toll free number:	1800-220-233, 1860-500-3333
	Email ID:	care@futuregenerali.in
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes. The Grievance Redressal Policy of Company was approved by the Board in its meeting held on August 3, 2010. The said Policy was revised by the Board in its meeting held on November 15, 2010 and was also sent to the IRDA.
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	The maximum internal resolution TAT is 10 days. Depending on the category of complaint and time involved in resolution, we have internal TATs spanning from 1-10 days. In case of the internal TAT not being met, there are various levels of escalations to ensure that no complaint breaches the timeline of a fortnight. However, we feel that for some categories like claims complaints where investigation is required, or there is likelihood of fraud / misrepresentation by the insured; a higher resolution TAT should be allowed.
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	As a customer-Centric organization, we focus not only on grievance redressal but also on customer education and providing high standards of service and delighters.

Grievance Redressal:

It is our continuous endeavor to make the policy holder well educated of the avenues he can take to resolve his grievances as well as the grievance redressal mechanism, so that his interests are protected. The following key information regarding our Grievance Redressal Mechanism

is shared through policy booklets, website, as well as resolution letter of the grievance.

- What constitutes a Grievance, so that policy holder is well aware of his rights and means he can adopt to get his grievance addressed.
- Means & channels to register a grievance.
 - Calling at toll free no which the customer can reach 24 X 7 hours a week.
 - Submitting a complaint on the web-portal.
 - Writing an email to customer care
 - Submitting grievances at Branch
 - Contacting the Grievance Redressal Cell at Head Office.
- Timeline for acknowledging & resolving the grievance.
- Customer avenues for escalation (internal as well as external) if he is not satisfied with the solution of the grievance.
- The Policy provides necessary information to customer, in event he/she wish to approach IRDA Consumer Affairs Department/Ombudsman/ as the case may be as an escalation.

Focus on Customer Service and convenience

Not only is the focus on having a fair, robust and transparent grievance redressal mechanism, the continuous effort is to enhance the customer experience in all interactions be it any policy-servicing requests or moments of truth like claims. Towards this endeavor we offer facilities like:

- 24 X 7 care-line nos. to register the claim or get resolution to any queries or requests.
- Network of cashless garages (for motor claims) & development of inhouse cell for health claims including cashless.

Consumer Education & Disclosure Practices:

The Company endeavor to keep all the policy documents in simple wordings and easy to understand. The covers and exclusions for each product are clearly listed in the policy documents, so that the customer is able to make a well-informed purchase. We take due care to avoid usage of any complicated and technical language in the product brochures as well as policy documents. Our sales and marketing personnel go through induction training and periodic refreshers to ensure that not only are they well versed with the product features; they educate the customer sufficiently and correctly on the product features, coverage and exclusions.

<p>6. Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).</p>	<p>Yes, the Company has constituted Policyholders Protection Committee in the Board Meeting held on November 26, 2009. The Committee is constituted with four members who are the directors of the Company. The scope /functions of the committee includes :</p> <ul style="list-style-type: none"> a) Putting in place proper procedures and effective mechanism to address complaints and grievances of policyholders including mis-selling by intermediaries. b) Review of the grievance redressal mechanism at periodic intervals. c) Provide direction for customer focus initiatives. For e.g. C-Sat survey to gauge & improve customer satisfaction d) Ensure compliance with the statutory requirements as laid down in the regulatory framework. e) Ensure adequacy of disclosure of "material information" to the policyholders. These disclosures not only comply with the requirements laid down by the Authority (both at the point of sale and at periodic intervals) but are designed in the spirit to help the customer make an informed purchase and be aware of his rights. f) Review the status and nature of policy-holders complaints at periodic intervals. g) Based on the review, provide directive for any enhancements or initiatives h) Provide the details of grievances at periodic intervals in such formats as may be prescribed by the Authority.
<p>7. Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level</p>	<p>A quarterly root cause analysis of complaints is done and shared with the respective heads of departments and the Grievance Redressal Committee.</p> <p>The key findings serve in defining process enhancements, trainings, awareness campaigns as well as policy modifications.</p>
<p>8. Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders</p>	<p>The Customer Service Cell at the Head office is the custodian of complaints and refers any substantiated findings on erring parties to the Audit & Compliance teams, who can initiate action as deemed necessary.</p> <p>These departments get the guidance and direction from their respective board level committee's viz. Policy Holder Protection Committee, Audit Committee & Ethics & Compliance Committee.</p>
<p>9. Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place</p>	<p>The current in house system is semi-automated. Workflows are built in to route the grievance to the appropriate resolution point of contact and work-group and GRO. The customer Service Cell monitors the timely & adequate closure and communicates the final resolution to the policy holder.</p> <p>Currently escalations are done manually based on system TAT reports.</p>

However, system enhancements are in progress for complete automation of the workflows and escalation mechanism.

10. If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.
- Yes the policy holder can register his grievances online on the website. An enhanced version of the web portal was recently launched in February 2011.
- In near future further development would be carried out to make it aligned to the IRDA-IGMS so that all fields and masters for web-registered complaints are synchronized and even customers other than those registering their grievances online are also able to see the status of the complaint on the website.
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11. What are the three best practices you follow in the area of grievance redressal in your company?
- A) Robust Governance Mechanism
- Robust monitoring mechanism in terms of daily MIS & Escalations for breach of TAT
 - Inclusion of Customer Service parameters like timeliness of resolution & complaints volume in Branch Audit Rating - Score Card.
- B) Training for Customer Service
- Periodic Customer Service trainings for any personnel interacting with customers and GROs.
- C) Learning from complaints and improvement initiatives.
- Deep-dive into actual causes of complaint & quarterly review and formulation of action plans to continually enhance the customer experience.
 - Gauging the Voice of Customer through Customer Satisfaction Surveys.
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**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF HDFC ERGO GENERAL INSURANCE COMPANY**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Mr. Samir H Shah, CFO and Company Secretary
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	Mr. Ankur Bahorey - Head Customer Service 6 th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East) Mumbai – 400059 Tel: 022-66583723 Fax : 022 66383699 Mobile: 9821334195 E-mail: ankur.bahorey@hdfcergo.com
	Contact Details of the GRO	6 th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East) Mumbai – 400059
	Full address	Tel: 9930266010
	Telephones	Ph: 022 66383660, Fax : 022 66383699
	Fax	Email : samir.shah@hdfcergo.com
	E-mail Id	
	Non-personal email ID for IRDA escalation	grievance@hdfcergo.com
	Call center details	
	Toll free number:	1800 2 700 700
	Email ID:	care@hdfcergo.com
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	7 days
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	Graded escalation till Principal Grievance Officer is part of our process. If the customer is not satisfied with the resolution in the first place, then he can approach the Principal Grievance Officer at principalgrievanceofficer@hdfcergo.com for resolution of his grievance
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	Yes 1) To ensure speedy resolutions of all customer grievances. 2) To ensure satisfactory resolution to customer. 3) To take corrective and preventive action.
7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	We analyse the grievances received periodically and corrective actions are taken accordingly.
8.	Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	We have constituted "Office of Customer" to look into all customer grievances and their satisfactory resolution.

<p>9. Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place</p>	<p>Yes, we have a customized platform which gives us the ability to track status of any grievance and monitor the action required.</p>
<p>10. If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.</p>	<p>Yes, on our website www.hdfcergo.com</p>
<p>11. What are the three best practices you follow in the area of grievance redressal in your company?</p>	<ol style="list-style-type: none"> 1) Approval authorities delegated to the Office of Customer team. 2) Escalation matrix for each function for speedy resolution. 3) Response to every grievance within 48 hrs.

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Vishwavijay Singh – Vice President (Process Excellence Group)
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	
	Contact Details of the GRO	ICICI Lombard GIC Ltd,
	Full address	Interface 11, 4 th floor, Malad Link road, Behind Goregaon Sports Club, Malad (west), Mumbai – 400064
	Telephones	Telephone No: 022 3983 9237
	Fax	Fax: 022 - 39839550
	E-mail Id	E mail address: vishwavijay.singh@icicilombard.com
	Non-personal email ID for IRDA escalation	grievance@icicilombard.com
	Call center details	
	Toll free number:	1800 2 666
	Email ID:	customersupport@icicilombard.com
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	14 working days
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	<p>Our customers may approach us through the following touch-points: Call centre: 1800 2 666 E-mail: customersupport@icicilombard.com Website: www.icicilombard.com wherein the grievances can be escalated on the grievance redressal system to 1st Level: Manager Service Quality, 2nd Level: Vice President-Process Excellence Group, 3rd Level: Head - Operations</p> <p>Letters addressed to: Customer Support, ICICI Lombard General Insurance Co. Ltd. 401-402, Interface Bldg; No.11, Link Road, Malad (West), Mumbai - 400064.</p> <p>Walking into any of our branches. Customer's service request or complaints are registered and they are provided a definite timeline for redressal. Also, there are in-built escalation matrices to which cases are escalated in case of inaccurate resolution or non-adherence to TATs.</p>
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	<ol style="list-style-type: none"> 1. Putting in place proper procedures and effective mechanism to address complaints and grievances of policyholders including mis-selling by intermediaries. 2. Ensure compliance with the statutory requirements as laid down in the regulatory framework

		<ol style="list-style-type: none"> 3. Review of the mechanism at periodic intervals. 4. Ensure adequacy of “material information” to the policyholders to comply with the requirements laid down by the Authority both at the point of sale and at periodic intervals. 5. Review the status of complaints at periodic intervals to the policyholders. 6. Provide the details of grievances at periodic intervals in such formats as may be prescribed by the Authority. 7. Provide details of Insurance Ombudsman to the policyholders.
7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	Yes.
8.	Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	Yes.
9.	Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	Yes. As soon as a case is registered, it follows a workflow and is assigned to the processing team. In addition, there are in-built escalation rules in case of non-adherence to TATs.
10.	If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.	Yes. They may visit our website www.icicilombard.com and register their grievances there.
11.	What are the three best practices you follow in the area of grievance redressal in your company?	<ol style="list-style-type: none"> 1.) Instant acknowledgement to customer on the receipt of grievance. 2.) Proactive outbound calling where ever details are pending from customer to get those details for resolution 3.) Inbuilt escalation mechanism for prioritizing customer grievances wherever there is non-adherence to TATs. These are e-mails that are escalated to process heads and managers uptill the Vertical Head.

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF IFFCO TOKIO GENERAL INSURANCE COMPANY**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Mr. V.S.Rao, Executive Director
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	
	Contact Details of the GRO	IFFCO Tower, Plot No 3, sec 29, Gurgaon - 122001
	Full address	
	Telephones	0124-2577905
	Fax	0124-2577923
	E-mail Id	vsrao@iffcotokio.co.in
	Non-personal email ID for IRDA escalation	irdagrievance@iffcotokio.co.in
	Call center details	0124-4285499
	Toll free number:	1800 103 5499
	Email ID:	grievance@iffcotokio.co.in
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	10 days
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	Customer can check grievance status online through web site
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	Yes. Reports directly to Board; Lay down procedures , monitors status , periodic reviews for effective grievance redressal
7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	Yes
8.	Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	Yes
9.	Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	Yes
10.	If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.	www.iffcotokio.co.in. Go to Contact us and on the sub menu go to Grievances & Complaints
11.	What are the three best practices you follow in the area of grievance redressal in your company?	Automated system without manual intervention; Continuous updations to customer and GRO during the course of grievance redressal process; auto escalations to the higher levels as per escalation matrix

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF L&T GENERAL INSURANCE CO LTD**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Supratik Biswas – Head Claims & Customer Service
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	Land Phone - + 91 22 6123 0003
	Contact Details of the GRO	
	Full address	601-602,6 th Floor Trade Centre, Bandra Kurla Complex, Bandra (East) Mumbai 4000 51
	Telephones	+ 91 22 6123 0000
	Fax	+ 91 22 6123 0145
	E-mail Id	Supratik.biswas@ltinsurance.com
	Non-personal email ID for IRDA escalation	grievance@ltinsurance.com
	Call center details	
	Toll free number:	1800-209-5846
	Email ID:	help@ltinsurance.com
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	The Grievance Redressal Policy of the company has been approved by the Board
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	The maximum TAT prescribed for resolution of grievances internally is 14 days from receipt of such grievances
5.	Other features of your Redressal mechanism that need to be disclosed to the policyholder	1. Recording & Acknowledging all Grievances 2. Grouping & Closure of all Grievances 3. Publicizing Grievance Redressal Policy
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	Company is in process of Constituting Board Sub-Committee for Protection of Policyholders
7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	Company proposes to do this activity
8.	Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	Company is in process of forming Market Conduct Cell.
9.	Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	The company will be introducing automated grievance redressal system. Currently manual system is followed
10.	If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.	Facility for Online registration of Grievances is currently not available. This is expected to be introduced in the later part of 2011.
11.	What are the three best practices you follow in the area of grievance redressal in your company?	1. Transparency 2. Customer Focus 3. Regular Review of Grievances

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
MAX BUPA HEALTH INSURANCE COMPANY LIMITED**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Sandeep Seth Company Secretary and Head of Compliance
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	Anjana Agrawal Head – Customer Service & Operations
	Contact Details of the GRO	Office address : D-1,2nd Floor, Salcon Ras Vilas, District Center, Saket, New Delhi - 110017 Telephone : 011 30902000 ext. 6216 Fax : 011 30902010 Mobile : 9818562242 Email : anjana.agrawal@maxbupa.com
	Full address	Contact details of GRO Office address : D-1,2nd Floor, Salcon Ras Vilas, District Center, Saket, New Delhi - 110017
	Telephones	Telephone : 011 30902000 ext. 6122
	Fax	Fax : 011 30902010, Mobile : 9717552221
	E-mail Id	Email : sandeep.seth@maxbupa.com
	Non-personal email ID for IRDA escalation	customerfirst@maxbupa.com
	Call center details	
	Toll free number:	180030103333
	Email ID:	customercare@maxbupa.com
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	24 hours for response and 7 days for resolution (except cases needs investigation etc.)
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	<ol style="list-style-type: none"> 1. Grievance redressal mechanism and procedure is disclosed in the policy documents 2. Policyholder can approach for his/her complaints using any of the following mode : <ol style="list-style-type: none"> a. Toll free number b. email at customercare@maxbupa.com c. Fax either at Branch or Head Office d. Written complaint either at Head Office branch e. Using Max Bupa web site f. Walk-in to any of our office.
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	<p>Yes, the Company has constituted the Board Sub-Committee for Protection of Policyholders</p> <p>Gist of the functions of this Sub-Committee</p> <ol style="list-style-type: none"> 1. Putting in place proper procedures and effective quality control mechanism to address complaints and grievances of policyholders including mis-selling by intermediaries.

	<ol style="list-style-type: none"> 2. Review of grievances and complaints reporting requirements. 3. Ensure compliance with statutory requirements as laid down in the regulatory framework. 4. Review of the mechanism and status of complaints at periodic intervals. 5. Ensure adequacy of disclosure of “material information” to the policyholders. These disclosures shall, for the present, comply with the requirements laid down by IRDA both at the point of sale and at periodic intervals. 6. Review periodic reporting to the Committee as to: <ol style="list-style-type: none"> (a) any notice from IRDA on policyholders issues (b) Grievances reported by customers to IRDA, Courts and Consumer forums.
7. Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	Root Cause Analysis (RCA) process has been initiated from 1 st Jan, 2011. Next Review of all RCA’s would be conducted in first week of April.
8. Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	Max Bupa has a disciplinary committee in place to take appropriate action on the erring stakeholders in cases of market conduct and sales practices issues.
9. Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	Yes, We have a home grown automated grievance redressal system and Max Bupa has an IP of the same.
10. If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.	<p>Yes. We have an option as “Service Request” under “Customer Services” section , wherein an individual can directly write to us and the same is linked back to our process</p> <p>In addition, on our web site, personal id of Head - customer services and operation along with Head Contact Centre has been shared.</p> <p>Also we have an option as “Contact Us” on the main web site page and customer can use this option as well to write to us.</p>
11. What are the three best practices you follow in the area of grievance redressal in your company?	<ol style="list-style-type: none"> (i) Multiple channels are made available to the customer to reach out to us for their grievances. (ii) System based tracking with an in-built escalation matrix to ensure timely response and closure of the complaints. (iii) SMS being sent at multiple instances like at the time of registration of the complaint, closure of the complaint to ensure customer is appropriately informed about the progress/status.

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF NATIONAL INSURANCE COMPANY**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Sri Amitabha Bhattacharyya, Asst.Manager C R M Dept., H.O.
2.	Contact Details (If GRO is different from Head-Customer Service,please mention details of Head, Customer Service also)	Head of CRM Dept is- Sri Anabil Bhattacharya, Manager-in-Charge,CRM Dept. & CPIO under RTI Act, H.O., Kolkata.
	Contact details of the GRO	(033) 2283-1742, National Insurance Co. Ltd., Customer Relationship Management Dept. 6A, Middleton Street, Chhabildas Towers(7 th Floor), Kolkata-71
	Full Address	(033) 2283-1742
	Telephones	(033) 2281-5483
	Fax	Amitabha.Bhattacharyya@nic.co.in
	E-mail Id	
	Non-personal email ID for IRDA Escalation	Not available
	Call center details	Call Centers in process of consideration
	Toll Free number:	Grievance Toll Free No.18003454033
	Email ID:	
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board.	Draft Policy submitted to Board (Policy Holders Protection Sub-Committee) the matter is on agenda for the board meeting scheduled to be held on 25.3.2011
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	For all grievance the maximum TAT prescribed for resolution of grievances internally by our Co. is within 15 days.
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	Full information will be hosted in our Co.'s Website.
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided	Yes A 3 members sub-committee for Protection of Policy Holders has been re-constituted on 27.12.2010 in the second meeting of Protection of Policy Holders Committee and the members are – 1. Shri N S R Chandraprasad, CMD 2. Shri Jitendra Kumar Mehan, Govt. Nominee 3. Shri Kuldip Singh, G.M. 1. Putting in place a procedure and effective mechanism to address complaints and grievances of policyholders. 2. Quarterly review of procedures. 3. To get apprise and review the status of complaints.
7.	Whether root cause analysis for market Conduct concern areas is done every Quarter and corrective action initiated	Internal assessment is only done but not on regular basis for root cause analysis for market conduct. Based on internal assessment, administrative instructions are issued

Including at policy level.

to the Operating Offices/ROs besides conducting training, workshop for the corrective actions to be discussed and their implementation.

8.	Whether your organization has Market conduct Cell/Department to take appropriate Action on the erring stakeholders	We do not have a market conduct cell/department. But the concerned Department will initiate appropriate action on the related matters.
9.	Whether you have an automated grievance redressal system(including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	We are in advance stage of implementation of a web enabled on –line grievance redressal for Registering, acknowledging of grievance. Automated escalation for non-resolution has been adequately apprised in the above solution, we had with M/s. C M C.
10	If policyholder can register his grievances Online, please mention the details thereof. If not, the approximate date of its commencement.	The policy holder will be able to register his grievance on line. We are in the process of finalizing of the requirement for immediate implementation of this online grievance, to commence at the beginning of next financial year.
11.	What are the three best practices you follow in the area of grievance redressal in your company	<p>The 3 best practices are given as below:</p> <ul style="list-style-type: none"> a) Centralisation of grievance relating to repudiation and claim dispute with Regional Customer Relationship Committee(RCRC) b) Stipulation for periodical interaction by way of workshop with the Channel Partner and intermediaries For identification of root cause and immediate mitigation of grievances. c) Appeal system for escalating non satisfied complaints to RO/DGM/ Corporate Customer Relationship Committee (CCRC).

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF THE NEW INDIA ASSURANCE CO. LTD.**

1.	Name and designation of the Grievance Redressal Officer (GRO)	ARUN CHANDRA BORGHAIN CHIEF MANAGER
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	SURYA RAO,DEPUTY GENERAL MANAGER, THE NEW INDIA ASSU.CO.LTD. 87 MG ROAD, FORT,MUMBAI-400001 Ph 022-22626835,FAX 022-22634985 email-ID surya.rao@newindia.co.in
	Contact Details of the GRO	ARUN BORGHAIN,CHIEF MANAGER,
	Full address	THE NEW INDIA ASSURANCE CO.LTD, 87, MG ROAD, FORT, MUMBAI
	Telephones	022-22708306,
	Fax	022-22659637,22708306
	E-mail Id	arun.borghain@newindia.co.in
	Non-personal email ID for IRDA escalation	grievance.ho@newindia.co.in
	Call center details	1800-209-1415
	Toll free number:	
	Email ID:	sl.patil@newindia.co.in, vasudha.ghosalkar@newindia.co.in
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	YES
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	15 DAYS
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	THE LIST OF GRIEVANCE REDRESSAL OFFICER'S AT REGIONAL OFFICE AND LIST OF OMBUDSMAN ARE DISPLAYED ON OUR WEBSITE.
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	YES. A COPY OF THE GIST OF THE SUBCOMMITTEE IS ENCLOSED
7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	NO
8.	Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	NO
9.	Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	YES.

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| 10. | If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement. | LINK IS PROVIDED ON OUR WEBSITE FOR ONLINE REGISTRATION OF GRIEVANCE BY THE POLICY HOLDER. |
| 11. | What are the three best practices you follow in the area of grievance redressal in your company? | 1) RESPONSE TO CUSTOMERS E-MAILS WITHIN 24 HOURS. (2) REVIEW OF PENDING GRIEVANCES WITH RO'S BY SENDING MONTHLY STATEMENTS. (3) PERSONALLY VISITING REGIONAL OFFICES AND SOME OF THE DO'S FOR REVIEW AND QUICK REDRESSAL OF COMPLAINTS. (4) WE PROVIDE SUGGESTIONS AND INFORMATION TO TECH. DEPARTMENTS FOR MAKING AMMENDMENTS IN THE POLICIES TO AVOID FUTURE GRIEVANCE COMPLAINTS. |
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FUNCTIONS OF THE POLICY HOLDER PROTECTION COMMITTEE

The Committee shall put in place system to ensure that policy holder have access to the redressal mechanism and shall establish policies and procedures, for the creation of a dedicated unit to deal with customer complaints and resolve disputes expeditiously.

The responsibilities of the Policyholder protection Committee shall include..

Putting in place proper procedures and effective mechanism to address complaints and grievances of policyholders including misselling by intermediaries.

Ensure compliance with the statutory requirements as laid down in the regulatory framework.

Review of the mechanism at periodic intervals.

Ensure adequacy of disclosure of “material information” to the policyholders. These disclosures shall, for the present, comply with the requirements laid down by the authority both at the point of sale and at periodic intervals.

Review the status of complaints at periodic intervals to the policyholders.

Provide the details of grievances at periodic intervals in such formats as may be prescribed by the Authority.

Provide details of insurance ombudsmen to the Policyholders.

INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM OF ORIENTAL INSURANCE COMPANY

1.	Name and designation of the Grievance Redressal Officer (GRO)	A.R.JOSHI, CHIEF MANAGER
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	A.R.JOSHI, CHIEF MANAGER CSD) THE ORIENTAL INSURANCE CO. LTD. HEAD OFFICE, "ORIENTAL HOUSE" A-25/27, ASAF ALI ROAD NEW DELHI 110002
	Contact Details of the GRO	THE ORIENTAL INSURANCE CO. LTD.
	Full address	HEAD OFFICE, "ORIENTAL HOUSE" A-25/27, ASAF ALI ROAD NEW DELHI 110002
	Telephones	011-43659109
	Fax	011-23283919
	E-mail Id	arjoshi@orientalinsurance.co.in
	Non-personal email ID for IRDA escalation	csd@orientalinsurance.co.in
	Call center details	
	Toll free number:	NOT FUNCTIONAL AS ON DATE
	Email ID:	
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	YES
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	10 DAYS
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	REDRESSAL OF GRIEVANCES ARE DONE AS PER IRDA GUIDELINES
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	YES 1) REVIEW OF REDRESSAL MECHANISM 2) MONITORING AND REVIEW OF GRIEVANCES PERIODICALLY 3) ISSUING TIME TO TIME GUIDELINES TO OPERATIONAL OFFICES FOR IMPROVING OUR CUSTOMER SERVICES BY PROMPT AND EFFICIENT REDRESSAL OF GRIEVANCES.
7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	YES, IT IS BEING DONE
8.	Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	NO
9.	Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	YES, WE HAVE A WEB PORTAL WHERE THE CUSTOMER CAN REGISTER HIS GRIEVANCE WHICH IS AUTOMATICALLY ESCALATED TO A SUPERIOR OFFICE, IF NOT RESOLVED BY THE CONCERNED OFFICE.

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10. If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.
- YES, THE GRIEVANCE PORTAL IS AVAILABLE ON THE COMPANY WEBSITE www.orientalinsurance.org.in
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11. What are the three best practices you follow in the area of grievance redressal in your company?
- 1) FACILITY OF REGISTERING GRIEVANCES BY THE CUSTOMER ON WEB PORTAL
 - 2) DEDICATED CUSTOMER SERVICE DEPT. AT HEAD OFFICE
 - 3) AVAILABILITY OF A GRIEVANCE CELL AT EACH REGIONAL HEADQUARTERS WHO MANAGE THE GRIEVANCE REDRESSAL IN ALL OFFICES UNDER THEIR CONTROL THROUGH GRIEVANCE REDRESSAL OFFICER WHO IS NOMINATED IN EACH OFFICE OF THE COMPANY AS PER GUIDELINES OF IRDA.
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**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF RAHEJA QBE GENERAL INSURANCE COMPANY**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Vivek Saxena
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	Mobile - 99303 64406 Direct Line - 022 4231 3606 Email - vivek.saxena@rahejaqbe.com
	Contact Details of the GRO	Vivek Saxena
	Full address	Raheja QBE General Insurance Company Ltd. 5th Floor, Windsor House, CST Road, Kalina Santacruz (E), Mumbai 400 098
	Telephones	022- 42313888
	Fax	022- 42313777
	E-mail Id	vivek.saxena@rahejaqbe.com
	Non-personal email ID for IRDA escalation	complaints@rahejaqbe.com
	Call center details	
	Toll free number:	18001027723
	Email ID:	info@rahejaqbe.com
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	14 days
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	Nil
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	Yes. Main functions of Sub Committee are: <ul style="list-style-type: none">• Ensure robust grievance redressal systems• Assess Compliance with PHP Regulations• Monitor Effectiveness of Management's Implementation of policies and procedures
7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	No
8.	Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	No
9.	Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	No
10.	If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.	1 st May, 2011
11.	What are the three best practices you follow in the area of grievance redressal in your company?	1) Grievance Training to Employees 2) Grievance Committee of Sr. Mgt. 3) Customer centric approach

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF RELIANCE GENERAL INSURANCE COMPANY**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Mr. Mohan Khandekar Deputy Vice President & Company Secretary
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	Mr. Sudip M Banerjee Head - IT & Customer Services 570 Naigaum Cross Road, Next to Royal Ind. Estate, Wadala W, Mumbai 400-031 Phone : 022- 3047 9600
	Contact Details of the GRO	Reliance General Insurance Co. Ltd.
	Full address	570 Naigaum Cross Road, Next to Royal Ind. Estate, Wadala W, Mumbai 400-031
	Telephones	Extrn: 022- 30479600
	Fax	
	E-mail Id	Rgicl.headgrievances@relianceada.com
	Non-personal email ID for IRDA escalation	rgicl.grievances@relianceada.com
	Call center details	
	Toll free number:	1800 3002 -8282 / 39898282 , 1800-3002-8282
	Email ID:	Rgicl.services@relianceada.com
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	15 days
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	Internal Grievance Policy approved by the board (attached)
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	Yes Centralized with the Grievance Committee meeting held on the 3 rd week, every month. The Minutes of the Meet are recorded and actionable monitored for timely implementation Chair: GRO
7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	Yes
8.	Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	Yes
9.	Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	Yes

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10. If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement. Under Testing, will be live by 20th April 2011
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11. What are the three best practices you follow in the area of grievance redressal in your company?
1. Independent team dedicated to resolutions of customer complaints other than Front end officers.
 2. Independent Unit responsible for auditing and monitoring the Resolution Team.
 3. Review of Pending Complaints at the Highest level (CEO and Senior Management on the 3rd week of every month)
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**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF ROYAL SUNDARAM ALLIANCE INSURANCE COMPANY LIMITED**

1. Name and designation of the Grievance Redressal Officer (GRO)	<p>S R Balachandher, Company Secretary & Head-Compliance-designated Chief Grievance Redressal Officer.</p> <p>Saket Drona, Vice President & Country Head Operations/ Customer Services is the focal point for receiving all complaints from customers and IRDA, and will internally coordinate the reply and resolution.</p>
<p>2. Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)</p> <p>Contact Details of the GRO Full address</p> <p>Telephones Fax E-mail Id</p> <p>Non-personal email ID for IRDA escalation Call center details Toll free number: Email ID:</p>	<p>Saket Drona, Vice President & Country Head Operations/ Customer Services is the focal point for receiving all complaints from customers and IRDA, and will internally coordinate the reply and resolution.</p> <p>Royal Sundaram Alliance Insurance Company Ltd, No. 45 & 46, Whites Road, Chennai 600 014 044-42227373 044-28462345 Saket.drona@royalsundaram.in</p> <p>Grievance.redresssal@royalsundarm.in</p> <p>18003458899/9444448899 Customer.services@royalsundaram.in</p>
3. Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes. Approved in August 2010
4. The maximum TAT prescribed for resolution of grievances internally by your Company.	<p>I) Non claims related:</p> <p>a) 24 hours TAT :</p> <p>i) Complaints relating to - Non receipt of policy documents, which were processed and dispatched but not received by the policy holder</p> <p>ii) Complaints relating to – Non receipt of Renewal Notice , which were dispatched but not received by the policy holder</p> <p>b) 5 days TAT:</p> <p>i) Complaints relating to - Error in Policy (relating to data entry or coverage), non- receipt of Health cards to avail cashless facility, and certain other Endorsement certificate, which were dispatched but not received by the policy holder.</p> <p>II) Claims related:</p> <p>a) Motor Claims –</p> <p>i) 1 day TAT:</p>

	Complaints relating to - Claim form not received, no information on the status of Claims, delay in appointing surveyor, delay in approving cashless, no information/update on the documents to be submitted by the claimant.
	ii) 5 days TAT:
	Complaints relating to - Assessment dispute, Delay in settlement , Quantum dispute, Denial of claim, Issues related to survey – response, survey not done
	b) Non-Motor Claims –
	i) 1 day TAT:
	Complaints relating to - Claim form sent, Cashless related
	ii) 5 days TAT:
	Complaints relating to - Original documents not received (except for fraud or misrepresentation of claims)
	iii) 10 days TAT:
	Complaints relating to - Claim cheque not received and issue of duplicate of claim cheque, Deduction Clarification, Reconsideration related
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder
	i) Customer can register grievance online
	ii) Any Complaint pending beyond 48 hours, Customer will be contacted by our Grievance Redressal Team and will be updated on the TAT for closure of his/her complaint – this will be in addition to the acknowledgement letter sent to the customer, as mandate by the IRDA.
	iii) Customer, who placed the service request and has contacted over the same request for couple of times, will receive a call from our Grievance Redressal Team and the closure of request will be updated. These requests will be treated as priority and appropriate action will be initiated
	iii) Minimum TAT maintained for the closure of complaints
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).
	Yes the Company has a Board constituted Committee called the Policyholders' Protection Committee comprising of the following Board of Directors, viz.,
	Mr A.V.Rajwade, Chairman
	Mr.T.T.Srinivasaraghavan, Member
	Mr.Ajay Bimbhet (MD), Member
	In addition, the Chief operating officer, Head of operations and customer service, company secretary and Compliance Head will attend the meeting of the Committee as invitees.

The Committee can also invite any other functional head to attend the meetings as it deems fit and necessary.

The broad terms of the Committee as indicated in the IRDA Guidelines are given hereunder:

- Putting in place proper procedures and effective mechanism to address complaints and grievances of policyholders including mis-selling by intermediaries.
- Ensure compliance with the statutory requirements as laid down in the regulatory framework relating to Policyholders protection.
- Review of the mechanism at periodic intervals.
- Ensure adequacy of disclosure of “material information” to the policyholders. These disclosures shall, for the present, comply with the requirements laid down by the Authority both at the point of sale and at periodic intervals.
- Review the status of complaints at periodic intervals of the policyholders.
- Provide the details of grievances at periodic intervals in such formats as may be prescribed by the Authority.
- Provide details of insurance ombudsmen to the policyholders
- Such other terms that may be deemed necessary by the Committee for its effective functioning and monitoring

<p>7. Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level</p>	<p>Root Cause analysis is done for every complaint addressed to the Grievance Redressal Team/Management, by doing thorough investigation.</p> <p>Details of such investigation with suggested recommendations are shared with the respective stake holders.</p> <p>Necessary steps are initiated post our findings from such analysis.</p>
<p>8. Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders</p>	<p>At the first level, we have an internal Quality Audit Team for every function.</p> <p>In case of any escalated matter, Grievance Redressal Team on interacting with the customer evaluates the case history internally. Details of such analysis are shared with the respective stake holders for the necessary action.</p> <p>Follow ups are made till the matter is resolved at the grass root level.</p>

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| <p>9. Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place</p> | <p>Yes. We have our internal Customer Relationship Management (CRM) – Customer Interaction Management Systems (CIMS) to track and alerts are sent through emails to the respective functions/teams.</p> |
| <p>10. If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.</p> | <p>Customers can visit our website – www.royalsundaram.in and can register grievance by providing information – Name, contact information, policy number, Product, Complaint related to and grievance details.</p> <p>Grievance requests registered in the website are sent as email requests to the Grievance Redressal mail id and the same will be responded within 24 hours, probably with the resolution or a promised TAT .</p> |
| <p>11. What are the three best practices you follow in the area of grievance redressal in your company?</p> | <p>1) Call back within 48 hours :</p> <ul style="list-style-type: none"> i) Customers, whose complaints which are pending beyond 48 hours are contacted by our Grievance Redressal Team. This is to ensure that the customers are updated on the status of their complaint. ii) Customers who have placed a service request are called and updated on the status. These are closely monitored and closed within TAT, to ensure this will not be converted to Complaint/Grievance. iii) Customers whose complaint (Non-claims related) is resolved by us, are contacted to inform about the resolution provided. (This is done in addition to Final Resolution letter that are dispatched to these customers) <p>2) Audit checks and Training –
Customer interactions are audited on daily/weekly basis. Training/briefing sessions are conducted on regular intervals.</p> <p>3) Posters –
By Publicizing registering complaint/grievance methodology at all our branches through posters, Customers can easily access our Customer Services team and get assistance.</p> <p>4) Cancellation & Complaint Trend –
Monthly dashboards published on the Cancellation trend and Complaints relating to Customers disputing consent given for policy cases - for the necessary evaluation and action to be taken by the respective stakeholders.</p> <p>5) Fraudulent Claims –
Fraudulent claims are reviewed and necessary steps are taken by cancellation of such policies in the system and to strengthen the investigation process All claim related complaints are reviewed and responded only after thorough investigation of the Claim case and if required with the external opinion may be sought.</p> |

- 6) Customer Escalation –
 - i) Senior Customer Service Personnel are the authorized members to handle all Customer Grievances and escalations.
 - ii) Complaint escalated to the Grievance Redressal/ Management is reviewed by the Grievance Redressal Team and compliance Team, in order to avoid similar escalations in future, and appropriate steps/ instructions are circulated internally.
 - 7) Online Services –

Customer can register grievance online, which is simple and hassle free.
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**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF SBI GENERAL INSURANCE COMPANY LIMITED**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Mahendra Tripathi, Head-Compliance, Legal & Company Secretary
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	Atul Deshpande Head – Operations [is also the Head for Customer Service]
	Contact Details of the GRO	Mahendra Tripathi
	Full address	SBI General Insurance Company Limited 1 st , 2 nd , 3 rd Floor, Natraj, Junction of Andheri-Kurla Road with Western Express Highway, Andheri – East 400 069 022-42412070
	Telephones	
	Fax	
	E-mail Id	mahendra.tripathi@sbigeneral.in
	Non-personal email ID for IRDA escalation	customer.care@sbigeneral.in
	Call center details	1800-22-1111
	Toll free number:	1800-102-1111
	Email ID:	customer.care@sbigeneral.in
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	TATs are nature of complaint dependant. Maximum TAT prescribed for resolution of grievances internally by SBI General is 14 days.
5.	Other features of your Redressal mechanism that need to be disclosed to the policyholder	We have an additional level of escalation of complaint in case resolution is not provided within timelines – head.customercare@sbigeneral.in
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	Yes; the Company has constituted the Board Sub-Committee named as Policyholders Protection Committee Gist of the functions of Policyholders Protection Committee is as follows: <ul style="list-style-type: none"> • Putting in place proper procedures and effective mechanism to address complaints and grievances of policyholders including misspelling by intermediaries. • Ensuring compliance with the statutory requirements as laid down in the regulatory framework. • Review of the mechanism at periodic intervals. • Ensure adequacy of disclosure of “material information” to the policyholders. These disclosures shall, for the present, comply with the requirements laid down by the Authority both at the point of sale and the periodic intervals. • Review the status of complaints at periodic intervals to the policyholders. • Provide the details of grievance at periodic intervals in such formats as may be prescribed by the Authority.

		<ul style="list-style-type: none"> • Provide details of insurance ombudsmen to the policyholders.
7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	Yes; prescribed in the Complaints Management Policy
8.	Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	Yes; the Company has a Grievance Redressal Committee which would look into Market Conduct issues, inter alia. However, there is no dedicated cell named Market Conduct Cell/department.
9.	Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	Yes; We have provisioned for a state-of-art CRM application; system is currently under deployment.
10.	If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.	Yes; our Web-page has a link to report grievances.
11.	What are the three best practices you follow in the area of grievance redressal in your company?	<ol style="list-style-type: none"> 1. Every Complainant is out-called to understand his/her grievance better 2. Complainant is given a complete information on the Redressal process and kept updated on periodic basis 3. Every resolution is followed-up with an out-call to gauge satisfaction level on handling of matter

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF SHRIRAM GENERAL INSURANCE COMPANY**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Hemant Kumar Sharma, Chief Grievance Officer
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	
	Contact Details of the GRO	Shriram General Insurance Co. Ltd
	Full address	E-8, EPIP, RIICO Industrial Area, Sitapura, Jaipur - 302022, Rajasthan
	Telephones	91-0141-3928400,
	Fax	91-141-2770693
	E-mail Id	hemantkumar.sharma@shriramgi.com
	Non-personal email ID for IRDA escalation	md@shriramgi.com
	Call center details	
	Toll free number:	1800-180-7474, 1800-300-30000
	Email ID:	chd@shriramgi.com
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	15 days
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	Average TAT – F.Y. 2008-09 - 6 days Average TAT – F.Y. 2009-10 - 7 days
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	Yes a. Putting in place proper procedures b. Ensure compliance with the statutory requirements & Grievance Redressal Policy. c. Review of the mechanism at periodic intervals d. Review the status of complaints
7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	Yes
8.	Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	Yes
9.	Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	Automated system is under process
10.	If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.	Log on to: http://www.shriramgi.com/Grievance.php
11.	What are the three best practices you follow in the area of grievance redressal in your company?	a. Prompt response to the Complainant. b. Regular follow up with concerned officer. c. Initiate corrective action.

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF STAR HEALTH AND ALLIED INSURANCE COMPANY**

1.	Name and designation of the Grievance Redressal Officer (GRO)	MR.V.VASUDEVAN, DY.GENERAL MANAGER
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	044-28288821
	Contact Details of the GRO	Grievance department
	Full address	Star Health And Allied Insurance Co Ltd No.1,New Tank street, Valluvar Kottam high road Nungambakkam, Chennai 600034 vasudevan.v@starhealth.in
	Telephones	
	Fax	
	E-mail Id	
	Non-personal email ID for IRDA escalation	
	Call center details	
	Toll free number:	1800-425-2255
	Email ID:	info@starhealth.in
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	15 days
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	The insured has the following options to redress their grievance <ol style="list-style-type: none"> 1. The various sources/mehtods through which a customer can address his grievance to the Company 2. Acknowledgement of the complaint 3. The time within which the same would be resolved 4. If still aggrieved with the resolution, the next level to which the same can be escalated
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	<ul style="list-style-type: none"> • Lay down procedures for effectively addressing complaints % Review the mechanism • Ensure compliance of statutory compliance with in IRDA framework • Disclosure of material information to policy holders • Review the status of complaints received at • Periodic intervels • Submission of details of grievance to IRDA as per their format • Provision of Insurance Ombudsman details to the policyholders

7. Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	The same is done on monthly basis and corrective action taken at policy level
8. Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	Yes product development and underwriting dept jointly do this exercise
9. Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	A new software is being now developed to take care of this auto escalation positively from April 2011
10. If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.	<p>Yes, the Policy Holder has the option to register the complaints directly in our corporate website www.starhealth.in</p> <p>In addition a new software is under development to register the complaints on line with effect from April 2011 to be integrated with IRDA's IGMS</p>
11. What are the three best practices you follow in the area of grievance redressal in your company?	<ol style="list-style-type: none"> 1. Acknowledging the complainant that the same is receiving our immediate attention 2. Total Fresh review of the case on all merits including any additional documents provided 3. Speedy redressal of complaints within the TAT set.

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF TATA AIG GENERAL INSURANCE COMPANY LIMITED**

1. Name and designation of the Grievance Redressal Officer (GRO)	Designated Corporate Grievance Redressal Officer approved by the Board - Mr. Kaushal Mishra Executive Vice President Complaints Manager – Monalisa Nag, Senior Manager
2. Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	Sujit Paul
Head-Operations and Customer Services	The contact details for GRO and Head-Operations and Customer Services are:
Contact Details of the GRO	Full Address: Tata AIG General Insurance Company Limited A-501, 5 th Floor, Building No. 4, Infinity Park, Dindoshi, Malad (East), Mumbai – 400 097.
Full address	Telephones: (022) 66844444 Ext 4044, Ext 3715
Telephones	Fax: (022) 66938170
Fax	kaushal.mishra@tata-aig.com
E-mail Id	monalisa.nag@tata-aig.com
Complaints Manager-	sujit.paul@tata-aig.com
Head-Operations and Customer Services-	head.customerservices@tata-aig.com
Non-personal email ID for IRDA escalation	Toll free number: 18002667780
Call center details	Email ID: customersupport@tata-aig.com
Toll free number:	
Email ID:	
3. Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes
4. The maximum TAT prescribed for resolution of grievances internally by your Company.	As per the Grievance Redressal guidelines of IRDA
5. Other features of your redressal mechanism that need to be disclosed to the policyholder	Our grievance redressal policy for policyholders is as specified below: The Company is committed to extend the best possible services to its customers. However, if you are not satisfied with our services and wish to lodge a complaint, please feel free to call our 24X7 Toll free number 1-800-119966 or 022-66939500 (tolled) or you may email to the customer service desk at customersupport@tata-aig.com .

After investigating the matter internally and subsequent closure, we will send our response within a period of 10 days from the date of receipt of the complaint by the Company or its office in Mumbai. In case the resolution is likely to take longer time, we will inform you of the same through an interim reply.

Escalation Level 1

For lack of a response or if the resolution still does not meet your expectations, you can write to manager.customersupport@tata-aig.com. After investigating the matter internally and subsequent closure, we will send our response within a period of 8 days from the date of receipt at this email id. In case the resolution is likely to take longer time, we will inform you of the same through an interim reply.

Escalation Level 2

For lack of a response or if the resolution still does not meet your expectations, you can write to the Head - Customer Services at head.customerservices@tata-aig.com. After examining the matter, we will send you our final response within a period of 7 days from the date of receipt of your complaint on this email id. In case the resolution is likely to take longer time, we will inform you of the same through an interim reply.

Within 30 days of lodging a complaint with us, if you do not get a satisfactory response from us and you wish to pursue other avenues for redressal of grievances, you may approach Insurance Ombudsman appointed by IRDA under the Insurance Ombudsman Scheme. [Click here](#) to obtain the details of the Insurance Ombudsman located at various centers.

6. Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).

The company has constituted the Board Sub-committee for Protection of Policyholders.

The responsibilities of the Policyholder Protection Committee shall include:

- Putting in place proper procedures and effective mechanism to address complaints and grievances of policyholders including misselling by intermediaries.
- Ensure compliance with the statutory requirements as laid down in the regulatory framework.
- Review of the mechanism at periodic intervals.
- Ensure adequacy of disclosure of “material information” to the policyholders. These disclosures shall, for the present, comply with the requirements laid down by the Authority both at the point of sale and at periodic intervals.
- Review the status of complaints at periodic intervals to the policyholders.
- Provide the details of grievances at periodic intervals in such formats as may be prescribed by the Authority.

	<ul style="list-style-type: none"> Provide details of insurance ombudsmen to the policyholders
	The Reports/Minutes of the meeting shall be tabled at every Board Meeting.
7.	<p>Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level</p> <p>A detailed root cause analysis is done by the company on the complaints received. Areas of concern and possible remediation measures are discussed on a monthly basis with all Departmental Heads as well as all Departmental Contact Persons. Suitable corrective actions at policy level are also implemented on a regular basis.</p>
8.	<p>Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders</p> <p>We have a Central Compliance unit empowered to take action against errant stakeholders on any issues relating to Market Conduct.</p>
9.	<p>Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place</p> <p>Our current grievance redressal system allows display of complaints resolution and ageing of open complaints. However, an enhanced CRM system is under development, which will also permit business rules for allocation to work groups and auto-escalations in case of non-resolution. This system will be fully operational in the next Financial year (2011-12) and will replace our current grievance redressal system.</p>
10.	<p>If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.</p> <p>A policyholder can register his grievances online by accessing the Customer Service section of our website at www.tataaiginsurance.in. He/she can submit his/her grievance through the online form provided.</p>
11.	<p>What are the three best practices you follow in the area of grievance redressal in your company?</p> <p>Three best practices followed by Tata AIG General Insurance Co. Ltd. in the area of grievance redressal are:</p> <ol style="list-style-type: none"> 1. Customers are provided with multiple touchpoints for prompt grievance redressal, including through calls, emails, letters, website and branches. SMS intimation is sent to customers on closure of most customer requests. 2. 24-hour call centre staffed with Customer Service Officers who are trained to deliver resolution to customers on the call itself. 3. Timely responses to the regulator concerns. Involvement of Senior Management in resolution of grievances. A two level escalation matrix is provided to customers for grievance redressal. This information is published on our website and provided with our policy documents.

**INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM
OF UNITED INDIA INSURANCE COMPANY LIMITED**

1.	Name and designation of the Grievance Redressal Officer (GRO)	Shri. P C JAMES, GENERAL MANAGER
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	M R VIJAY, MANAGER, UNI-CUSTOMER CARE DEPARTMENT HEAD OFFICE CHENNAI Phone: 044 – 28575358 E mail: mrvijay@uiic.co.in
	Contact Details of the GRO	SHRI. P C JAMES, GENERAL MANAGER UNITED INDIA INSURANCE COMPANY LIMITED, HEAD OFFICE, 24 WHITES ROAD, CHENNAI 600 014.
	Full address	044 - 28575205 044 - 28559527 pcjames@uiic.co.in
	Telephones	
	Fax	
	E-mail Id	
	Non-personal email ID for IRDA escalation	grievance@uiic.co.in
	Call center details	
	Toll free number:	180042533333 – put in place recently.
	Email ID:	customercare@uiic.co.in
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes.
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	15 days
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	The facility of Online complaints provided in the Company Website.
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	Yes. The meeting of the Board Sub committee was conducted thrice. The minutes of the meetings are attached. The fourth meeting is scheduled in the later part of March 2011
7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	Yes. Root Cause Analysis is done and action initiated including at Policy level.
8.	Whether your Organisation has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	Yes.
9.	Whether you have an automated grievance redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	The Online Grievance Redressal System has been implemented and the timely redressal of grievances reported online is monitored by HO-Uni Customer Care Department.

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10. If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.
- Yes. The Policy holder can register complaints online through our Company Website www.uiic.co.in.
-
11. What are the three best practices you follow in the area of grievance redressal in your company?
1. Wherever the decision taken by the operating office requires re-examination, the file is called for at HO for decision by the Head office Grievance Review Committee.
 2. The "Dos and Dont's" for assisting the policy holder in obtaining proper service is attached to policies being issued.
 3. Peer Review by the Nodal Customer Care officers who have visited the nominated Regional office/s to inspect the implementation of Customer Service Parameters.
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INFORMATION RELATING TO GRIEVANCE REDRESSAL MECHANISM OF UNIVERSAL SOMPO GENERAL INSURANCE COMPANY LTD.

1.	Name and designation of the Grievance Redressal Officer (GRO)	Mr. Sushil Kumar Rawat
2.	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	Mr. Rajiv Kumar- Head Operations Email:rajivkumar@universalsompo.com Mobile: 9004079234
	Contact Details of the GRO	
	Full address	310-311 Trade Centre,CST Road, Opp MTNL, Bandra Kurla Complex,Bandra (E) Mumbai – 400 051
	Telephones	Telephone :- 022-40287789
	Fax	Fax-022-40276681
	E-mail Id	E-mail Id: skrawat@universalsompo.com
	Non-personal email ID for IRDA escalation	grievance@universalsompo.com
	Call center details	KLS Towers, Plot No. EL - 94, T.T.C. Industrial Area,M.I.D.C., Mahape, Navi Mumbai - 400710
	Toll free number:	Telephone :- 1800 102 4030 & 1800 224030
	Email ID:	E-mail Id: grievance@universalsompo.com contactus@universalsompo.com
3.	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes
4.	The maximum TAT prescribed for resolution of grievances internally by your Company.	15 Days
5.	Other features of your redressal mechanism that need to be disclosed to the policyholder	Integrated Grievance Management System (IGMS) <ul style="list-style-type: none"> To provide a standard platform to resolve policyholders grievances and to provide IRDA with a tool to monitor the effectiveness of the grievance redressal system of insurers. To provide a gateway to policyholders to register and track their grievances with Insurers with a facility to escalate to IRDA. To facilitate IRDA to have access, monitor and track details of all grievances lodged with all Insurers, along with their disposal status. Mirroring the complaints database of the Insurers to the IRDA portal. Provide MIS reports to IRDA in all aspects of grievance redressal. Provide advice to policyholders regarding referring their complaints to the Ombudsman. To provide a simple, easy to use platform to policyholders to lodge Complaints against brokers and insurers.

		<ul style="list-style-type: none"> Presently USGI does not have facility to manage business rule in CIMS but for that we have to procure middle ware. We are in process to finalize the same.
6.	Whether the Company has constituted the Board Sub-Committee for Protection of Policyholders? (Gist of the functions of this Sub-Committee to be provided).	<p>YES</p> <p>Members of the Committee</p> <ol style="list-style-type: none"> Mr. Rajiv Kumar - Head – Operations Mr. Ashwani Gaba – Head - Claims Mr. S.K.Rawat - Chief Marketing Officer <p>Permanent Invitee to the above committee</p> <ol style="list-style-type: none"> Mr. Amit Srivastava-Head Retail Underwriting <p>Gist :</p> <ol style="list-style-type: none"> Framing and implementing polices on improving customer service Ensure that the complaints are resolved completely to the satisfaction of the customers or, If the customer is not satisfied, he is advised and encouraged to seek Interpretation/ clarification from the insurance ombudsmen or consumer forums. Check for persistent issues and repair any flawed process giving rise to recurrent complaints and promptly refer the complaints to or seek assistance/ advice from other departments for successful closure of customer complaints. Coordinating with other Department at Corporate Office /Zonal Offices /Branch Offices.v. Submitting report on grievance matters for information of the Board.
7.	Whether root cause analysis for market conduct concern areas is done every quarter and corrective action initiated including at policy level	Once we receive a complaint we follow up with the concerned department (Operation, Claims etc) for resolution and define a process that the same complaint should not arise in future.
8.	Whether your Organization has Market Conduct Cell/Department to take appropriate action on the erring stakeholders	Being a new organization we take care of the complaints as and when received and try and close the complaint with complete resolution.
9.	Whether you have an automated grievance Redressal system (including business rules for allocation to related work group and work flows for auto-escalation in case of non-resolution) in place	<p>CIMS</p> <p>Customer Interaction Management System.</p>
10.	If policyholder can register his grievances online, please mention the details thereof. If not, the approximate date of its commencement.	<p>Yes, We do have an Online system available on our website “Quick Connect”, where the customer can log their queries/complaints and the customer gets a reply through mail with a Service Request no. within 4 hours.</p> <p>Claim Information mentioned on the Policies</p> <p>In the unfortunate event of any loss or damage to the insured property resulting into a claim on this policy, please intimate the mishap</p>

IMMEDIATELY to our Call Centre at Toll Free Numbers on 1-800-22-4030 (for MTNL/BSNL users) or 1-800-102-4030 (other users) or on chargeable numbers at +91-22-26748600 / +91-22-41582900 / +91-22-41582999 email at **contactclaims@universalsompo.com**. Please note that no delay should be allowed to occur in notifying a claim on the policy as the same may prejudice liability. In case of any discrepancy, complaint or grievance, please feel free to contact us within 15 days of receipt of the Policy.

Universal Sompo General Insurance Co. Ltd.

Express IT Park, Plot No. EL - 94, T.T.C. Industrial Area, M.I.D.C., Mahape, Navi Mumbai-400710
Toll Free Numbers: 1 - 800 - 224030 (For MTNL/BSNL Users) or 1 - 800 - 1024030 Landline Numbers: (022) - 26748600 or (022) - 41582900 or (022) - 41582999 (Local Charges Apply)

E-mail Address: **contactus@universalsompo.com**.
Fax Numbers: (022) 41582929 or (022)41582939

Note: Please include your policy number for any communication with us.

11. What are the three best practices you follow in the area of grievance redressal in your company?

- Strict adherence to TAT as laid down by the regulators for resolution of all complaints.
- Customer response is of prime importance to the company hence complaints and queries raised by the customers are given an utmost importance and not regarded / treated as routine complaints/queries.
- Once we receive a complaint the customer receives a mail confirming their complaint with a service request no.
- A telephone call is also made to the customer within 24 hours of the complaint being Received, apprising the complainant/Insured about the receipt of the complaint and status thereof.
- Real time SMS sent to the customers whenever any complaint and claim lodged at USGI call centre giving the unique reference no to the customers as an acknowledgment and further follow up and correspondence.
- The turn-around-time for the resolution of a complaint is 4 working days for escalated cases, 15 working days for cases which need retrieval of documents and exceptionally old records.
- Time to time status update is made to the customer till the time the complaint is fully resolved via email and out calling.
- Grievance Redressal Management policy adopted by the board would be reviewed annually to update various changes directed by the regulators made during the year and also based on the feedback of the members of the committee to serve our customers efficiently and timely.

“Licence.
Registration.
Insurance.”



Not having the first two means trouble Not having the third is a serious problem

Motor Vehicle Insurance against Third Party Liability is mandatory under the Motor Vehicles Act. Non-compliance is a punishable offence. Ensure you have your Third Party Motor Insurance policy in place. You could also cover your vehicle against Own Damage risks to protect you against contingencies of loss/damage to your vehicle.

Read through the prospectus/terms and conditions of the motor policy and understand:

1. What the policy covers.
2. What the policy does not cover.
3. What excess/deductible the policy is subject to.
4. What is meant by Insured's Declared Value (IDV).
5. What you should do in the event of a claim.
6. What the scale of depreciation is and how it is applied when there is a claim.

Make sure you provide the Engine Number and the Chassis Number of your vehicle, apart from the Registration Number, while insuring your vehicle.



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बीमा विनियामक और विकास प्राधिकरण

**INSURANCE REGULATORY AND
DEVELOPMENT AUTHORITY**

Promoting insurance. Protecting insured.

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DATA ON POLICYHOLDERS' GRIEVANCES

The Authority realizes the importance of data on policyholders' complaints – be it the number, the nature, the sector, etc. It has been compiling information received from the Insurers, Ombudsmen and its Consumer Affairs Department.

The data so received has been analyzed and compiled in the ensuing pages separately under Non-Life, Life Insurance and Insurance Ombudsmen.

We also realize that this process of data collection and monitoring is an on-going exercise and we are in the process of generating varied information on complaints from the IGMS so that corrective actions are taken by the concerned stakeholders.

**DATA ON GRIEVANCES
NON-LIFE INSURANCE**

CURSORY GLANCE OF COMPLAINTS DISPOSAL BY IRDA AND NON LIFE INSURERS

	2008-09		2009-10		2010-11	
	Registered	Disposed	Registered	Disposed	Registered	Disposed
1 Complaints registred by IRDA	2202	2425	2076	2173	5274	4401
2 Complaints registered by non-life insurers	181762	182185	186615	192737	126658	127208

* Disposal may be greater than registered numbers in view of disposal of complaints of previous years

ANALYSIS OF REGISTERED COMPLAINTS - RECEIVED BY IRDA

S.NO	NAME OF THE INSURER	PENDING AS ON 31ST MARCH, 2010	REPORTED DURING APR'10 -MAY'11)	TOT.NO. OF COMPLAINTS PROCESSED AS ON 31/03/2011	RESOLVED 14/10 - 31/03/2011	PENDING AS ON 31/03/2011	Policy related		Non-Settlement		Disputes in quantum		Repudiation of claims		Others		Total
							2010-11	2009-10	2010-11	2009-10	2010-11	2009-10	2010-11	2009-10	2010-11	2009-10	
1	The Oriental Insurance Company Limited	81	605	686	250	436	122	47	347	80	60	14	66	21	10	8	170
2	The New India Assurance Company Limited	177	800	977	593	384	188	110	418	162	106	28	76	32	12	6	338
3	United India Insurance Company Limited	21	743	764	598	166	178	86	398	119	72	48	84	15	11	9	277
4	National Insurance Company Limited	145	683	828	643	185	127	75	436	137	48	27	54	22	18	8	269
5	ECGC of India	2	9	11	11	0	1	2	2	1	1	0	5	0	0	0	3
6	Agriculture Insurance Company Limited	1	4	5	5	0	1	0	2	3	0	0	1	0	0	1	4
	Total - PSU insurers	427	2844	3271	2100	1171	617	320	1603	502	287	117	286	90	51	32	1061
1	Bejaj Allianz General Insurance Company Limited	24	184	208	177	31	73	45	70	44	8	15	26	0	7	1	105
2	Tata- AIG General Insurance Company Limited	2	124	126	125	1	85	65	21	16	4	2	10	0	4	1	84
3	Royal Sundaram Alliance General Insurance Company Limited	19	107	126	122	4	51	29	34	16	9	10	10	0	3	0	55
4	IFFCO Tokio General Insurance Company Limited	22	142	164	126	38	35	22	80	35	6	12	19	3	2	3	75
5	Reliance General Insurance Company Limited	35	960	995	833	162	470	127	362	130	44	19	70	6	14	4	286
6	Cholamandalam MS General Insurance Company Limited	7	77	84	81	3	26	10	32	14	5	6	13	4	1	0	34
7	ICICI Lombard General Insurance Company Limited	16	449	465	461	4	170	160	204	118	17	4	39	30	19	3	315
8	HDFC ERGO General Insurance Company Limited	1	101	102	101	1	46	6	33	3	7	6	13	0	2	0	15

Contd....

ANALYSIS OF REGISTERED COMPLAINTS - RECEIVED BY IRDA

S.NO	NAME OF THE INSURER	PENDING AS ON 31ST MARCH, 2010	REPORTED DURING APR 10 -MAY 11)	TOT.NO. OF COMPLAINTS PROCESSED AS ON 31/03/2011	RESOLVED 1/4/10- 31/03/2011	PENDING AS ON 31/03/2011	Policy related		Non-Settlement		Dispute in quantum		Reputation of claims		Others		Total		
							2010-11	2009-10	2010-11	2009-10	2010-11	2009-10	2010-11	2009-10	2010-11	2009-10	2010-11	2009-10	2010-11
9	Star Health and Allied Insurance Co.Ltd	0	90	90	88	2	28	10	37	5	13	5	11	2	1	1	1	90	23
10	Apollo MUNICH Health Insurace Co.Limited	1	29	30	28	2	16	7	8	1	2	0	3	0	0	0	0	29	8
11	Future Generali India Ins. Co. Ltd	0	37	37	32	5	12	3	13	4	6	2	6	0	0	0	0	37	9
12	Universal Sompoo General Ins. Co. Ltd	2	41	43	38	5	17	2	18	1	4	0	1	0	1	0	1	41	3
13	Shriram General Insurance Co. Ltd	0	38	38	38	0	8	0	21	2	3	0	4	0	2	0	2	38	2
14	Bharati Axa General Insurance Co. Ltd.	0	51	51	51	0	18	0	27	0	4	1	2	0	0	0	0	51	1
15	Raheja OBE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	SBI General Insurance Co Ltd	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Max Bupa Health Insurance Co. Ltd.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	L&T General. Ins.Co	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Private Insurers	129	2430	2559	2301	258	1055	486	960	389	132	82	227	45	56	13	2430	1015	
	TOTAL	556	5274	5830	4401	1429	1672	806	2563	891	419	199	513	135	107	45	5274	2076	

ANALYSIS OF REGISTERED COMPLAINTS - DIRECTLY RECEIVED BY INSURERS

S.NO	NAME OF THE INSURER	Policy related		Non-Settlement		Dispute in quantum		Repudiation of claims		Others		Total	
		2010-11	2009-10	2010-11	2009-10	2010-11	2009-10	2010-11	2009-10	2010-11	2009-10	2010-11	2009-10
1	The Oriental Insurance Company Limited	193	157	3077	963	461	139	408	191	254	175	4393	1625
2	The New India Assurance Company Limited	278	490	1770	1107	1016	577	557	609	342	388	3963	3171
3	United India Insurance Company Limited	320	199	1752	387	505	258	851	215	168	169	3596	1228
4	National Insurance Company Limited	49	88	404	3534	57	266	40	191	103	182	653	4261
5	ECGC of India	0	0	0	0	0	0	307	0	8	490	315	490
6	Agriculture Insurance Company Limited	226	0	0	0	0	0	259	182	1	0	486	182
	Total - PSU insurers	1066	934	7003	5991	2039	1240	2422	1388	876	1404	13406	10957
1	Bajaj Allianz General Insurance Company Limited	7520	5117	1820	40	446	7153	389	1	1128	3412	11303	15723
2	Tata- AIG General Insurance Company Limited	18787	39559	475	1071	143	54	17	0	0	0	19422	40684
3	Royal Sundaram Alliance General Insurance Company Limited	22865	36949	1137	445	258	163	581	240	4777	2676	29618	40473
4	IFFCO Tokio General Insurance Company Limited	2743	655	1144	391	119	54	63	15	190	115	4259	1230
5	Reliance General Insurance Company Limited	2894	54415	8824	9896	1020	725	40	124	3579	0	16357	65160
6	Cholamandalam MS General Insurance Company Limited	4058	1603	1990	668	37	60	91	101	429	506	6605	2938
7	ICICI Lombard General Insurance Company Limited	8859	1036	782	98	198	58	662	1369	2328	535	12829	3096
8	HDFC ERGO General Insurance Company Limited	1866	46	672	46	67	29	196	11	832	273	3633	405
9	Star Health and Allied Insurance Co.Ltd	1848	1463	0	42	20	0	108	12	0	3	1976	1520
10	Apollo MUNICH Health Insurance Co.Limited	394	234	13	59	19	77	103	18	339	0	868	388
11	Future Generali India Ins. Co. Ltd	1642	2150	1003	1065	162	45	120	33	169	40	3096	3333

Contd....

ANALYSIS OF REGISTERED COMPLAINTS - DIRECTLY RECEIVED BY INSURERS

S.NO	NAME OF THE INSURER	Policy related		Non-Settlement		Dispute in quantum		Repudiation of claims		Others		Total
		2010-11	2009-10	2010-11	2009-10	2010-11	2009-10	2010-11	2009-10	2010-11	2009-10	
12	Universal Sompo General Ins. Co. Ltd	66	151	32	28	11	11	26	16	1	26	232
13	Shriram General Insurance Co. Ltd	133	51	101	13	19	9	10	5	53	9	316
14	Bharati Axa General Insurance Co. Ltd.	680	170	497	62	214	29	76	12	988	116	2455
15	Raheja OBE	0	0	0	0	0	0	0	0	0	0	0
16	SBI General Insurance Co Ltd	22	0	0	0	1	0	0	0	1	0	24
17	Max Bupa Health Insurance Co. Ltd.	262	0	15	0	3	0	4	0	71	0	355
18	L&T General Ins.Co.	0	0	0	0	0	0	0	0	0	0	0
	Total Private Insurers	74639	143599	18505	13924	2737	8467	2486	1957	14885	7711	113252
	GRAND TOTAL	75705	144533	25508	19915	4776	9707	4908	3345	15761	9115	126658

CLASS-WISE COMPLAINTS REGISTERED WITH IRDA - 3 years data

S.No.	Sector of Insurance	2008-09	2009-10	2010-11
1	Motor	569	563	1525
2	Health	1220	1073	2845
3	Others	413	440	904
	Total	2202	2076	5274

CLASS-WISE COMPLAINTS RECEIVED DIRECTLY BY INSURERS - 3 years data

S.No.	Sector of Insurance	2008-09	2009-10	2010-11
1	Motor	90428	85187	58498
2	Health	44366	58807	45132
3	Others	46968	42621	23028
	TOTAL:	181762	186615	126658

MOVEMENT OF COMPLAINTS RECEIVED BY IRDA AGAINST INSURERS - NON-LIFE

S. No.	Name of the Insurance Company	2009-10				2010-11			
		Opening Balance	Reported during the year	Resolved during the year	Pending at the end of the year	Opening Balance	Reported during the year	Resolved during the year	Pending at the end of the year
1	Agriculture Insurance Company Limited	0	4	3	1	1	4	5	0
2	Apollo DKV Insurance Company Limited	0	8	7	1	1	29	28	2
3	Bajaj Allianz General Insurance Company Limited	38	105	119	24	24	184	177	31
4	Bharti Axa General Insurance Company Limited	0	1	1	0	0	51	51	0
5	Cholamandalam General Insurance Company Limited	5	34	32	7	7	77	81	3
6	Export Credit Guarantee Corporation Limited	1	3	2	2	2	9	11	0
7	Future Generali India Insurance Company Limited	3	9	12	0	0	37	32	5
8	HDFC Ergo General Insurance Company Limited	1	15	15	1	1	101	101	1
9	ICICI Lombard General Insurance Company Limited	25	315	324	16	16	449	461	4
10	IFFCO Tokio General Insurance Company Limited	16	75	69	22	22	142	126	38
11	National Insurance Company Limited	136	269	260	145	145	683	643	185
12	Oriental Insurance Company	44	170	133	81	81	605	250	436
13	Reliance General Insurance Company Limited	74	286	325	35	35	960	833	162
14	Royal Sundaram Alliance Insurance Company Limited	20	55	56	19	19	107	122	4
15	Shriram General Insurance Company Limited	0	2	2	0	0	38	38	0
16	Star Health and Allied Insurance Company Limited	2	23	25	0	0	90	88	2
17	Tata AIG General Insurance Company Limited	26	84	108	2	2	124	125	1
18	The New India Assurance Company Limited	220	338	381	177	177	800	593	384
19	United India Insurance Company Limited	42	277	298	21	21	743	598	166
20	Universal Sompo General Insurance Company Limited	0	3	1	2	2	41	38	5
21	MAX BUPA Health Insurance Company Limited	0	0	0	0	0	0	0	0
22	SBI General Insurance Company Limited	0	0	0	0	0	0	0	0
23	Reheja QBE General Insurance Company Limited	0	0	0	0	0	0	0	0
24	L&T General Insurance Company Limited	0	0	0	0	0	0	0	0
	Total	653	2076	2173	556	556	5274	4401	1429

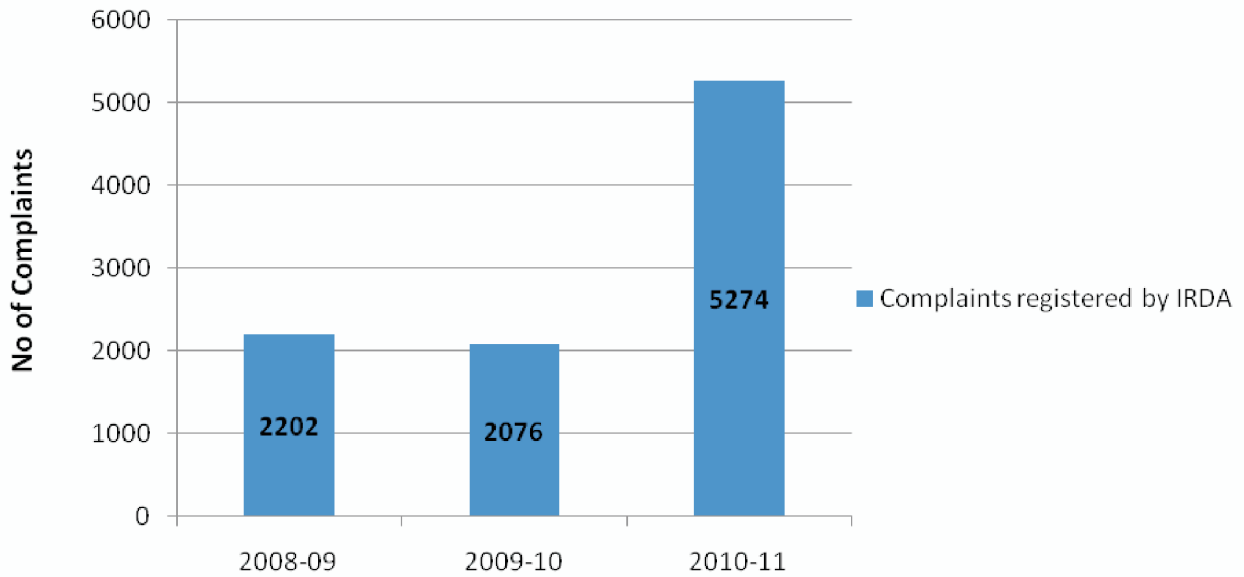
MOVEMENT OF COMPLAINTS DIRECTLY RECEIVED BY INSURERS - NON-LIFE

S. No.	Name of the Insurance Company	2009-10				2010-11			
		Opening Balance	Reported during the year	Resolved during the year	Pending at the end of the year	Opening Balance	Reported during the year	Resolved during the year	Pending at the end of the year
1	Agriculture Insurance Company Limited	0	182	182	0	0	486	459	27
2	Apollo DKV Insurance Company Limited	1	388	383	6	6	868	806	68
3	Bajaj Allianz General Insurance Company Limited	0	15723	15704	19	19	11303	11280	42
4	Bharti Axa General Insurance Company Limited	8	389	263	134	134	2455	2589	0
5	Cholamandalam General Insurance Company Limited	10	2938	2859	89	89	6605	6589	105
6	Export Credit Guarantee Corporation Limited	14	490	487	17	17	315	318	14
7	Future Generali India Insurance Company Limited	303	3333	3601	35	35	3096	3116	15
8	HDFC Ergo General Insurance Company Limited	1	405	405	1	1	3633	3611	23
9	ICICI Lombard General Insurance Company Limited	26	3096	3107	15	15	12829	12469	375
10	IFFCO Tokio General Insurance Company Limited	147	1230	1209	168	168	4259	4240	187
11	National Insurance Company Limited	569	4261	4249	581	581	653	605	629
12	Oriental Insurance Company	69	1625	1617	77	77	4393	3418	1052
13	Reliance General Insurance Company Limited	10533	65160	70885	4808	4808	16357	16489	4676
14	Royal Sundaram Alliance Insurance Company Limited	1216	40473	40316	1373	1373	29618	30988	3
15	Shriram General Insurance Company Limited	1	87	88	0	0	316	316	0
16	Star Health and Allied Insurance Company Limited	78	1520	1441	157	157	1976	1966	167
17	Tata AIG General Insurance Company Limited	640	40684	40571	753	753	19422	19943	232
18	The New India Assurance Company Limited	1149	3171	3734	586	586	3963	4131	418
19	United India Insurance Company Limited	252	1228	1409	71	71	3596	3394	273
20	Universal Sompo General Insurance Company Limited	0	232	227	5	5	136	122	19
21	MAX BUPA Health Insurance Company Limited	0	0	0	0	0	355	339	16
22	SBI General Insurance Company Limited	0	0	0	0	0	24	20	4
23	Reheja QBE General Insurance Company Limited	0	0	0	0	0	0	0	0
24	L&T General Insurance Company Limited	0	0	0	0	0	0	0	0
TOTAL:		15017	186615	192737	8895	8895	126658	127208	8345

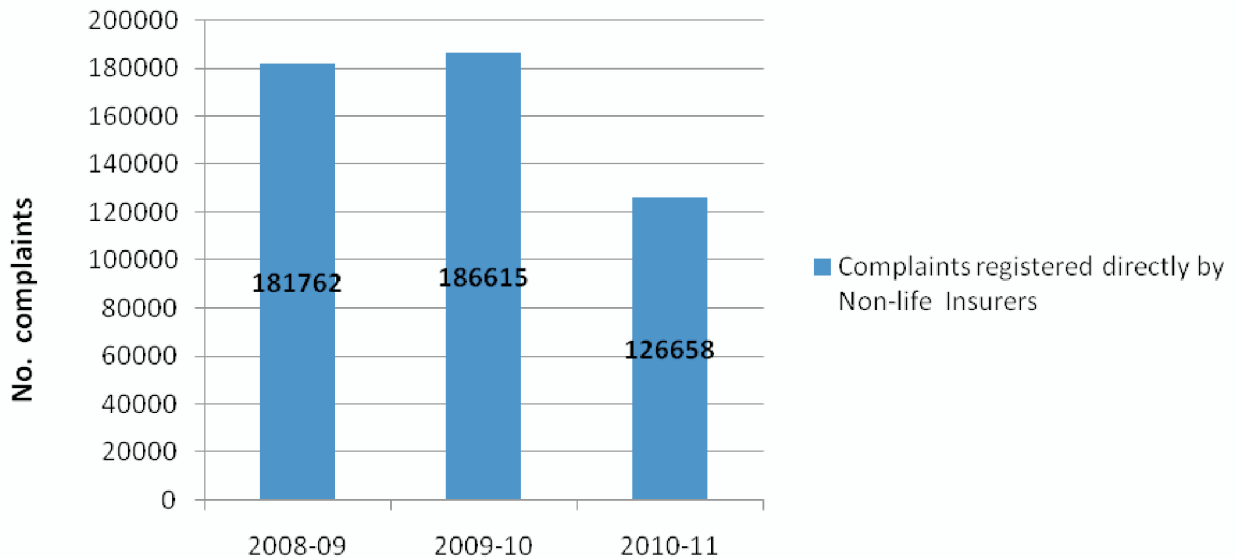
**COMPLAINTS REGISTERED DIRECTLY BY
NON-LIFE INSURERS - 2009-10**

S.No.	Name of the Insurance Company	Opening Balance	Reported during the year	Resolved during the year			Pending at the end of the year
				Total Resolved	Disposed in favour of insured	Disposed not in favour of insured	
1	Agriculture Insurance Company Limited	0	182	182	0	182	0
2	Apollo DKV Insurance Company Limited	1	388	383	276	107	6
3	Bajaj Allianz General Insurance Company Limited	0	15723	15704	12795	2909	19
4	Bharti Axa General Insurance Company Limited	8	389	263	225	38	134
5	Cholamandalam General Insurance Company Limited	10	2938	2859	2800	59	89
6	Export Credit Guarantee Corporation Limited	14	490	487	226	261	17
7	Future Generali India Insurance Company Limited	303	3333	3601	3190	411	35
8	HDFC Ergo General Insurance Company Limited	1	405	405	338	67	1
9	ICICI Lombard General Insurance Company Limited	26	3096	3107	280	2827	15
10	IFFCO Tokio General Insurance Company Limited	147	1230	1209	1083	126	168
11	National Insurance Company Limited	569	4261	4249	3786	463	581
12	Oriental Insurance Company	69	1625	1617	1406	211	77
13	Reliance General Insurance Company Limited	10533	65160	70885	68159	2726	4808
14	Royal Sundaram Alliance Insurance Company Limited	1216	40473	40316	34023	6293	1373
15	Shriram General Insurance Company Limited	1	87	88	83	5	0
16	Star Health and Allied Insurance Company Limited	78	1520	1441	1152	289	157
17	Tata AIG General Insurance Company Limited	640	40684	40571	39380	1191	753
18	The New India Assurance Company Limited	1149	3171	3734	2376	1358	586
19	United India Insurance Company Limited	252	1228	1409	1069	340	71
20	Universal Sompo General Insurance Company Limited	0	232	227	207	20	5
21	MAX BUPA Health Insurance Company Limited	0	0	0	0	0	0
22	SBI General Insurance Company Limited	0	0	0	0	0	0
23	Reheja QBE General Insurance Company Limited	0	0	0	0	0	0
24	L&T General Insurance Company Limited	0	0	0	0	0	0
TOTAL:		15017	186615	192737	172854	19883	8895

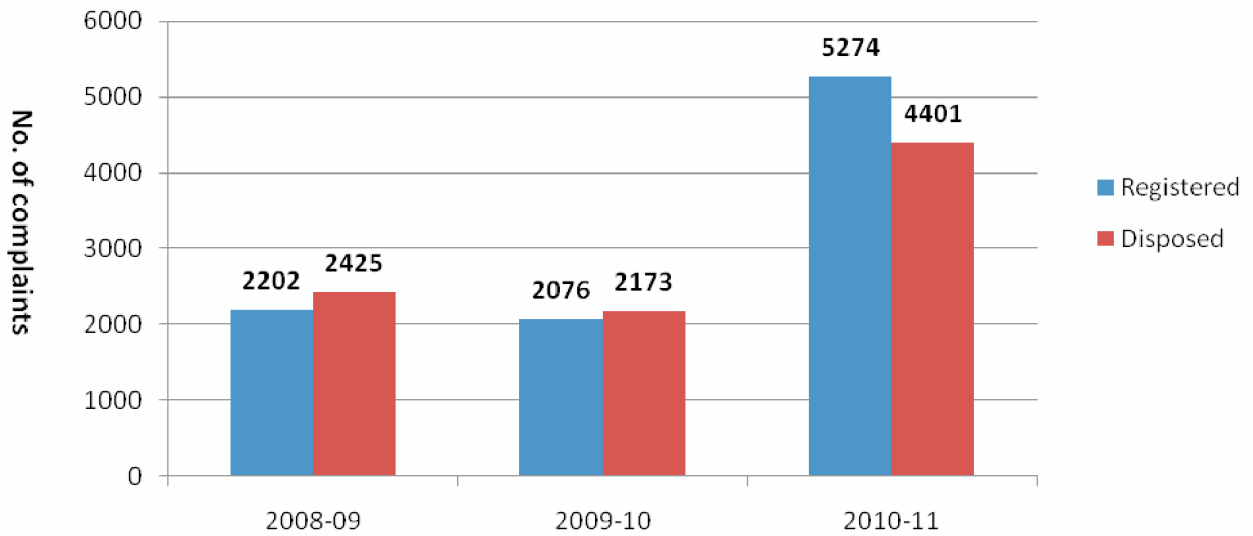
Complaints registered by IRDA - Non-life



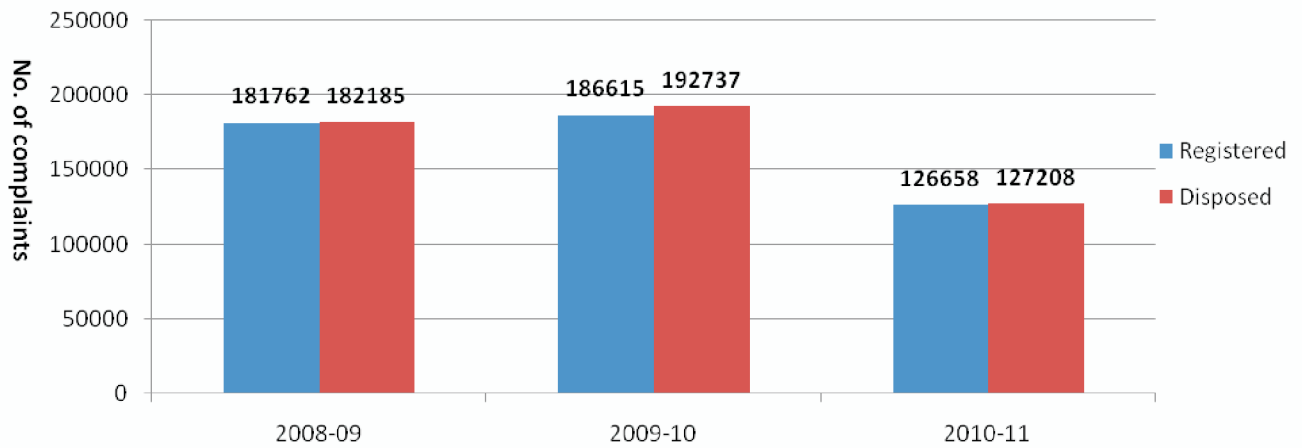
Complaints registered directly by Non-life Insurers



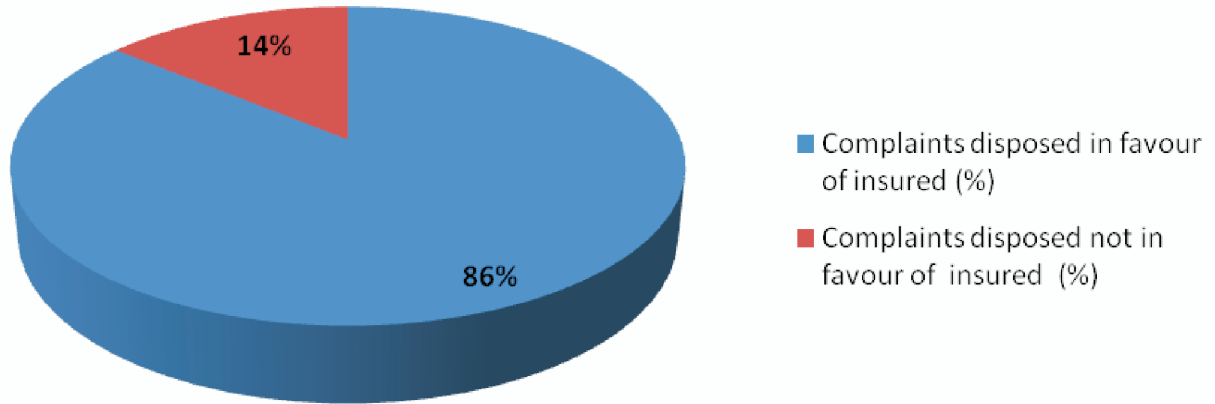
Disposal of non-life complaints registered by IRDA



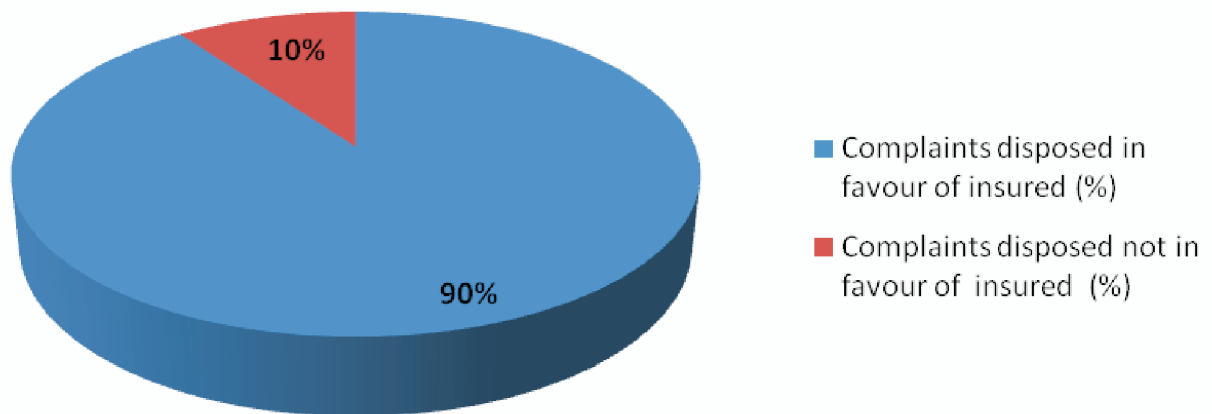
Disposal of non life complaints registered directly by insurers



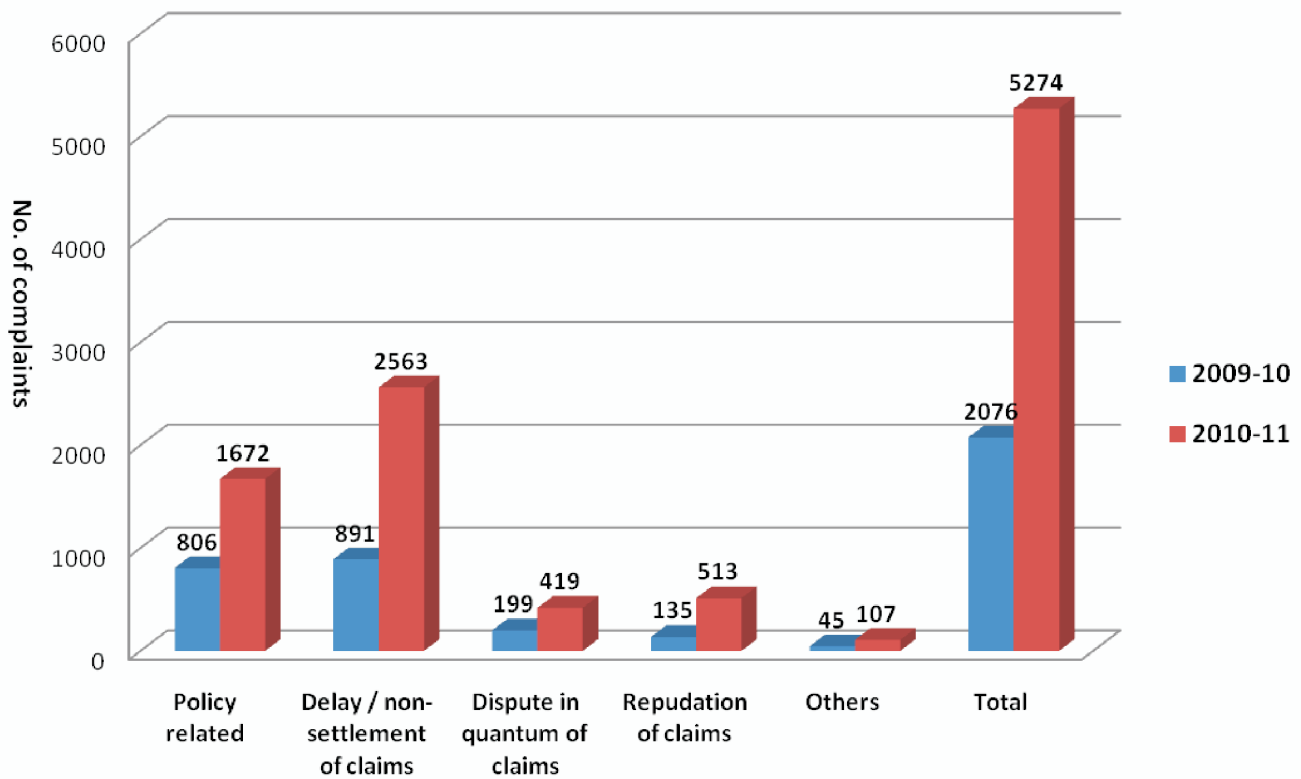
Disposal of non-life complaints by insurers - Whether in favour of insured or not - for the year 2010-11



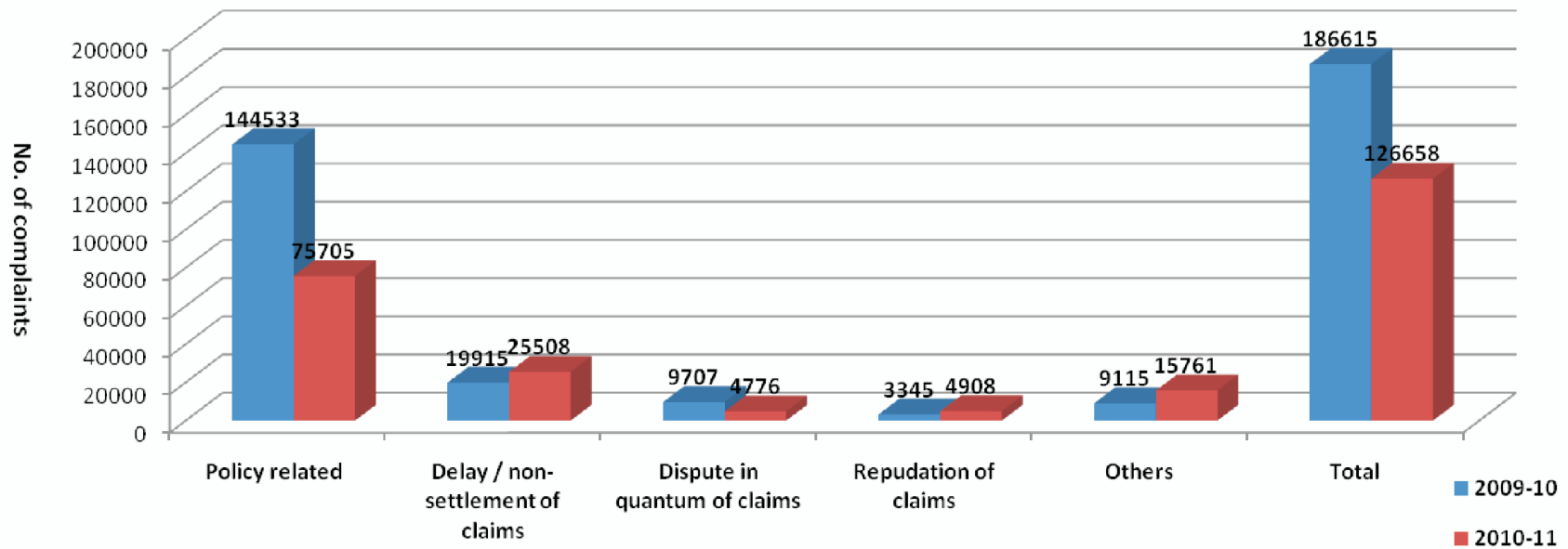
Disposal of non-life complaints by insurers - Whether in favour of insured or not - for the year 2009-10



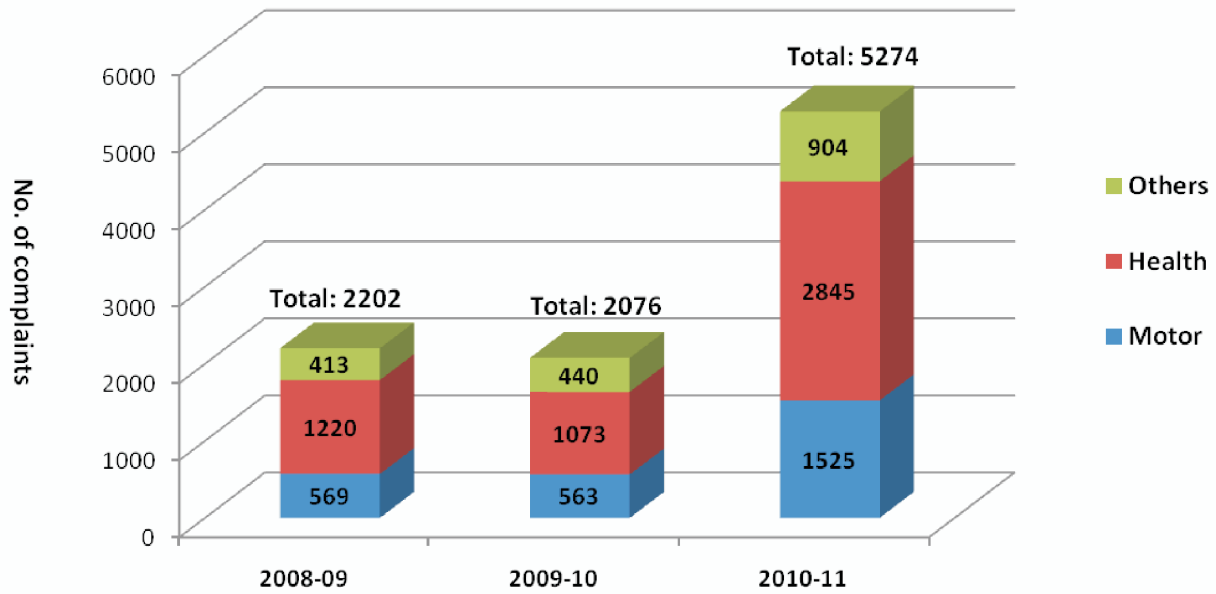
Classification of non-life complaints - Received by IRDA



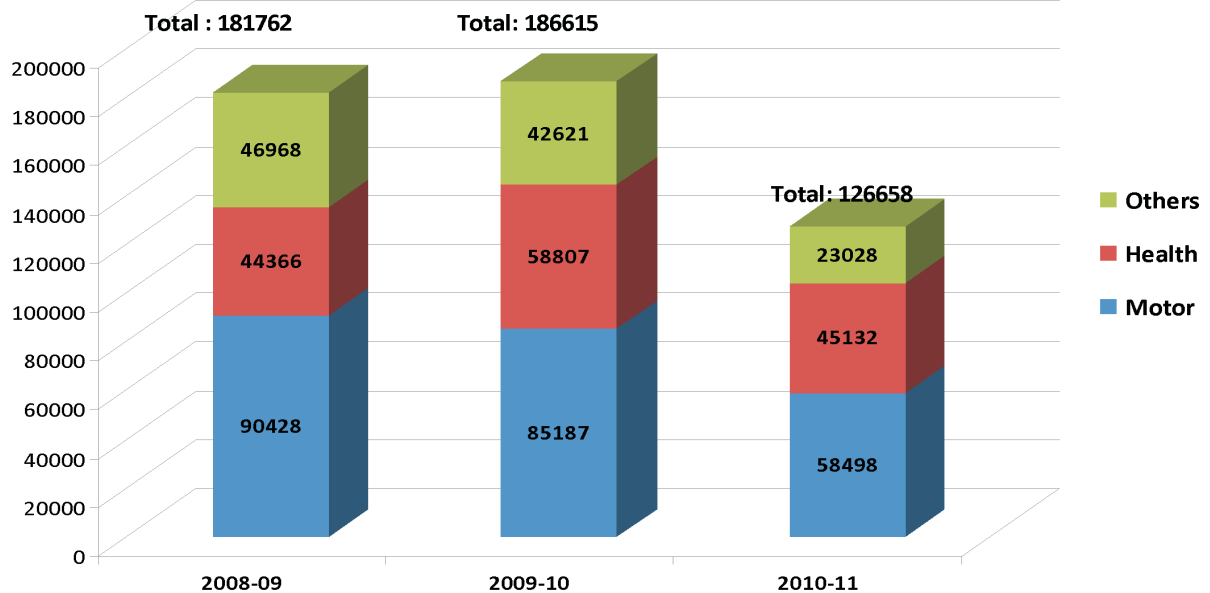
Classification of non-life complaints - Received by Insurers

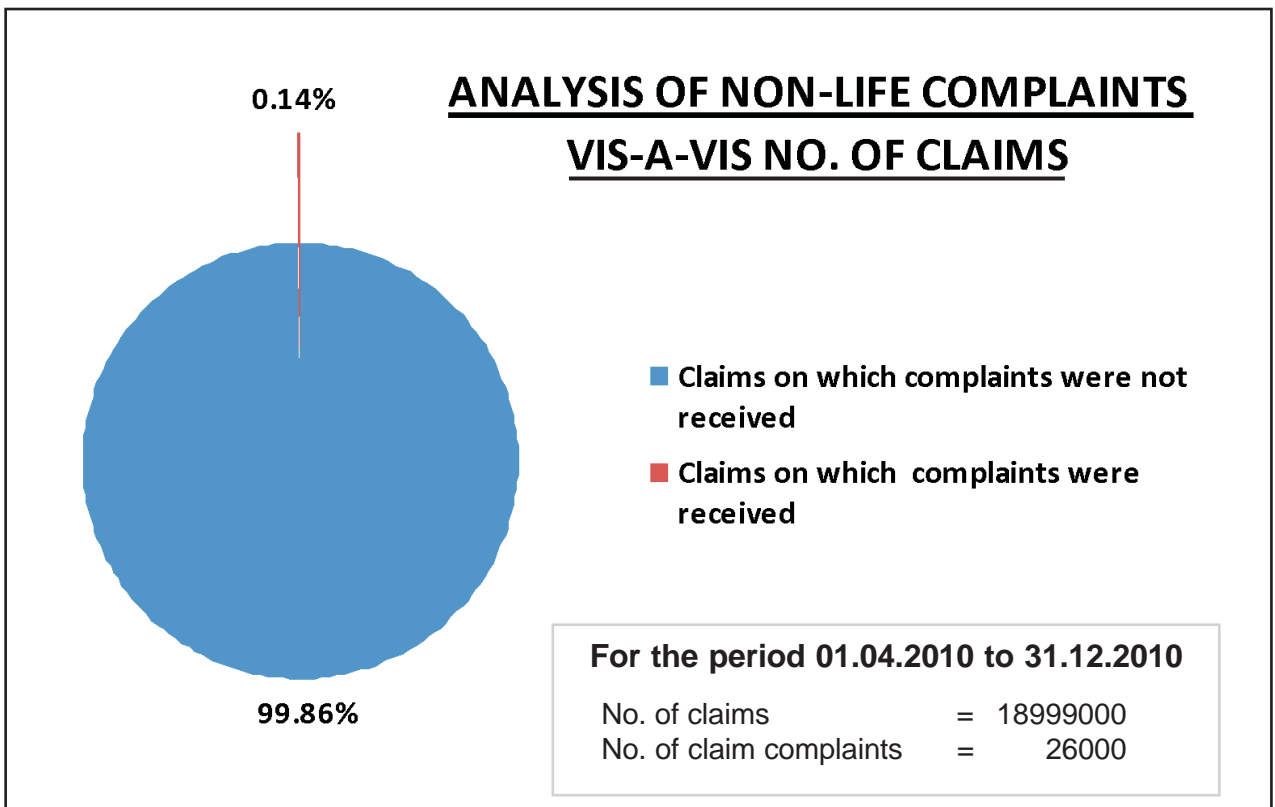
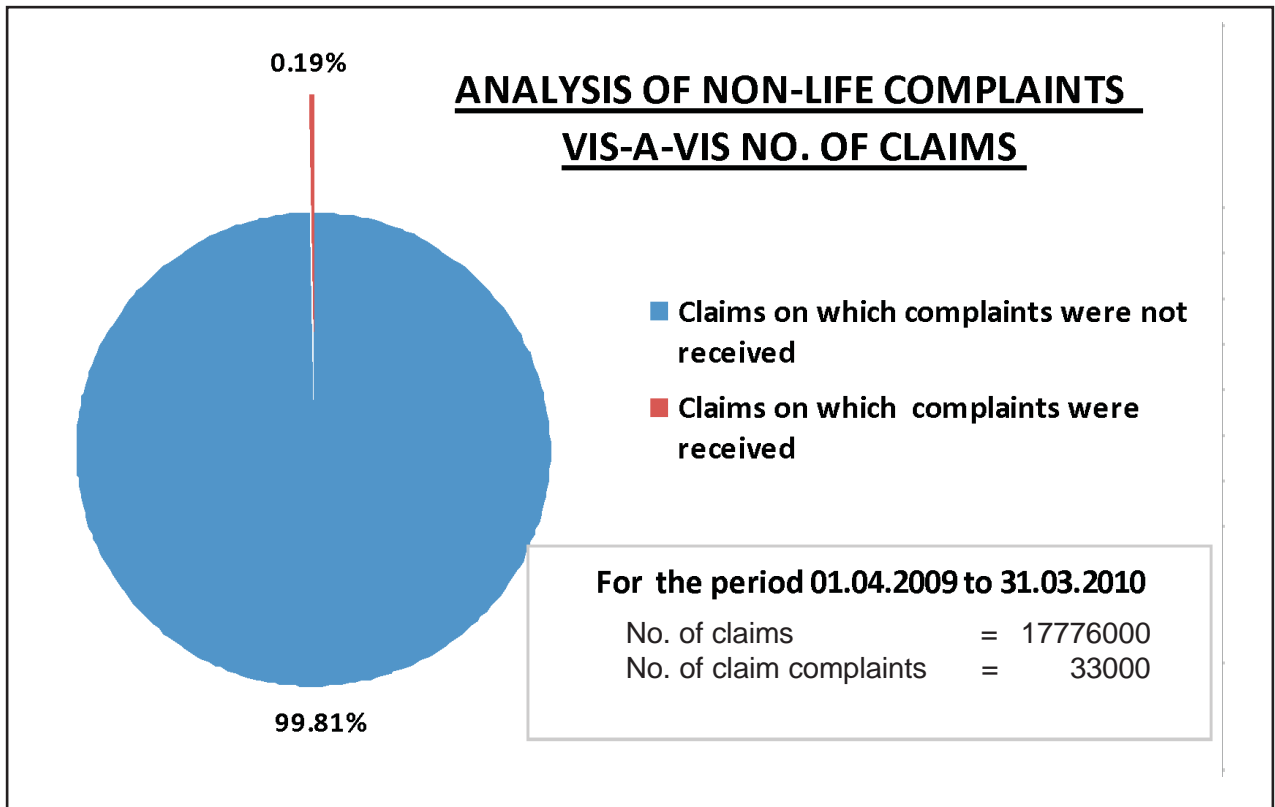


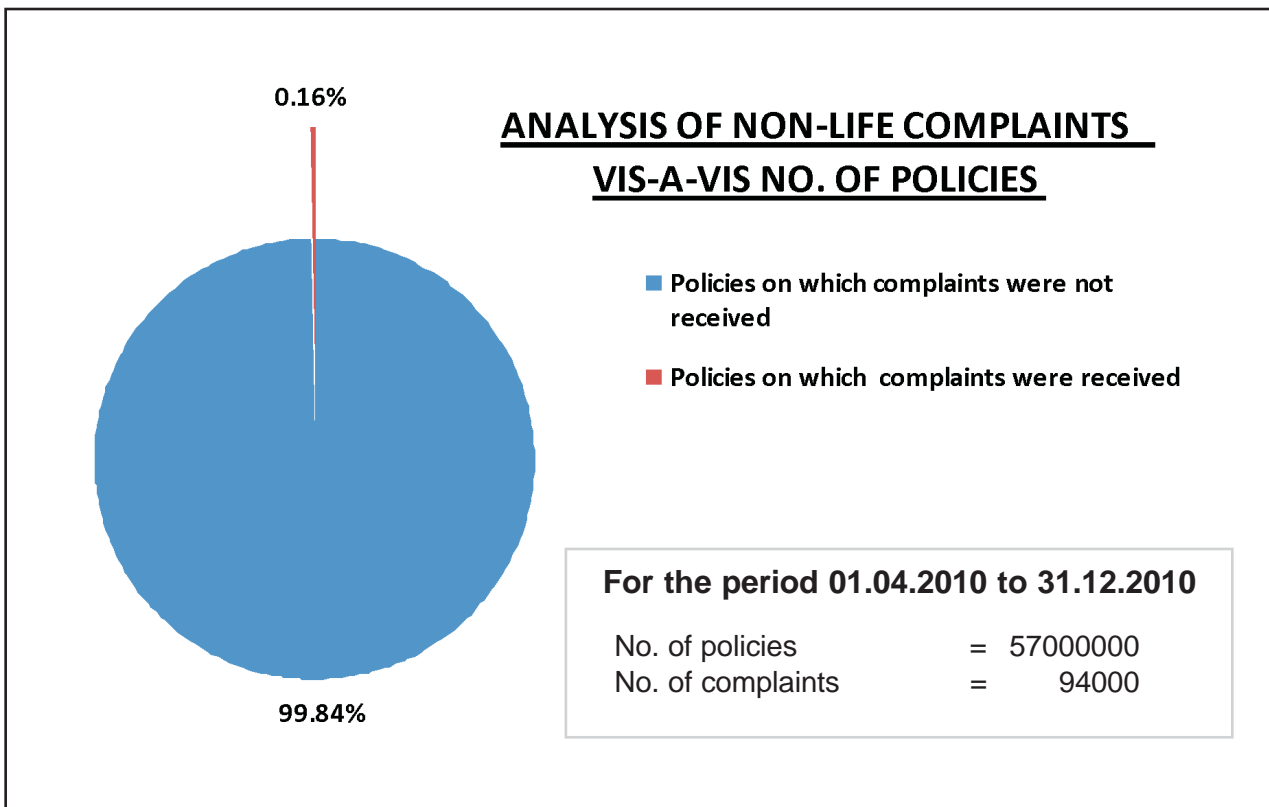
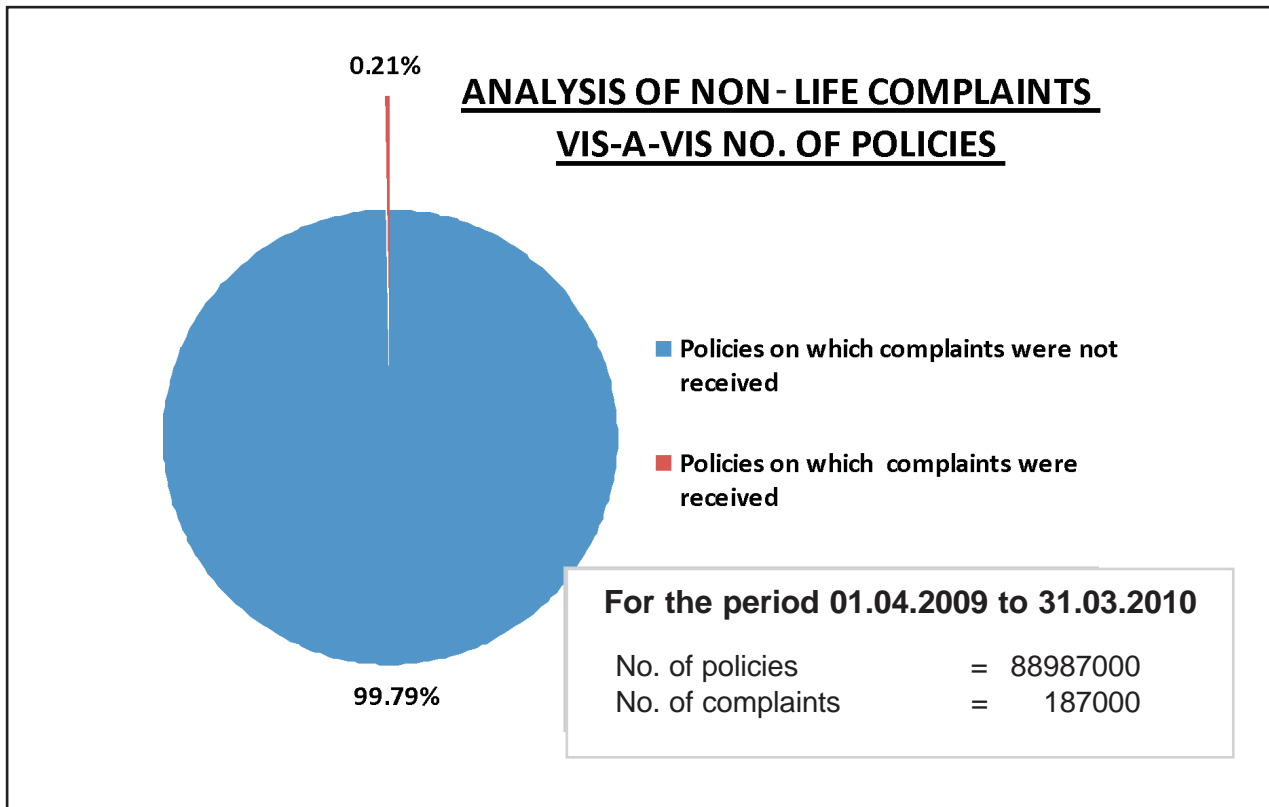
Class-wise complaints Non-Life received by IRDA



Class-wise complaints Non-Life received directly by Insurers







**DATA ON GRIEVANCES
LIFE INSURANCE**

CURSORY GLANCE OF COMPLAINTS DISPOSAL BY IRDA AND LIFE INSURERS

	2008-09		2009-10		2010-11	
	Registered	Disposed	Registered	Disposed	Registered	Disposed
1 Complaints registered by IRDA	1794	2353	2449	2512	9656	9797
2 Complaints registered by life insurers	319126	323517	276515	215539	408031	466400

* Disposal may be greater than registered numbers in view of disposal of complaints of previous years

STATUS OF GRIEVANCES REGISTERED BY IRDA - LIFE INSURERS

S.No	Insurer	2008-09				2009-10				2010-11			
		Opening Balance	Reported during the year	Resolved during the year	Pending at the end of the year	Opening Balance	Reported during the year	Resolved during the year	Pending at the end of the year	Opening Balance	Reported during the year	Resolved during the year	Pending at the end of the year
1	Aegon Religare	0	0	0	0	0	6	6	0	0	54	50	4
2	Aviva	17	193	197	13	13	152	142	23	23	631	654	0
3	Bajaj Allianz	78	211	251	38	38	173	195	16	16	799	811	4
4	Bharti Axa	0	5	5	0	0	38	21	17	17	267	277	7
5	Birla Sun Life	13	109	113	9	9	153	141	21	21	533	515	39
6	Canara HSBC	0	0	0	0	0	4	4	0	0	26	24	2
7	DLF Pramerica	0	0	0	0	0	0	0	0	0	22	17	5
8	Future Generali	0	5	3	2	2	24	24	2	2	72	63	11
9	HDFC Standard	57	94	95	56	56	154	171	39	39	528	562	5
10	ICICI Prudential	20	196	202	14	14	330	296	48	48	1294	1342	0
11	IDBI Federal	0	1	0	1	1	5	4	2	2	25	27	0
12	ING Vysya	6	35	20	21	21	29	40	10	10	99	106	3
13	Kotak Mahindra	17	95	102	10	10	151	132	29	29	779	757	51
14	LIC	685	481	980	186	186	606	642	150	150	2588	2672	66
15	Max Newyork	33	112	105	40	40	187	227	0	0	525	523	2
16	Met Life	29	46	66	9	9	75	79	5	5	246	247	4
17	Reliance	19	79	75	23	23	184	192	15	15	540	541	14
18	Sahara	1	1	1	1	1	2	2	1	1	12	12	1
19	SBI Life	16	62	59	19	19	80	94	5	5	293	284	14
20	Shri Ram	2	4	6	0	0	16	16	0	0	28	21	7
21	Star Union Daichi	0	0	0	0	0	1	1	0	0	16	16	0
22	Tata AIG	24	65	73	16	16	79	83	12	12	279	276	15
	Total	1017	1794	2353	458	458	2449	2512	395	395	9656	9797	254

STATUS OF GRIEVANCES RECEIVED BY LIFE INSURERS

S.No	Insurer	Opening Balance	2009-10			2010-11			Pending at the end of the year
			Reported during the year	Resolved during the year	Pending at the end of the year	Opening Balance	Reported during the year	Resolved during the year	
1	Aegon Religare	17	2600	2615	2	2	4516	4499	19
2	Aviva	395	11724	9536	2583	2583	20312	22218	677
3	Bajaj Allianz	12	20174	0	20186	20186	24582	44732	36
4	Bharti Axa	181	4750	4692	239	239	8780	8556	463
5	Birla Sun Life	41	4399	0	4440	4440	11367	15628	179
6	Canara HSBC	7	320	297	30	30	2743	2657	116
7	DLF Pramerica	5	1113	1097	21	21	478	481	18
8	Future Generali	157	3035	3083	109	109	15449	15264	294
9	HDFC Standard	934	36205	14010	23129	23129	34983	57746	366
10	ICICI Prudential	161	5055	4947	269	269	47268	46775	762
11	IDBI Federal	0	44	44	0	0	545	545	0
12	ING Vysya	120	9990	9796	314	314	12141	11600	855
13	India First	0	129	125	4	4	1886	1837	53
14	Kotak Mahindra	119	5086	5058	147	147	12157	11941	363
15	LIC	1619	65623	59044	8198	8198	83917	91940	175
16	Max Newyork	792	44665	40050	5407	5407	25590	29129	1868
17	Met Life	92	4957	5034	15	15	4532	4442	105
18	Reliance	0	32876	32139	737	737	64282	64207	812
19	Sahara	0	30	19	11	11	20	24	7
20	SBI Life	133	14776	14755	154	154	16864	16595	423
21	Shri Ram	16	165	181	0	0	117	110	7
22	Star Union Daichi	0	124	124	0	0	261	229	32
23	Tata AIG	266	8675	8893	48	48	15241	15245	44
	Total	5067	276515	215539	66043	66043	408031	466400	7674

TOTAL COMPLAINTS REGISTERED BY LIFE INSURERS (2010-11)

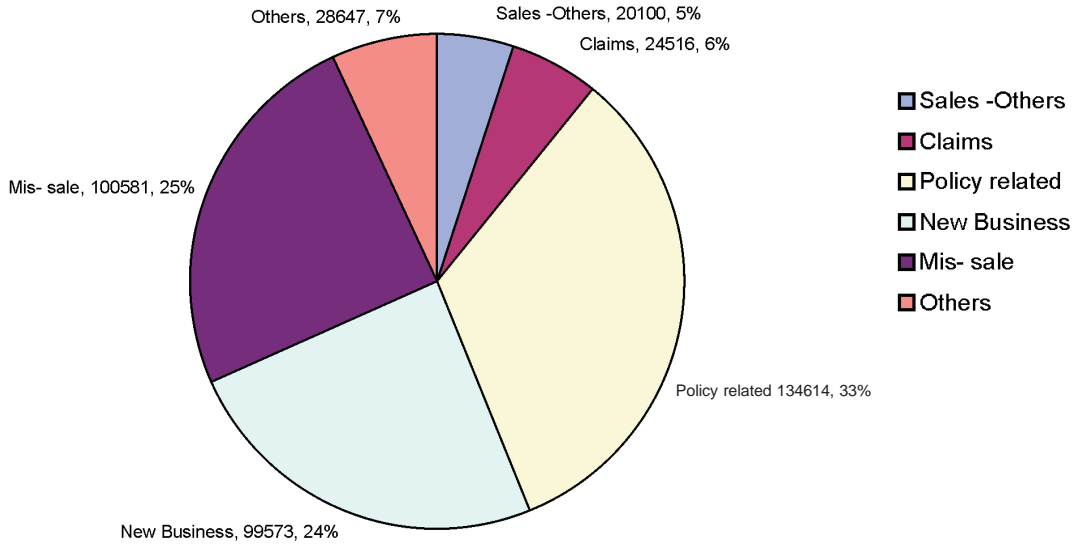
S.No	Insurer	Claims		Policy		New Business		Mis- sale		Sales others		Others	
		Non Linked	ULIP	Non Linked	ULIP	Non Linked	ULIP	Non Linked	ULIP	Non Linked	ULIP	Non Linked	ULIP
1	Aegon Religare	5	15	92	449	259	514	659	1291	244	613	148	227
2	Aviva	10	63	425	6695	225	710	281	6788	314	4358	31	412
3	Bajaj Allianz	3743	7236	1379	6709	167	431	544	1775	0	0	413	2185
4	Bharti Axa	4	37	19	419	89	758	484	3959	524	2361	20	106
5	Birla Sun Life	1	70	292	4750	206	1354	700	3236	0	0	92	666
6	Canara HSBC	0	5	19	322	74	1472	45	561	5	78	1	161
7	DLF Pramerica	0	0	21	104	36	63	76	127	1	3	7	40
8	Future Generali	45	35	110	169	8271	5844	300	587	0	0	29	59
9	HDFC Standard	209	351	5018	12874	247	783	5201	10300	0	0	0	0
10	ICICI Prudential	333	2170	728	4141	1864	1323	3098	28484	380	4250	73	424
11	IDBI Federal	6	30	14	24	10	3	166	177	19	48	17	31
12	ING Vysya	19	15	3398	4631	1088	720	647	519	564	540	0	0
13	India First	0	1	2	885	33	609	0	30	0	9	1	316
14	Kotak Mahindra	1	0	152	725	0	1	2486	7273	289	1050	33	147
15	LIC	6460	693	45644	7734	1172	402	4	3	1549	385	17534	2337
16	Max Newyork	-	389*	2636	6852	4201	6389	1953	2780	0	0	191	199
17	Met Life	10	11	211	733	118	233	281	901	420	1300	65	249
18	Reliance	636	1014	1394	5483	21561	26647	2542	3078	0	0	302	1625
19	Sahara	2	2	0	0	2	4	1	1	2	1	2	3
20	SBI Life	159	52	450	1074	2047	9057	1447	1349	269	514	362	84
21	Shri Ram	2	0	7	62	2	34	0	2	2	2	2	2
22	Star Union Daichi	0	1	7	59	14	114	7	58	1	0	0	0
23	Tata AIG	325	356	3966	3736	211	211	2461	3919	3	2	51	0
Total		11970	12546	65984	68630	41897	57676	23383	77198	4586	15514	19374	9273
Total		24516		134614		99573		100581		20100		28647	

*Reflects total claim complaints (Linked & Non-Linked)

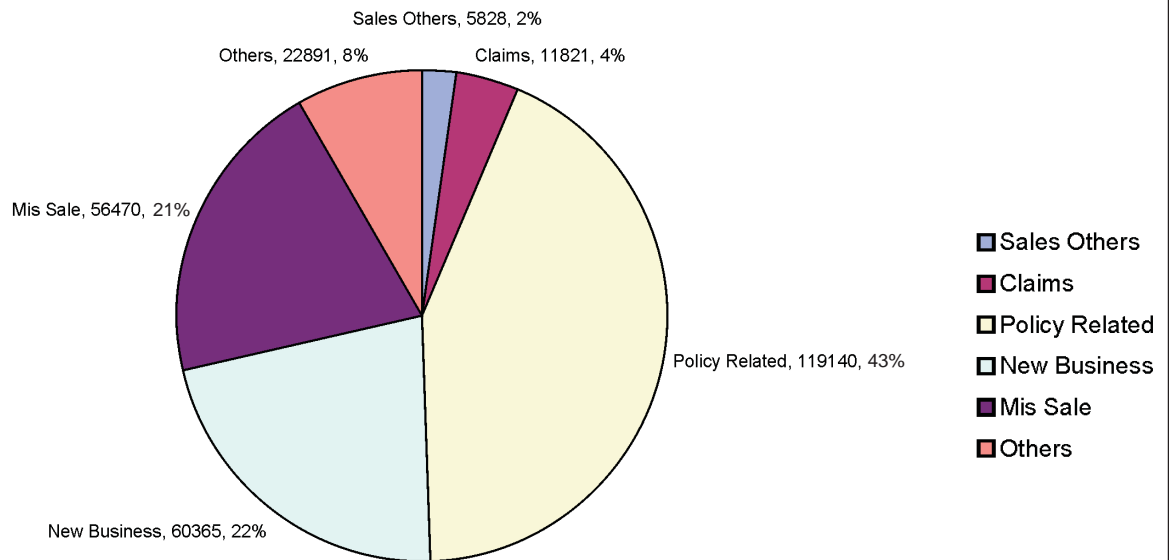
TOTAL COMPLAINTS REGISTERED BY LIFE INSURERS (2009-10)

S.No	Insurer	Claims		Policy		New Business		Mis- sale		Sales others		Others	
		Non Linked	ULIP	Non Linked	ULIP	Non Linked	ULIP	Non Linked	ULIP	Non Linked	ULIP	Non Linked	ULIP
1	Aegon Religare	4	0	46	333	815	728	13	334	12	171	143	1
2	Aviva	0	1	0	0	53	1112	132	10367	0	0	59	3982
3	Bajaj Allianz	537	540	5661	11616	58	78	137	982	85	0	144	472
4	Bharti AXA	5	31	4	165	39	562	49	2314	53	1386	13	129
5	Birla Sun Life	4	186	54	1707	6	175	25	2242	0	0	89	0
6	Canara HSBC	0	5	0	20	1	80	4	159	1	15	0	0
7	DLF Pramerica	0	0	13	182	2	13	0	4	1	15	5	58
8	Future Generali	4	3	264	493	506	1036	310	369	1	1	17	31
9	HDFC Standard	138	352	5331	13840	594	1387	3346	11217	0	0	0	0
10	ICICI Prudential	0	0	379	1677	147	450	272	2102	0	0	14	14
11	IDBI Federal	0	2	0	2	2	4	1	31	1	0	1	0
12	ING Vysya	3	1	3082	3002	827	723	541	902	442	467	0	0
13	India First	0	0	0	3	0	103	0	0	0	0	0	23
14	Kotak Mahindra	0	0	124	719	0	17	80	3481	38	598	0	0
15	LIC	7220	407	34611	4639	1125	266	0	0	1338	278	11211	3203
16	Max Newyork	2	0	4722	11171	4855	14017	2532	4567	46	56	428	271
17	Met Life	0	9	920	2235	70	74	176	818	118	331	58	148
18	Reliance	503	1367	787	5222	2485	16218	238	4117	0	0	108	1831
19	Sahara	5	5	7	5	3	2	0	1	0	0	2	0
20	SBI Life	80	18	407	821	1545	9953	122	1240	82	126	313	69
21	Shri Ram	1	7	11	84	7	42	0	1	0	7	0	5
22	Star Union Daichi	0	0	2	27	2	30	6	32	0	0	4	21
23	Tata AIG	226	155	2688	2064	66	87	1324	1882	66	93	12	12
	Total	8732	3089	59113	60027	13208	47157	9308	47162	2284	3544	12621	10270
	Total	11821		119140		60365		56470		5828		22891	

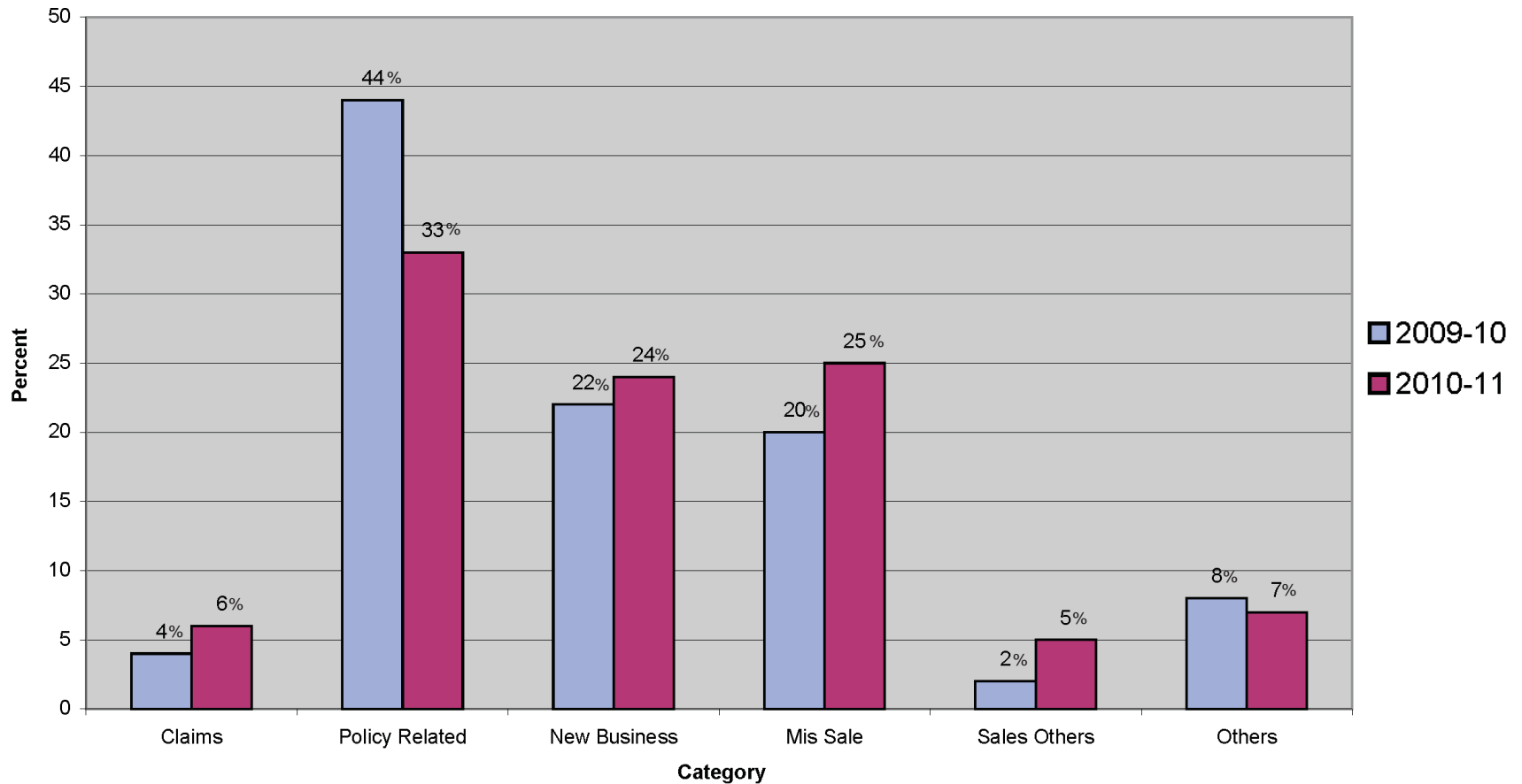
**Classification of complaints (2010-11)
Received by Life Insurers**



**Classification of complaints (2009-10)
Received by Life Insurers**

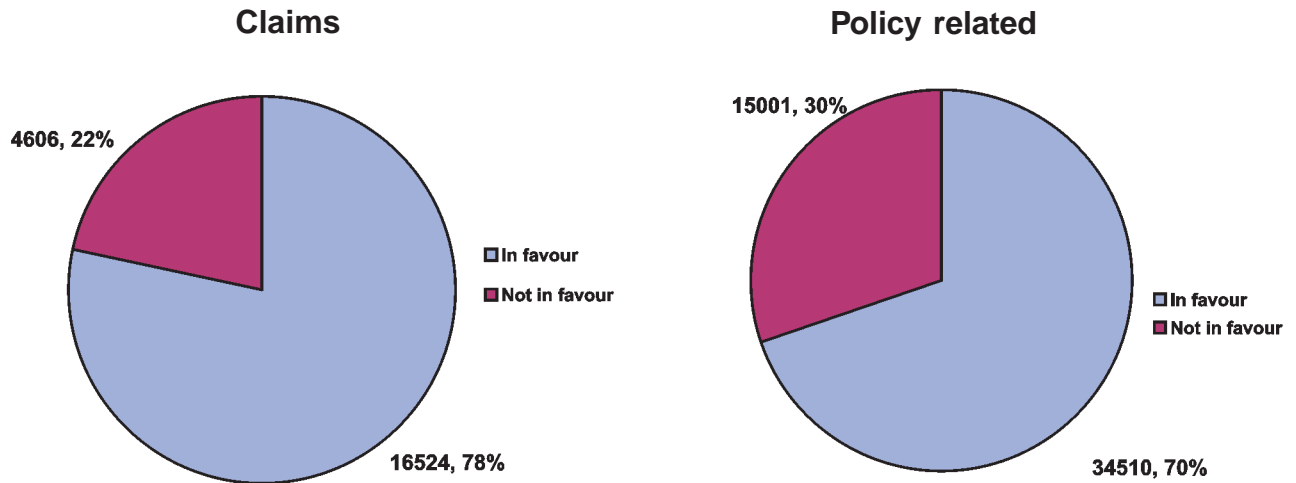


Further Analysis of Complaints Classification - Life Insurance Industry - (Percentile basis)



**Claims/Policy Related Complaints Resolved
in favour of Life Consumers (2010-11)**

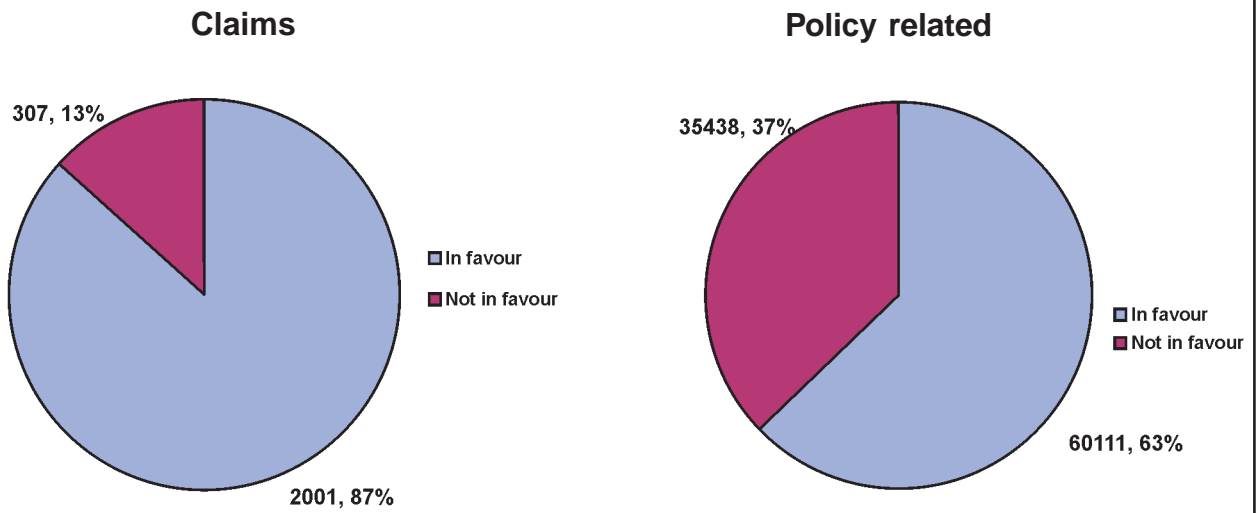
by Private Life Insurers



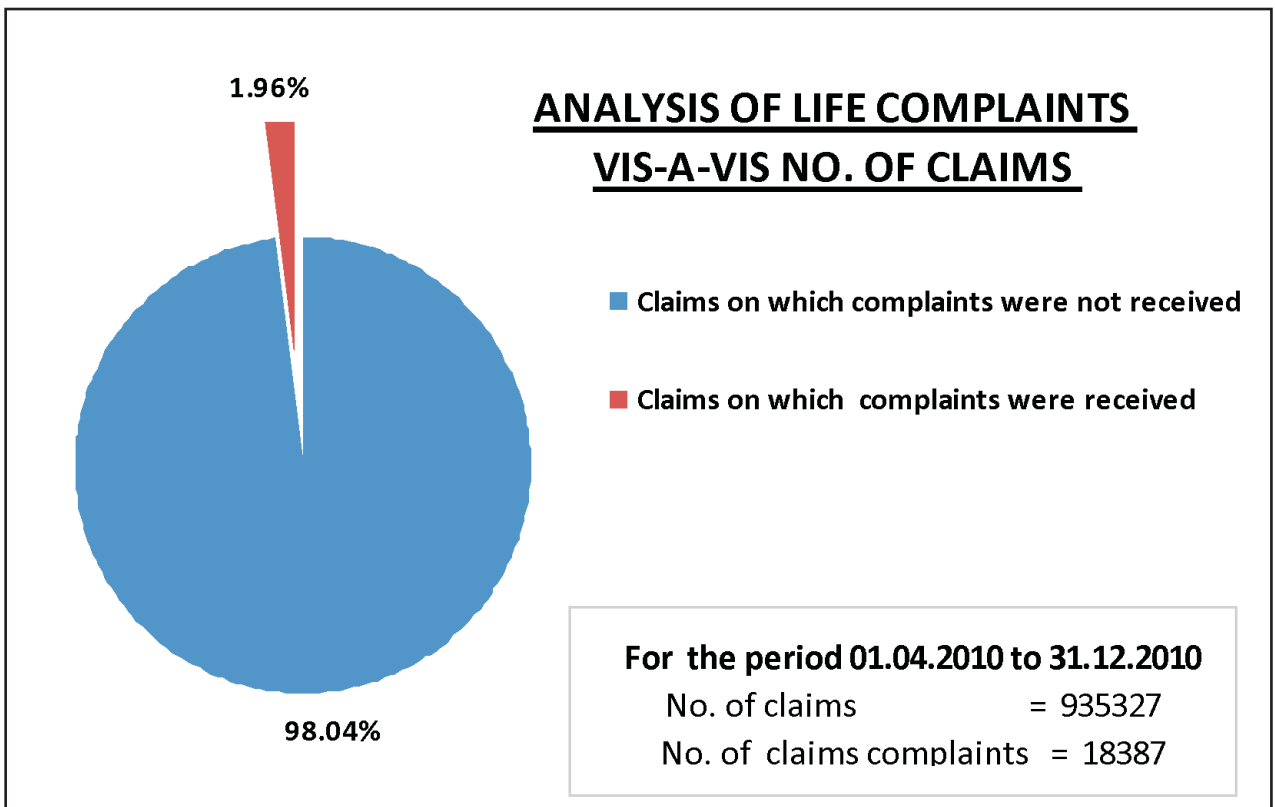
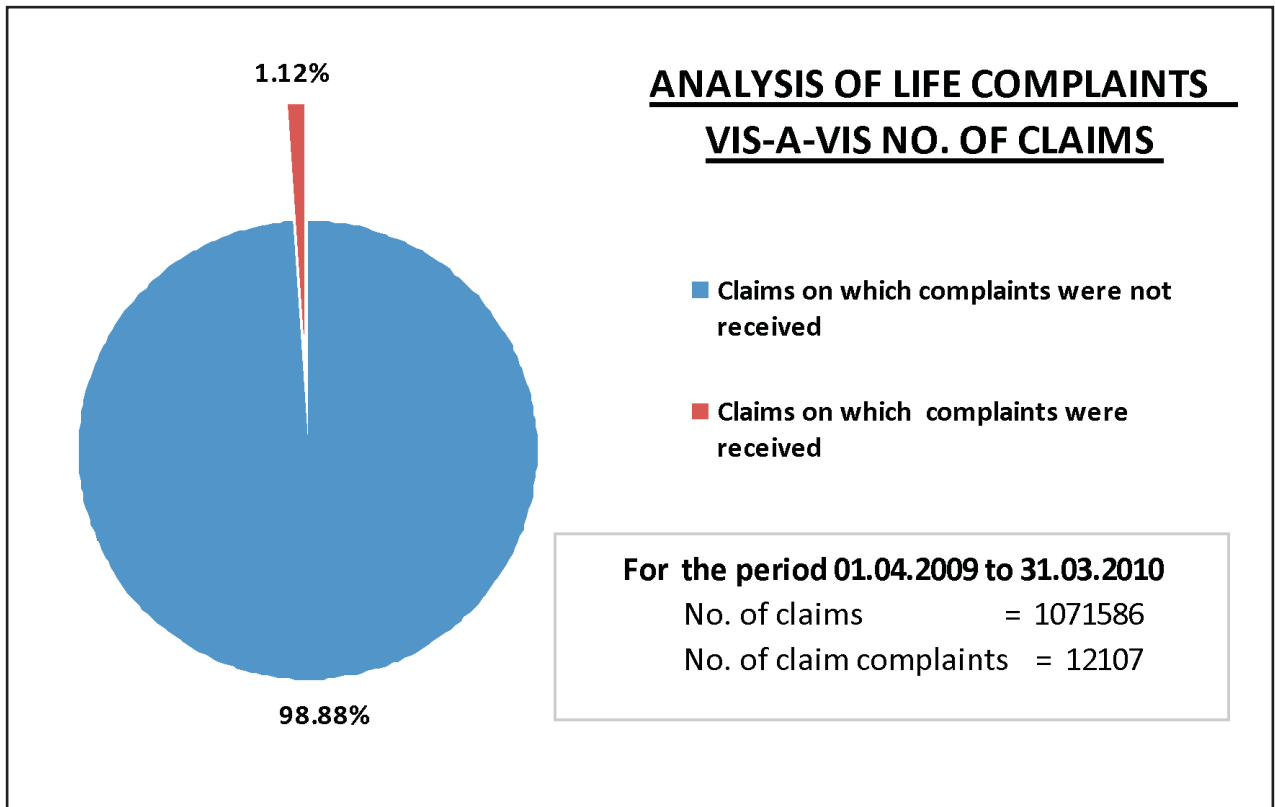
* Based on the data provided by 20 private life insurers out of 22 private life insurers.
* LIC has not captured this data.

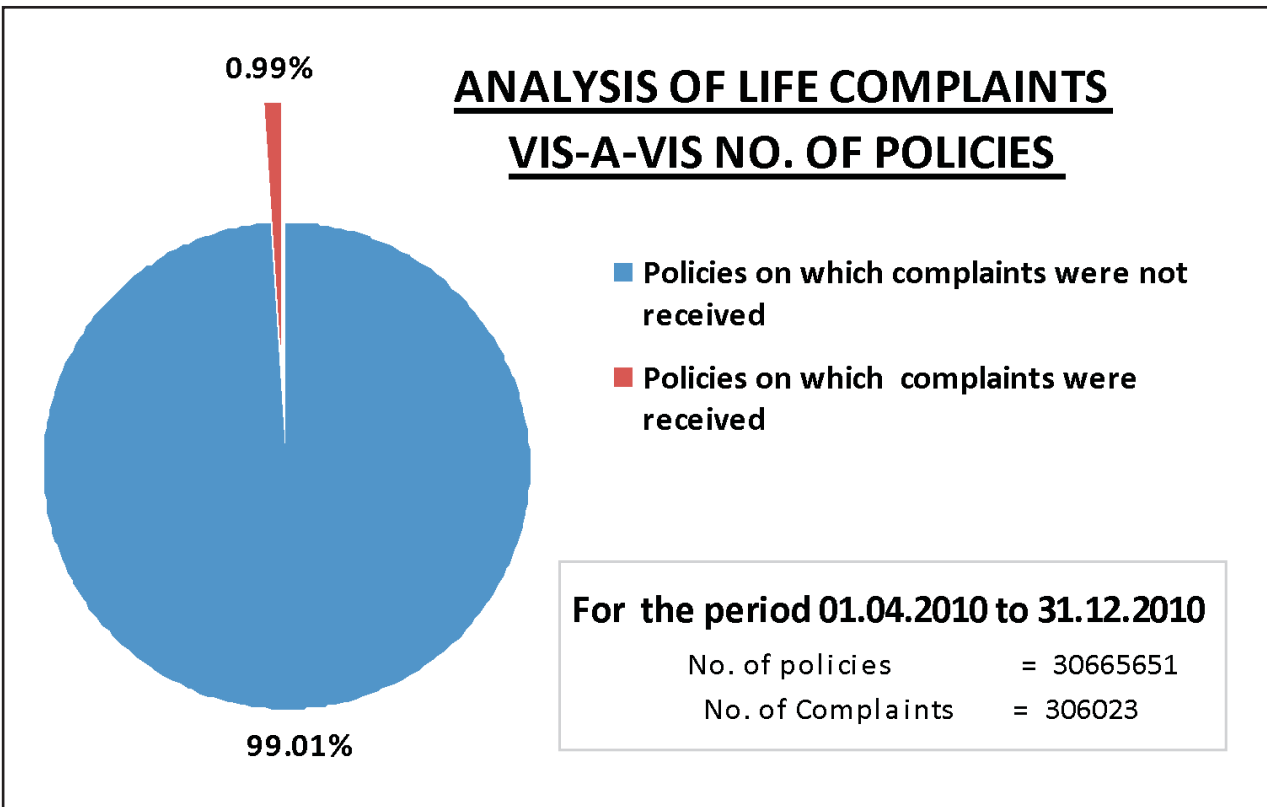
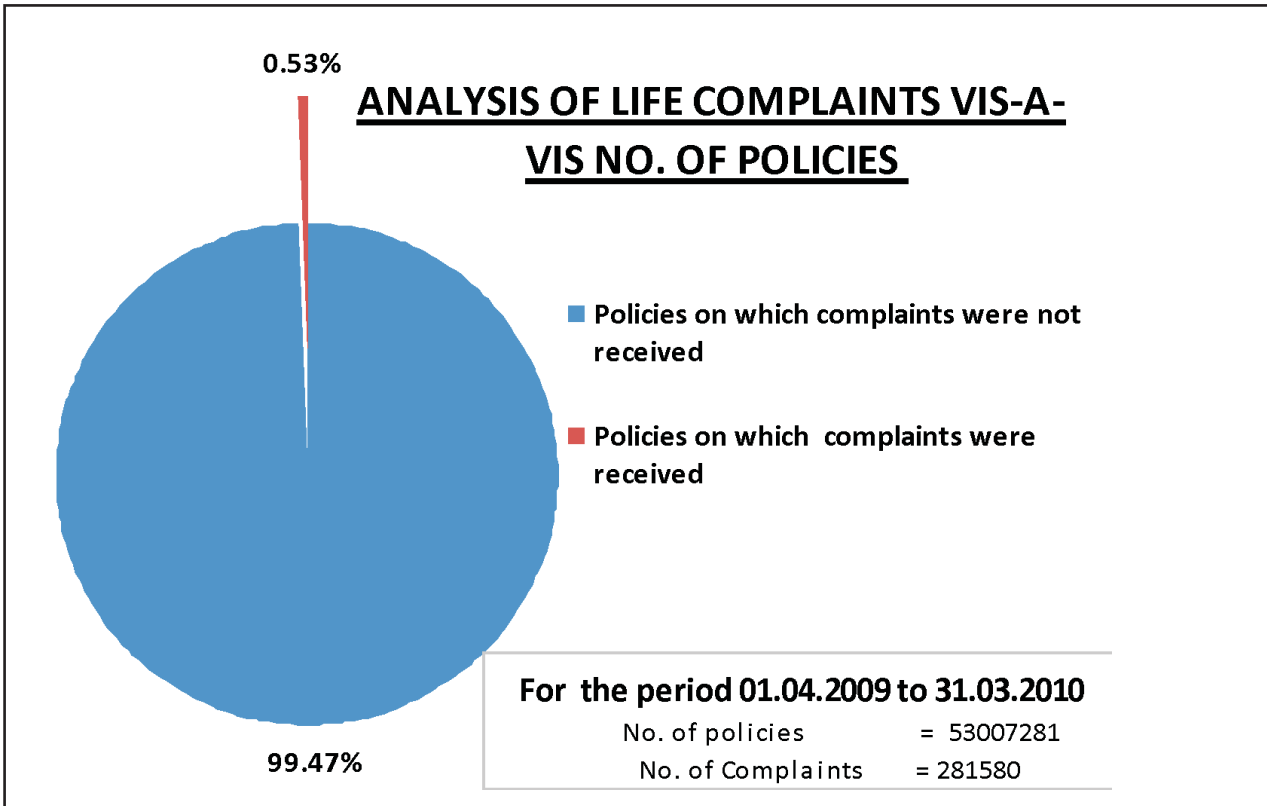
**Claims/Policy Related Complaints Resolved
in favour of Life Consumers (2009-10)**

by Private Life Insurers



* Based on the data provided by 17 private life insurers out of 22 private life insurers.
* LIC has not captured this data.

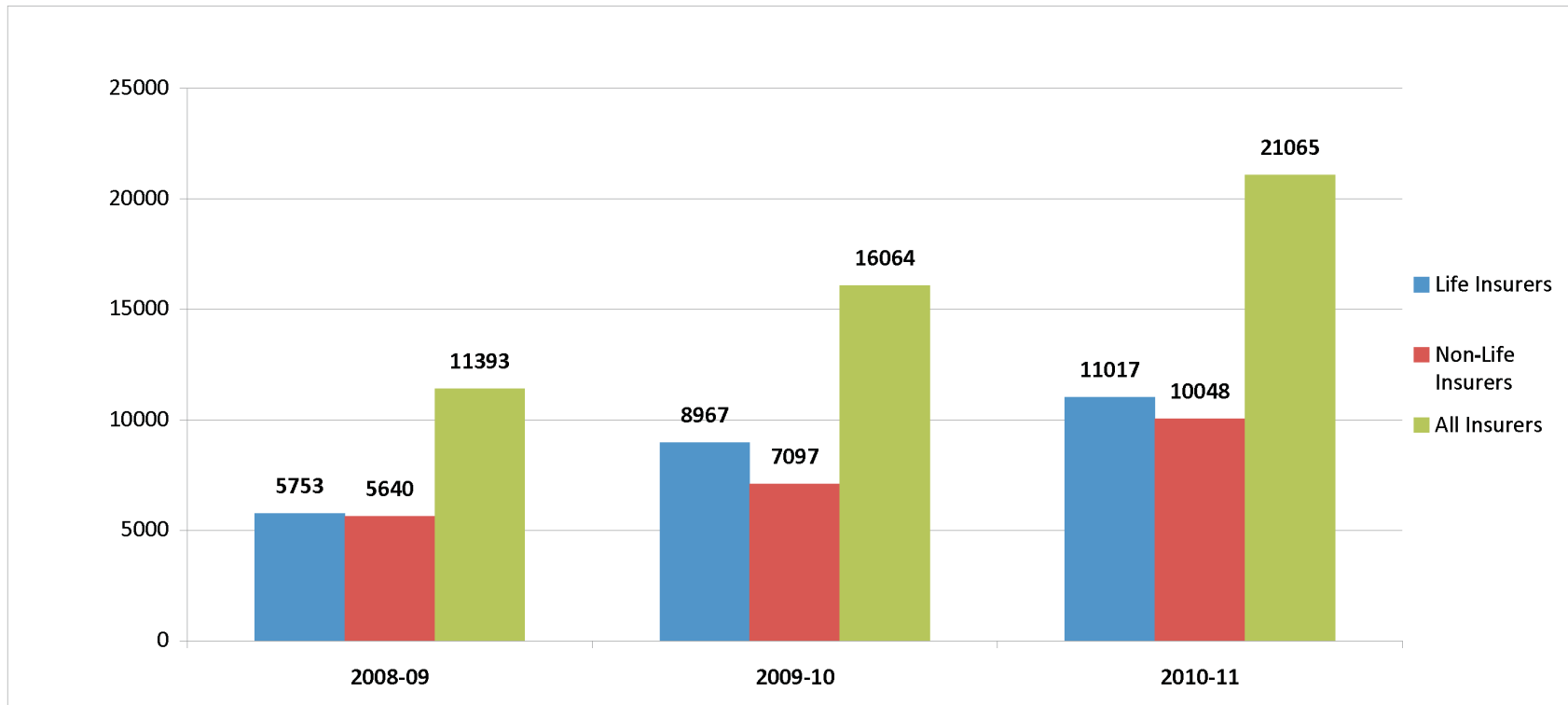




**DATA ON GRIEVANCES
INSURANCE OMBUDSMAN**

COMPLAINTS RECEIVED BY INSURANCE OMBUDSMEN – CURSORY GLANCE

	2008-09	2009-10	2010-11
Life Insurers	5753	8967	11017
Non-Life Insurers	5640	7097	10048
Total	11393	16064	21065



I. DISPOSAL OF COMPLAINTS BY INSURANCE OMBUDSMEN

	2009-10				2010-11			
	O/s as on 31.3.09	Received	Disposed	O/s as on 31.3.10	O/s as on 31.3.10	Received	Disposed	O/s as on 31.3.11
a. Against Life & General Insurers	1395	16064	15190	2269	2269	21065	17239	6095
b. Against Life Insurers	557	8967	8636	888	888	11017	9551	2354
c. Against Non-Life Insurers	838	7097	6554	1381	1381	10048	7688	3741

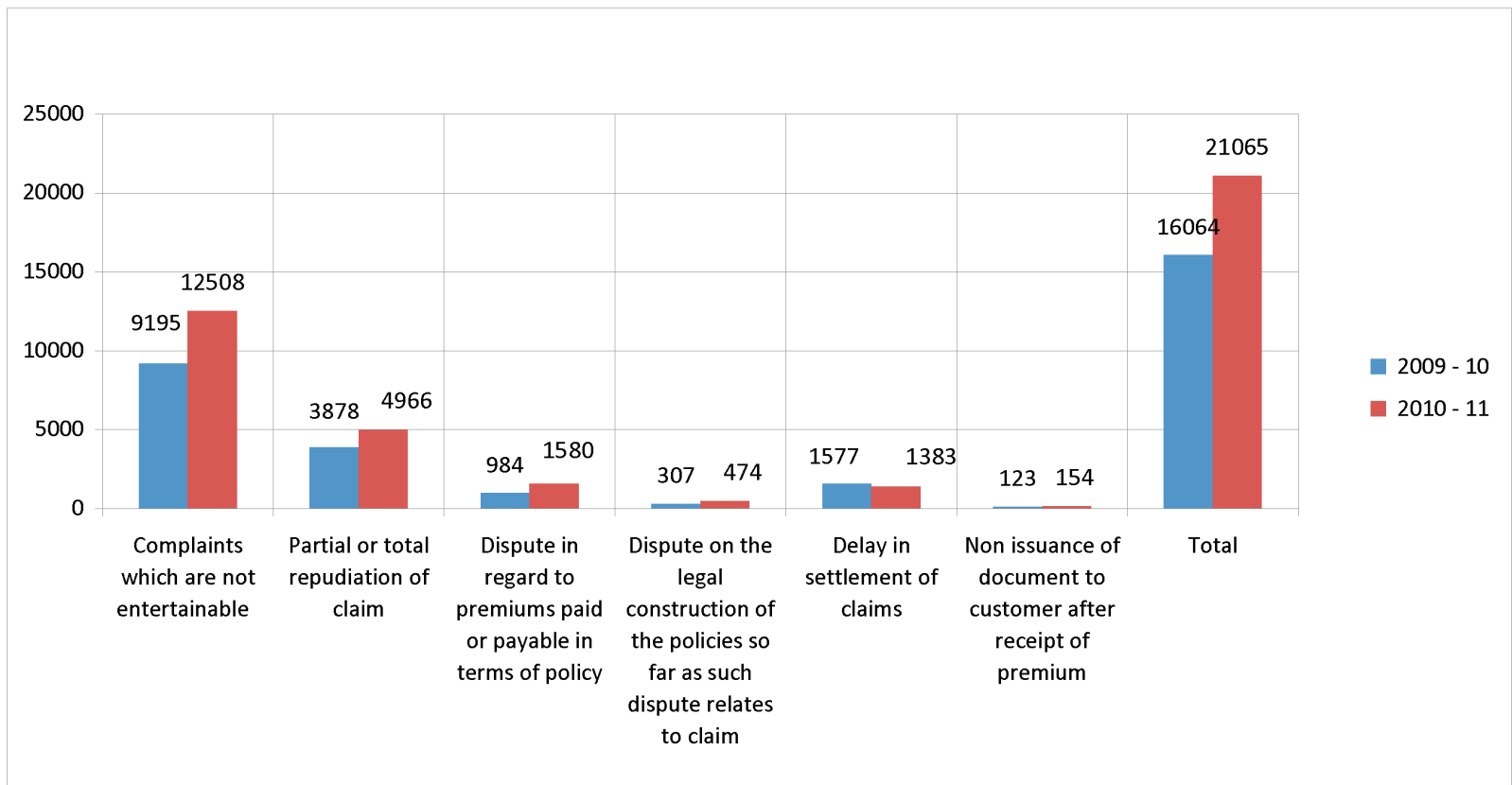
II. CLASSIFICATION OF COMPLAINTS RECEIVED BY INSURANCE OMBUDSMEN

(Life & General Insurers)

Year	Complaints which are not entertainable	Partial or total repudiation of claim	Dispute in regard to premiums paid or payable in terms of policy	Dispute on the legal construction of the policies so far as such dispute relates to claim	Delay in settlement of claims	Non issuance of document to customer after receipt of premium	Total
a. 2009 - 10	9195	3878	984	307	1577	123	16064
b. 2010 - 11	12508	4966	1580	474	1383	154	21065

III. CLASSIFICATION OF COMPLAINTS RECEIVED BY INSURANCE OMBUDSMEN

(Life & General Insurers)							
	Complaints which are not entertainable	Partial or total repudiation of claim	Dispute in regard to premiums paid or payable in terms of policy	Dispute on the legal construction of the policies so far as such dispute relates to claim	Delay in settlement of claims	Non issuance of document to customer after receipt of premium	Total
2009 - 10	9195	3878	984	307	1577	123	16064
2010 - 11	12508	4966	1580	474	1383	154	21065



Is your insurance company
listening to you?



If your complaints have not been addressed
by your insurance company,
please contact

IRDA Grievance Call Centre

 Toll Free No.: 155255

to register your complaints and track their status
or you may email us at complaints@irda.gov.in



www.irda.gov.in

REGULATORY FRAME WORK FOR GRIEVANCE REDRESSAL IN INSURANCE SECTOR

INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY (PROTECTION OF POLICYHOLDERS' INTERESTS) REGULATIONS, 2002

In exercise of the powers conferred by clause (zc) of sub-section (2) of section 114A of the Insurance Act, 1938 (4 of 1938) read with sections 14 and 26 of the Insurance Regulatory and Development Authority Act, 1999 (41 of 1999), the Authority, in consultation with the Insurance Advisory Committee, hereby makes the following regulations, namely:

Short title and commencement

(1) These regulations may be called the Insurance Regulatory and Development Authority (Protection of Policyholders' Interests) Regulations, 2002

(2) They shall come into force on the date of their publication in the Official Gazette and shall apply to all contracts of insurance effected thereafter, except regulation 4(1) which shall come into force on 1st October, 2002.

(3) These Regulations are in addition to any other regulations made by the Authority, which may, inter alia, provide for protection of the interest of policyholders.

(4) These Regulations apply to all insurers, insurance agents, insurance intermediaries and policyholders.

Definitions

(1) In these regulations, unless the context otherwise requires:

(a) "Act" means the Insurance Act, 1938 (4 of 1938);

(b) "Authority" means the Insurance Regulatory and Development Authority established under the provisions of section 3 of the Insurance Regulatory and Development Authority Act, 1999 (41 of 1999);

(c) "Cover" means an insurance contract whether in the form of a policy or a cover note or a Certificate of Insurance or any other form prevalent in the industry to evidence the existence of an insurance contract;

(d) "Proposal form" means a form to be filled in by the proposer for insurance, for furnishing all material information required by the insurer in respect of a risk, in order to enable the insurer to decide whether to

accept or decline, to undertake the risk, and in the event of acceptance of the risk, to determine the rates, terms and conditions of a cover to be granted.

Explanation: "Material" for the purpose of these regulations shall mean and include all important, essential and relevant information in the context of underwriting the risk to be covered by the insurer.

(e) "Prospectus" means a document issued by the insurer or in its behalf to the prospective buyers of insurance, and should contain such particulars as are mentioned in Rule 11 of Insurance Rules, 1939 and includes a brochure or leaflet serving the purpose. Such a document should also specify the type and character of riders on the main product indicating the nature of benefits flowing thereupon;

(f) Words and expressions used and not defined in these regulations, but defined in the Act, or the Life Insurance Corporation Act, 1956, (31 of 1956) or the General Insurance Business (Nationalisation) Act 1972 (57 of 1972), or the Insurance Regulatory and Development Authority Act, 1999 (41 of 1999) or the Insurance Rules, 1939 shall have the meanings respectively assigned to them in those Acts or the Rules.

Point of Sale

(1) Notwithstanding anything mentioned in regulation 2(e) above, a prospectus of any insurance product shall clearly state the scope of benefits, the extent of insurance cover and in an explicit manner explain the warranties, exceptions and conditions of the insurance cover and, in case of life insurance, whether the product is participating (with-profits) or non-participating (without-profits). The allowable rider or riders on the product shall be clearly spelt out with regard to their scope of benefits, and in no case, the premium relatable to all the riders put together shall exceed 30% of the premium of the main product.

Explanation: The rider or riders attached to a life policy shall bear the nature and character of the main policy, viz. participating or non-participating and accordingly the life insurer shall make provisions, etc., in its books.

(2) An insurer or its agent or other intermediary shall provide all material information in respect of a proposed

cover to the prospect to enable the prospect to decide on the best cover that would be in his or her interest.

(3) Where the prospect depends upon the advice of the insurer or his agent or an insurance intermediary, such a person must advise the prospect dispassionately.

(4) Where, for any reason, the proposal and other connected papers are not filled by the prospect, a certificate may be incorporated at the end of proposal form from the prospect that the contents of the form and documents have been fully explained to him and that he has fully understood the significance of the proposed contract.

(5) In the process of sale, the insurer or its agent or any intermediary shall act according to the code of conduct prescribed by:

- i) the Authority
- ii) the Councils that have been established under section 64C of the Act and
- iii) the recognized professional body or association of which the agent or intermediary or insurance intermediary is a member.

Proposal for insurance

(1) Except in cases of a marine insurance cover, where current market practices do not insist on a written proposal form, in all cases, a proposal for grant of a cover, either for life business or for general business, must be evidenced by a written document. It is the duty of an insurer to furnish to the insured free of charge, within 30 days of the acceptance of a proposal, a copy of the proposal form.

(2) Forms and documents used in the grant of cover may, depending upon the circumstances of each case, be made available in languages recognised under the Constitution of India.

(3) In filling the form of proposal, the prospect is to be guided by the provisions of Section 45 of the Act. Any proposal form seeking information for grant of life cover may prominently state therein the requirements of Section 45 of the Act.

(4) Where a proposal form is not used, the insurer shall record the information obtained orally or in writing, and confirm it within a period of 15 days thereof with

the proposer and incorporate the information in its cover note or policy. The onus of proof shall rest with the insurer in respect of any information not so recorded, where the insurer claims that the proposer suppressed any material information or provided misleading or false information on any matter material to the grant of a cover.

(5) Wherever the benefit of nomination is available to the proposer, in terms of the Act or the conditions of policy, the insurer shall draw the attention of the proposer to it and encourage the prospect to avail the facility.

(6) Proposals shall be processed by the insurer with speed and efficiency and all decisions thereof shall be communicated by it in writing within a reasonable period not exceeding 15 days from receipt of proposals by the insurer.

Grievance redressal procedure

Every insurer shall have in place proper procedures and effective mechanism to address complaints and grievances of policyholders efficiently and with speed and the same along-with the information in respect of Insurance Ombudsman shall be communicated to the policyholder along-with the policy document and as maybe found necessary.

Matters to be stated in life insurance policy

(1) A life insurance policy shall clearly state:

- (a) the name of the plan governing the policy, its terms and conditions;
- (b) whether it is participating in profits or not;
- (c) the basis of participation in profits such as cash bonus, deferred bonus, simple or compound reversionary bonus;
- (d) the benefits payable and the contingencies upon which these are payable and the other terms and conditions of the insurance contract;
- (e) the details of the riders attaching to the main policy;
- (f) the date of commencement of risk and the date of maturity or date(s) on which the benefits are payable;
- (g) the premiums payable, periodicity of payment, grace period allowed for payment of the premium, the

date the last installment of premium, the implication of discontinuing the payment of an installment(s) of premium and also the provisions of a guaranteed surrender value.

(h) the age at entry and whether the same has been admitted;

(i) the policy requirements for (a) conversion of the policy into paid up policy, (b) surrender (c) non-forfeiture and (d) revival of lapsed policies;

(j) contingencies excluded from the scope of the cover, both in respect of the main policy and the riders;

(k) the provisions for nomination, assignment, and loans on security of the policy and a statement that the rate of interest payable on such loan amount shall be as prescribed by the insurer at the time of taking the loan;

(l) any special clauses or conditions, such as, first pregnancy clause, suicide clause etc.; and

(m) the address of the insurer to which all communications in respect of the policy shall be sent.

(n) the documents that are normally required to be submitted by a claimant in support of a claim under the policy.

(2) While acting under regulation 6(1) in forwarding the policy to the insured, the insurer shall inform by the letter forwarding the policy that he has a period of 15 days from the date of receipt of the policy document to review the terms and conditions of the policy and where the insured disagrees to any of those terms or conditions, he has the option to return the policy stating the reasons for his objection, when he shall be entitled to a refund of the premium paid, subject only to a deduction of a proportionate risk premium for the period on cover and the expenses incurred by the insurer on medical examination of the proposer and stamp duty charges.

(3) In respect of a unit linked policy, in addition to the deductions under sub-regulation (2) of this regulation, the insurer shall also be entitled to repurchase the unit at the price of the units on the date of cancellation.

(4) In respect of a cover, where premium charged is dependent on age, the insurer shall ensure that the age is admitted as far as possible before issuance of

the policy document. In case where age has not been admitted by the time the policy is issued, the insurer shall make efforts to obtain proof of age and admit the same as soon as possible.

Matters to be stated in general insurance policy

(1) A general insurance policy shall clearly state:

(a) the name(s) and address(es) of the insured and of any bank(s) or any other person having financial interest in the subject matter of insurance;

(b) full description of the property or interest insured;

(c) the location or locations of the property or interest insured under the policy and, where appropriate, with respective insured values;

(d) period of Insurance;

(e) sums insured;

(f) perils covered and not covered;

(g) any franchise or deductible applicable;

(h) premium payable and where the premium is provisional subject to adjustment, the basis of adjustment of premium be stated;

(i) policy terms, conditions and warranties;

(j) action to be taken by the insured upon occurrence of a contingency likely to give rise to a claim under the policy;

(k) the obligations of the insured in relation to the subject matter of insurance upon occurrence of an event giving rise to a claim and the rights of the insurer in the circumstances;

(l) any special conditions attaching to the policy;

(m) provision for cancellation of the policy on grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the insured;

(n) the address of the insurer to which all communications in respect of the insurance contract should be sent;

(o) the details of the riders attaching to the main policy;

(p) proforma of any communication the insurer may seek from the policyholders to service the policy.

(2) Every insurer shall inform and keep informed periodically the insured on the requirements to be fulfilled by the insured regarding lodging of a claim arising in terms of the policy and the procedures to be followed by him to enable the insurer to settle a claim early.

Claims procedure in respect of a life insurance policy

(1) A life insurance policy shall state the primary documents which are normally required to be submitted by a claimant in support of a claim.

(2) A life insurance company, upon receiving a claim, shall process the claim without delay. Any queries or requirement of additional documents, to the extent possible, shall be raised all at once and not in a piece-meal manner, within a period of 15 days of the receipt of the claim.

(3) A claim under a life policy shall be paid or be disputed giving all the relevant reasons, within 30 days from the date of receipt of all relevant papers and clarifications required. However, where the circumstances of a claim warrant an investigation in the opinion of the insurance company, it shall initiate and complete such investigation at the earliest. Where in the opinion of the insurance company the circumstances of a claim warrant an investigation, it shall initiate and complete such investigation at the earliest, in any case not later than 6 months from the time of lodging the claim.

(4) Subject to the provisions of section 47 of the Act, where a claim is ready for payment but the payment cannot be made due to any reasons of a proper identification of the payee, the life insurer shall hold the amount for the benefit of the payee and such an amount shall earn interest at the rate applicable to a savings bank account with a scheduled bank (effective from 30 days following the submission of all papers and information).

(5) Where there is a delay on the part of the insurer in processing a claim for a reason other than the one covered by sub-regulation (4), the life insurance company shall pay interest on the claim amount at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

Claim procedure in respect of a general insurance policy

(1) An insured or the claimant shall give notice to the insurer of any loss arising under contract of insurance at the earliest or within such extended time as may be allowed by the insurer. On receipt of such a communication, a general insurer shall respond immediately and give clear indication to the insured on the procedures that he should follow. In cases where a surveyor has to be appointed for assessing a loss/claim, it shall be so done within 72 hours of the receipt of intimation from the insured.

(2) Where the insured is unable to furnish all the particulars required by the surveyor or where the surveyor does not receive the full cooperation of the insured, the insurer or the surveyor as the case may be, shall inform in writing the insured about the delay that may result in the assessment of the claim. The surveyor shall be subjected to the code of conduct laid down by the Authority while assessing the loss, and shall communicate his findings to the insurer within 30 days of his appointment with a copy of the report being furnished to the insured, if he so desires. Where, in special circumstances of the case, either due to its special and complicated nature, the surveyor shall under intimation to the insured, seek an extension from the insurer for submission of his report. In no case shall a surveyor take more than six months from the date of his appointment to furnish his report.

(3) If an insurer, on the receipt of a survey report, finds that it is incomplete in any respect, he shall require the surveyor under intimation to the insured, to furnish an additional report on certain specific issues as may be required by the insurer. Such a request may be made by the insurer within 15 days of the receipt of the original survey report.

Provided that the facility of calling for an additional report by the insurer shall not be resorted to more than once in the case of a claim.

(4) The surveyor on receipt of this communication shall furnish an additional report within three weeks of the date of receipt of communication from the insurer.

(5) On receipt of the survey report or the additional survey report, as the case may be, an insurer shall within a period of 30 days offer a settlement of the claim to the insured. If the insurer, for any reasons to be recorded in writing and communicated to the insured, decides to reject a claim under the policy, it shall do so

within a period of 30 days from the receipt of the survey report or the additional survey report, as the case may be.

(6) Upon acceptance of an offer of settlement as stated in sub-regulation (5) by the insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. In the cases of delay in the payment, the insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

Policyholders' Servicing

(1) An insurer carrying on life or general business, as the case may be, shall at all times, respond within 10 days of the receipt of any communication from its policyholders in all matters, such as:

- (a) recording change of address;
- (b) noting a new nomination or change of nomination under a policy;
- (c) noting an assignment on the policy;
- (d) providing information on the current status of a policy indicating matters, such as, accrued bonus, surrender value and entitlement to a loan;
- (e) processing papers and disbursal of a loan on security of policy;

- (f) issuance of duplicate policy;
- (g) issuance of an endorsement under the policy; noting a change of interest or sum assured or perils insured, financial interest of a bank and other interests; and
- (h) guidance on the procedure for registering a claim and early settlement thereof.

General

- (1) The requirements of disclosure of "material information" regarding a proposal or policy apply, under these regulations, both to the insurer and the insured.
- (2) The policyholder shall assist the insurer, if the latter so requires, in the prosecution of a proceeding or in the matter of recovery of claims which the insurer has against third parties.
- (3) The policyholder shall furnish all information that is sought from him by the insurer and also any other information which the insurer considers as having a bearing on the risk to enable the latter to assess properly the risk sought to be covered by a policy.
- (4) Any breaches of the obligations cast on an insurer or insurance agent or insurance intermediary in terms of these regulations may enable the Authority to initiate action against each or all of them, jointly or severally, under the Act and/or the Insurance Regulatory and Development Authority Act, 1999.

RPG RULES 1998 – INSURANCE OMBUDSMAN

MINISTRY OF FINANCE
(Department of Economic Affairs)
(Insurance Division)

NOTIFICATION
New Delhi, the 11th November, 1998

G. S. R. 670(E). – In exercise of the powers conferred by sub-section (1) of Section 114 of the Insurance Act, 1938 (4 of 1938) the Central Government hereby frames the following Rules, namely:-

Short title - These Rules may be called the Redressal of Public Grievances Rules, 1998.

Application - These Rules shall apply to all the insurance companies operating in general insurance business and in life insurance business.

Provided that the Central Government may exempt an insurance company from the provisions of these Rules, if it is satisfied that an insurance company has already grievance redressal machinery which fulfills the requirements of these Rules.

The objects of these Rules are to resolve all complaints relating to settlement of claim on the part of insurance companies in cost effective, efficient and impartial manner.

Definition. - In these rules unless the context otherwise requires:-

- (a) "Act" means Insurance Act, 1938.
- (b) "committee" means an advisory committee referred to in Rule 19.
- (c) "financial year" means period of twelve months commencing from the 1st day of April of any year and ending on 31st day of March of the succeeding year.
- (d) "General Insurance Corporation of India" means a government company formed under sub-section (1) of section 9 of the General Insurance Business (Nationalisation) Act, 1972 and shall include a subsidiary company of such company.
- (e) "governing body" means governing body of the Insurance Council constituted under sub-rule (1) of rule 5.

(f) "Insurance Council" means the Life Insurance Council and the General Insurance Council referred to in section 64C of the Act.

(g) "Insurance Regulatory Authority" means a body established by Government of India vide Resolution No. 17(2) / 94 Ins. V dated 23-01-1996 to monitor the orderly growth of insurance industry.

(h) "Insurance Company" means the Life Insurance Corporation of India, the General Insurance Corporation of India and any other company which has been given a license to carry on business of life insurance or of the general insurance, as the case may be.

(i) "insured person" means an individual by whom or on whose behalf an insurance policy has been taken on personal lines.

(j) "Life Insurance Corporation of India" means the Life Insurance Corporation of India established under the Life Insurance Corporation Act, 1956.

(k) "Personal lines" means an insurance policy taken or given in an individual capacity.

Governing body of Insurance Council –

There shall be a Governing Body of the Insurance Council which shall consist of one representative from each of the insurance companies.

The representatives of an insurance company shall ordinarily be Chairman or Managing Director or any one of the Directors of such company.

The Governing body shall formulate its own procedure for conducting its business including the election of the Chairman.

Provided that the Chairman of the Life Insurance Corporation of India shall act as the first Chairman of the governing body.

Ombudsman –

The governing body shall appoint one or more persons as ombudsman for the purpose of these rules.

The Ombudsman selected may be drawn from a wider circle including those who have experience or have

been exposed to the industry, civil service, administrative service, etc. in addition to those drawn from judicial service.

An Ombudsman shall be appointed by the Governing Body from a panel prepared by the Committee consisting of –

- (a) Chairman of Insurance Regulatory Authority – Chairman
- (b) Two representatives of Insurance Council including one each from the Life Insurance Business and from General Insurance Business respectively - Member
- (c) One representative of the Central Government – Member

Term of Office – An Ombudsman shall be appointed for a term of three years and shall be eligible for re-appointment. Provided that no person shall hold office as such Ombudsman after he has attained the age of 65 years. (According to the amendment dt. 21.6.99, provision of reappointment has been cancelled).

Removal from Office –

An Ombudsman may be removed from service for gross misconduct committed by him during his term of office.

The Governing Body may appoint such person as it thinks fit to conduct enquiry in relation to misconduct of the Ombudsman.

All enquiries on misconduct will be sent to Insurance Regulatory Authority which may take a decision as to the proposed action to be taken against the Ombudsman.

On recommendations of the Insurance Regulatory Authority if the Governing Body is of opinion that the Ombudsman is guilty of misconduct, it may terminate his services.

Remuneration etc. of Ombudsman –

There shall be paid to Ombudsman a salary which is equal to the salary of the Judge of a High Court. (This has been changed as per amendment dt. 21.6.99)

The other allowances and perquisites of the Ombudsman shall be such as may be specified by the Central Government.

Territorial Jurisdiction of Ombudsman –

The office of the Ombudsman shall be located at such place as may be specified by the Insurance Council from time to time.

The Governing Body shall specify the territorial jurisdiction of each Ombudsman.

The Ombudsman may hold sitting at various places within his area of jurisdiction in order to expedite disposal of complaints.

Staff –

The Ombudsman shall have such secretarial staff as may be provided to him by the insurance Council after having consultation with the Ombudsman.

The ombudsman may engage the services of professional expert with a view to assist him in discharging his functions.

The salary, allowances and perquisites payable to Ombudsman, the salary, allowances and other benefits payable to the staff of the secretariat and all expenses incurred for the purposes of these rules shall be borne by the Insurance council.

The Ombudsman shall prepare the budget indicating the requirement of funds before the beginning of every financial year.

The budget of the office of Ombudsman will be sent to the Governing Body.

The Governing Body will finalise the budget in consultation with the Ombudsman and shall allocate the funds to the office of Ombudsman.

The total expenses on Ombudsman and his staff shall be incurred by the insurance companies who are members of the insurance council in such proportion as may be decided by the Governing Body from time to time. Provided that till a decision is taken by the Governing Body, the entire expenditure shall be shared equally between the insurance companies in the life insurance business and general insurance business in equal proportion.

The share of expenditure which is to be incurred by each insurance company shall be in the ratio of premium income for the previous year of such company.

Explanation: - For the purpose of this sub-rule "premium income" means the gross direct premium income of the insurer without taking into account from time to time income on reinsurance accepted by the insurance company.

Power of Ombudsman:-

The Ombudsman may receive and consider:-

- (a) Complaints under rule 13;
- (b) any partial or total repudiation of claims by an insurer;
- (c) any dispute in regard to premium paid or payable in terms of the policy;
- (d) any dispute on the legal construction of the policies in so far as such disputes relate to claims;
- (e) delay in settlement of claims;
- (f) non-issue of any insurance document to customers after receipt of premium.

The Ombudsman shall act as counsellor and mediator in matters which are within his terms of reference and, if requested to do so in writing by mutual agreement by the insured person and insurance company.

The Ombudsman's decision whether the complaint is fit and proper for being considered by it or not shall be final.

Manner in which complaint is to be made:-

Any person who has a grievance against an insurer, may himself or through his legal heirs make a complaint in writing to the Ombudsman within whose jurisdiction the branch or office of the insurer complaint against is located.

The complaint shall be in writing duly signed by the complainant or through his legal heirs and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against which the complaint is made, the fact giving rise to complaint supported by documents, if any, relied on by the

complainant, the nature and extent of the loss caused to the complainant and the relief sought from the Ombudsman.

No complaint to the Ombudsman shall lie unless:-

- (a) the complainants had before making a complaint to the Ombudsman made a written representation to the insurer named in the complaint and either insurer had rejected the complaint or the complainant had not received any reply within a period of one month after the insurer concerned received his representation or the complainant is not satisfied with the reply given to him by the insurer.
- (b) the complaint is made not later than one year after the insurer had rejected the representation or sent his final reply on the representation of the complainant; and
- (c) the complaint is not on the same subject matter, for which any proceedings before any court, or Consumer Forum, or arbitrator is pending or were so earlier.

Ombudsman to act fairly and equitably:

- (1) The Ombudsman may, if he deems fit, adopt a procedure other than mentioned in sub-rule (1) and (2) of Rule 13 for dealing with a claim: Provided that the Ombudsman may ask the parties for necessary papers in support of their respective claims and where he considers necessary, he may collect factual information available with the insurance company.
- (2) The Ombudsman shall dispose of a complaint fairly and equitably.

Recommendations made by the Ombudsman:

- (1) When a complaint is settled, through mediation of the Ombudsman, undertaken by him in pursuance of request made in writing by complainant and insurer through mutual agreement, the Ombudsman shall make a recommendation which he thinks fair in the circumstances of the case. The copies of the recommendation shall be sent to the complainant and the insurance company concerned. Such recommendation shall be made not later than one month from the date of the receipt of the complaint.
- (2) If a complainant accepts the recommendation of the Ombudsman, he will sent a communication in

writing within 15 days of the date of receipt of the recommendation. He will confirm his acceptance to Ombudsman and state clearly that the settlement reached is acceptable to him, in totality, in terms of recommendations made by the Ombudsman in full and final settlement of complaint.

(3) The Ombudsman shall send to the insurance company a copy of the recommendation along with the acceptance letter received from the complainant. The insurer shall thereupon comply with the terms of the recommendations immediately not later than 15 days of the receipt of such recommendation and the insurer shall inform the Ombudsman of its compliance.

Award:

(1) Where the complaint is not settled by agreement under Rule 15, the Ombudsman shall pass an award which he thinks fair in the facts and circumstances of a claim.

(2) An award shall be in writing and shall state the amount awarded to the complainant: Provided that Ombudsman shall not award any compensation in excess of which is necessary to cover the loss suffered by the complainant as a direct consequence of the insured peril, or for an amount not exceeding rupees twenty lakhs (including ex-gratia and other expenses), whichever is lower.

(3) The Ombudsman shall pass an award within a period of three months from the receipt of the complaint.

(4) A copy of the award shall be sent to the complainant and the insurer named in the complaint.

(5) The complainant shall furnish to the insurer within a period of one month from the date of receipt of the award, a letter of acceptance that the award is in full and final settlement of his claim.

(6) The insurer shall comply with the award within 15 days of the receipt of the acceptance letter under sub-rule (5) and it shall intimate the compliance to the Ombudsman.

17. Consequences of non-acceptance of award: If the complainant does not intimate the acceptance under sub-rule (5) of rule 16, the award may not be implemented by the insurance company.

18. Power to make Ex-gratia payment: If the Ombudsman deems fit, he may award an Ex-gratia payment.

MISCELLANEOUS PROVISIONS:

19. Advisory Committee: An Advisory Committee consisting of not exceeding five eminent persons shall be notified by the Government to assist the Insurance Regulatory Authority to review the performance of the Ombudsman from time to time. The Insurance Regulatory Authority shall decide the time, venue and quorum of such meeting. The authority, after discussing the matter with the Governing Body, may recommend to Government appropriate proposals for effecting improvements in the functioning of Ombudsman. In the light of recommendations made by the Insurance regulatory Authority, the Government may carry out such amendments to these rules as they may deem fit.

20. The Ombudsman shall furnish a report every year containing a general review of the activities of the office of the Ombudsman during preceding financial year to the Central Government and such other information as may be considered necessary by it. In the Annual Report, the Ombudsman will make an annual review of the quality of services rendered by the insurer and make recommendations to improve these services.

21. Recommendation of the Insurance Council: The Insurance Council may suggest to the Ombudsman such recommendation as it deems fit and which in its opinion will enhance the utility of the annual report and also so that the objectives of the rules are clearly analysed in terms of the activities in the year under review. Suggestions for long term improvement of insurance sector will be incorporated by the Ombudsman in his report.

[F. No. 56/32/97 - Ins.1]
D.C. SRIVASTAVA, Director

The Gazette of India
EXTRAORDINARY
PART II-Section 3-Sub-section (i)
PUBLISHED BY AUTHORITY
NEW DELHI, FRIDAY, DECEMBER 18, 1998/

AGRAHAYANA 27, 1920.
MINISTRY OF FINANCE

(Department of Economic Affairs)
(Insurance Division)

NOTIFICATION

New Delhi, the 18th December, 1998

G. S. R. 752(E). – In exercise of the powers contained by sub-section (1) of Section 114 of the Insurance Act, 1938 (4 of 1938) the Central Government hereby frames the following Rules, namely:-

Short title and commencement: -

- (1) The Rules may be called the Redressal of Public Grievances (Amendment) Rules, 1998.
- (2) This shall be deemed to have come into force from the date of Publication.

In Rule 4(F) of the Redressal of Public Grievances Rules, 1998, the following shall be substituted, namely:-

(f) Insurance Council will consist of Life Insurance Corporation of India, General Insurance Corporation of India and its four subsidiaries and other Insurance Companies which will be permitted to do insurance business in future.

[F. No. 56/12/97 - Ins.1]
C.S.RAO, Jt. Secy.

Foot Note: - The Principal rules were published under Notification No. GSR 670 (E) dt. 11-11-1998.

The Gazette of India
EXTRAORDINARY

PART II-Section 3-Sub-section (i)
PUBLISHED BY AUTHORITY

NEW DELHI, MONDAY, JUNE 21 1999 / Jyaistha 31,
1921

MINISTRY OF FINANCE

(Department of Economic Affairs)
(Insurance Division)

NOTIFICATION

New Delhi, 21st June, 1999

G. SR. 448(E). – In exercise of the powers conferred by sub-section (1) of Section 114 of the Insurance Act, 1938 (4 of 1938) the Central Government hereby makes the following amendments in the Notification of the Government of India No. GSR 670(E) dated the 11th November, 1998:-

1. Delete existing para 7; and substitute the following in its place: - "7. Term of Office. – An Ombudsman shall be appointed for a term of three years or till the incumbent attains the age of sixty five years, whichever is earlier. Re-appointment is not permitted."
2. Delete existing paragraph 9(1); and substitute the following in its place:- "9. Pay and Allowances of Ombudsman – (1) The Ombudsman shall be allowed a fixed pay of rupees twenty six thousand per month. Any pension to which he is entitled from the Central Government or a state Government or any other organization / institution shall be deducted from his salary."
3. In para 16(1), Delete the words "an award" and substitute the following words in their place: - "a speaking award with detailed reasoning".

[F. No. 56/32/97 - Ins.1]
C.S.RAO, Jt. Secy.

Ref: 3/CA/GRV/Grv Redr Guidelines/YPB/10-11 27th July, 2010

ALL LIFE AND GENERAL INSURANCE COMPANIES

Re: GUIDELINES FOR GRIEVANCE REDRESSAL BY INSURANCE COMPANIES

Further to Regulation 5 of IRDA Regulations for Protection of Policyholders Interests, 2002 which provides for insurers to have in place speedy and effective grievance redressal systems, and in terms of the Authority's powers and functions as enunciated in Section 14 of IRDA Act, 1999, the IRDA hereby issues the following guidelines pertaining to minimum time-frames and uniform definitions and classifications with respect to grievance redressal by insurance companies.

These guidelines are applicable for disposal of "grievances/complaints" as defined herein. All insurers shall ensure that the guidelines of the Authority are followed strictly.

Definition of "Grievance/Complaint":

There shall be a uniform definition of "Grievance or Complaint". Grievances shall be clearly distinguished from Inquiries and Requests, which do not fall within the scope of these guidelines.

The following definition of grievance shall be adopted:

Grievance/Complaint: A "Grievance/Complaint" is defined as any communication that expresses dissatisfaction about an action or lack of action, about the standard of service/deficiency of service of an insurance company and/or any intermediary or asks for remedial action.

On the other hand, an Inquiry and Request would mean the following:

Inquiry: An "Inquiry" is defined as any communication from a customer for the primary purpose of requesting information about a company and/or its services.

Request: A "Request" is defined as any communication from a customer soliciting a service such as a change or modification in the policy.

Grievance Redress Policy:

Every insurer shall have a Board approved Grievance Redressal Policy which shall be filed with IRDA.

Grievance Officer/s:

Every insurer shall have a designated Grievance Officer of a senior management level. Senior Management would mean either the CEO or the Compliance Officer of the company. Every office other than the Head/Corporate/Principal officer of an insurer shall also have an officer nominated as the Grievance Officer for that office.

Grievance Redressal System/Procedure:

Every insurer shall have a system and a procedure for receiving, registering and disposing of grievances in each of its offices. This and all other relevant details along with details of Turnaround Times (TATs) shall be clearly laid down in the policy. While insurers may lay down their own TATs, they shall ensure that the following minimum time-frames are adopted:

- a) An insurer shall send a written acknowledgement to a complainant within 3 working days of the receipt of the grievance.
- b) The acknowledgement shall contain the name and designation of the officer who will deal with the grievance.
- c) It shall also contain the details of the insurer's grievance redressal procedure and the time taken for resolution of disputes.
- d) Where the insurer resolves the complaint within 3 days, it may communicate the resolution along with the acknowledgement.
- e) Where the grievance is not resolved within 3 working days, an insurer shall resolve the grievance within 2 weeks of its receipt and send a final letter of resolution.
- f) Where, within 2 weeks, the company sends the complainant a written response which offers redress or rejects the complaint and gives reasons for doing so,
 - (i) the insurer shall inform the complainant about how he/she may pursue the complaint, if dissatisfied.

(ii) the insurer shall inform that it will regard the complaint as closed if it does not receive a reply within 8 weeks from the date of receipt of response by the insured/policyholder.

Any failure on the part of insurers to follow the above-mentioned procedures and time-frames would attract penalties by the Insurance Regulatory and Development Authority.

It may be noted that it is necessary for each and every office of the insurer to adopt a system of grievance registration and disposal.

Turnaround Times:

There are two types of turnaround times involved.

The service level turnaround times, which are mapped to each classification of complaint (which is itself based on the service aspect involved).

The turnaround time involved for the grievance redressal.

As to (i), the TATs are as mapped to the classification and prescribed by the Authority to insurers. These TATs reflect the time-frames as already laid down in the IRDA Regulations for Protection of Policyholders Interests and more, as, wherever considered necessary(for certain service aspects not getting specifically reflected in the Regulations), specific TATs are indicated in the classification and mapping provided by the Authority.

As regards (ii) above, the minimum TATs required to be followed shall be as prescribed in guideline 4 (a) to (g) as prescribed above.

Closure of grievance:

A complaint shall be considered as disposed of and closed when

- a) the company has sent a final response to the satisfaction of the complainant.
- b) where the complainant has indicated in writing, acceptance of this response.
- c) where the complainant has not responded to the insurer within 8 weeks of the company's written response.

7. Categorisation of complaints:

a) Categorisation of complaints as prescribed by the Authority from time to time shall be adopted by insurers and incorporated in their systems.

b) The present classification prescribed by the Authority is placed at **Annexure A**. All insurers shall provide for these classification categories in their respective systems.

Minimum software requirements:

It is necessary for insurers to have automated systems that will enable online registration, tracking of status of grievances by complainants and periodical reports as prescribed by IRDA. The system should also be one which can integrate seamlessly with the Authority's system in the manner prescribed by the Authority. The Authority shall define these requirements from time to time and insurers shall ensure that they provide for such software/system modifications as may be required. The objective is to create the required industry level database and systems that would enable speedy and effective redressal of complaints.

Calls relating to grievances:

Insurers shall also have in place a system to receive and deal with all kinds of calls including voice/e-mail, relating to grievances, from prospects and policyholders. The system should enable and facilitate the required interfacing with IRDA's system of handling calls/e-mails.

Publicizing Grievance Redressal Procedure:

Every insurer shall publicize its grievance redressal procedure and ensure that it is specifically made available on its website.

Policyholder Protection Committee:

Every insurer that ensure that the Policyholder Protection Committee, as stipulated in the guidelines for Corporate Governance issued by the Authority, is in place and is receiving and analysing the required reports from the management and is carrying out all other requisite monitoring activities.

(A.Giridhar)
Executive Director