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## **Grievance Redressal Process**

### **Purpose**

The purpose of this policy is to achieve the following:

- All customers are treated fairly in a time-bound manner.
- Complaint resolution will follow a standard process with a resolution-oriented objective. All efforts are made to quickly resolve the problem and communicate the same to the customer.
- Customer is fully aware of the process followed internally and the options available in case they are dis-satisfied with the resolution provided.

### **Process**

- Customers can send an email to [dummy@dummy.com](mailto:dummy@dummy.com) with the details of the complaint.
- In case the complaint is received by the insurer, they are advised to send an email to [with the details of the complaint](#).
- In both the above cases, an acknowledgement will be sent within the prescribed Service Standards.
- All complaints will be handled by a senior customer service executive.
- On receipt of the complaint, it will be reviewed internally by going through the customer's policy document, proposal form and payment history and all facts related to the case will be collated. If possible, the resolution will be provided immediately.
- In case any further information is required, the person who solicited the business will be consulted or even made to speak to the customer so that they can effectively understand and resolve the issue.
- The above mentioned actions will generally be completed within 7 working days of receiving the intimation from the insurer. An update will be sent to the insurer or to the customer as the case may be.
- Based on the above process and the independent investigation by the insurer, a final decision can be arrived at in terms of accepting the complaint or rejecting the complaint.

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- Corrective actions will be taken to minimize the instances of similar complaints. In case of gross negligence or fraud by an employee, strict action will be taken.
  - An MIS will be maintained for all complaints received.
  - Email interactions with the customer will be saved for future reference.

### Other Options for the Customer

- In case the customer is not satisfied with the resolution provided by the service channels of the insurance companies, they can approach the **Grievance Redressal Officer** of the insurer.
- There may be a further escalation option at the insurance company. This will vary from one company to another and can be verified on the website of the insurer.
- In case of a unsatisfactory response from the insurer, the customer can approach the **Insurance Ombudsman** for their location.
- The customer can also lodge complaints at the IRDAI setup Integrated Grievance Management System - <https://igms.irda.gov.in/>

### Service Standards

Acknowledge a Grievance	3 business days
Resolve a Grievance	15 business days
Resolve a Grievance (Insurer Support needed)	3 business days + Service Standard of Insurer