

CUSTOMER GRIEVANCE POLICY- FUTURE GENERALI INDIA LIFE INSURANCE COMPANY LIMITED

1. BACKGROUND

Being highly customer focused organization, it has been consistent endeavor of Future Generali India Life Insurance Company Limited ("Company") to have established processes and policies for the protection of the policyholders of the Company. This policy is aimed at consolidating all practices and procedures regarding policyholder grievances redressal mechanism at the Company. This policy shall be named as Customer Grievance Policy- Future Generali India Life Insurance Company Limited. This policy is available on the intranet of the Company for the perusal, understanding and implementation by every stakeholder.

2. POLICY OBJECTIVES

The objective of this policy is to provide for efficient & effective grievance redressal mechanism to policyholders, nominees and other persons claiming under policies.

3. DEFINITION OF GRIEVANCE

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.

For the purpose of this policy Inquiry and Requests are excluded. Definitions of Inquiry and request are provided hereinafter;

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.

4. SCOPE OF POLICY

This policy covers all grievances raised by the policyholders or any persons claiming under the policies issued by the Company, 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 communicated by any mode of communication i.e. voice/ SMS/ e-mail/ fax/ mail/etc.

5. GRIEVANCE REDRESSAL

5.1. BRANCH GRIEVANCE REDRESSAL OFFICERS

The Company has nominated Grievance Officer at its all branches to whom a complaint can be made, who shall immediately record such grievance and make his best endeavors to resolve such grievance. The Grievance officer at branch level shall be *inter alia* responsible for;

- a. To address the Customer Queries and Complaints at the Branch to ensure immediate resolution of grievances
- b. To direct unresolved grievances to the HO team and provide all information for Redressal of the grievances.
- c. To coordinate with the Customer and HO teams for complete resolution of grievances
- d. To maintain record of local level grievances and submit the reports to HO as per defined frequency
- e. To undertake proactive methods for Customer satisfaction

4.2 . CUSTOMER GRIEVANCE REDRESSAL DEPARTMENT

In case the grievances remained unresolved Branch grievance officer shall forward such grievance central Customer Grievance Redressal Department immediately. Central Customer Grievance shall issue the acknowledgement of receipt of the grievance to the policyholder as per the format annexed herewith as Annexure I. Such acknowledgement should be issued by the Central Grievances Team in case of all those grievances wherein the same are not being resolved within three (3) days from its receipt. The Grievance Redressal Department shall inform the name and contact person dealing with the grievance to the policyholder mentioning the expected resolution time period. Every complaint shall be resolved within such time which should not be more than the time prescribed for such grievances as per Annexure II attached herewith. Branch Grievance officer shall monitor the progress of the grievance received by him and if required shall keep the policyholder informed about such progress. The Grievance Redressal Department shall be *inter alia* responsible for;

- a. To ensure timely Redressal of grievances logged in Call Logging system
- b. To ensure compliance with the processes laid down by organization and regulator from time to time
- c. To monitor the quality of closure by owners and highlight the gaps on regular basis
- d. To escalate cases not actioned within set timelines to ensure Customer satisfaction.
- e. To address escalated grievances and undertake steps for timely closure
- f. To circulate learning's emanating from complaints across the organization for Improved Customer Focus.
- g. To interact with the Head Compliance/ Grievance Officer at Corporate office for closure of Customer Grievances
- h. To maintain record of all customer complaints & provide reports based on Internal compliance & regulator guidelines and share the same in the Policy Holder's Protection Committee

4.3 GRIEVANCE REDRESSAL OFFICER OF THE COMPANY

The Company has designated its Principal Compliance Officer as Grievance Officer of the Company. A complainant may directly approach the Grievance Officer for resolution of their complaint/grievance. Branch Grievance Officer and Central Grievance Redressal Team shall provide daily report on grievance along with the status to the Grievance Officer of the Company. Grievance Officer shall from time to time suggest the change, if any in the process being followed by the Company. The Grievance Officer of the Company shall *inter alia* be responsible for;

- a. Overall administration of Grievance Redressal Mechanism
- b. Interaction with Regulators and other bodies for Redressal of Grievances
- c. Actioning of Consumer Forum/Legal, IRDA & Ombudsman complaint cases
- d. Guide the GROs at Operations HO and Branch office from time to time for adopting better Grievance Redressal practices
- e. Reviewing the Grievances and suggesting the action steps for improving Customer Satisfaction
- f. Designing Policy and strategy for making the Grievance Procedure and process more competitive and Customer focused
- g. Representing the Company in various forums & Judicial bodies.
- h. Timely reporting of the Grievance data to the Regulatory authorities and the Board of Directors.

4.4. CLOSURE OF GRIEVANCES

A complaint shall be considered as disposed of and closed when

- a) The company has acceded to the request of the complainant fully.
- b) Where the complainant has indicated in writing , acceptance of the response of the insurer.
- c) Where the complainant has not responded to the insurer within 8 weeks of the company's written response.

- d) Where the Grievance Redressal Officer has certified that the company has discharged its contractual, statutory and regulatory obligations and therefore closes the complaint.

4.5. CLAIMS GRIEVANCES RESOLUTION

The Company has an efficient Claim Department, which is responsible for receiving and processing of the claim requests from the Policyholders.

A. CLAIMS COMMITTEE

The company has constituted a Claims Committee to decide on high value claims. The members of the Claim Committee be such as may be decided by the CEO from time to time. The constitution of the Claim Committee shall depend on the amount of claim and the constitution shall be decided accordingly. At present the constitution is as follows.

Basic Sum Assured (Rs.)	Committee Members*
10,00,000 — 20,00,000	Chief Actuary, Appointed Actuary, Chief Financial Officer, Chief Operations, Company Secretary & Legal Head
> 20,00,000	Chief Executive Officer, Chief Actuary, Appointed Actuary, Chief Financial Officer, Chief Operations, Company Secretary & Legal Head

The members of the committee are subject to change from time to time with the approval of Chief Executive Officer

Claims Department may also refer cases to the Committee where;

- Aging is greater than 90 days from the date of intimation where there is reasonable ground for suspicion but the investigation findings / documents are not forthcoming
- Cases which can be technically repudiated but merit ex-gratia consideration
- Any specific instances which may require consideration on humanitarian grounds or any other grounds with specific reasoning

The Committee will meet on 1st and 3rd Monday of every month or as required.

The proposal processing including refunds of the claims shall be resolved and shall be made within such time (TAT) which should not be more than the time prescribed for such claims as per Annexure 2 attached herewith.

B. CLAIM REVIEW COMMITTEE

To give impartial hearing to the cases related to death claims, the Company has constituted an independent Claim Review Committee, presently headed by retired justice from Bombay High Court. As a result of such review, depending on the merits of each case, appropriate decisions are taken. Every Claimant whose claim is rejected has an opportunity to approach the Claim review Committee and as such the claimant has option to approach the Claim Review Committee.

4.6. POLICYHOLDERS PROTECTION COMMITTEE

- a. The Company has also formed a Board Level Committee viz. the Policyholder's Protection Committee with a view to put in place systems for addressing the various compliance issues relating to protection of the interests of the policyholders, as also relating to keeping the policyholders well informed of and educated about insurance products and complaint-handling procedures and to ensure that policyholders have access to redressal mechanisms

and establish policies and procedures, to deal with customer complaints and resolve disputes expeditiously.

- b. The responsibilities of the Policyholder's Protection Committee shall be:
 - i. Putting in place proper procedures and effective mechanism to address complaints and grievances of policyholders including misselling by intermediaries.
 - ii. Ensure compliance with the statutory requirements as laid down in the regulatory framework.
 - iii. Review of the mechanism at periodic intervals.
 - iv. 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.
 - v. Review the status of complaints at periodic intervals to the policyholders.
 - vi. Provide the details of grievances at periodic intervals in such formats as may be prescribed by the Authority.
 - vii. Provide details of insurance ombudsmen to the policyholders.
- c. The Policyholder's Protection Committee shall meet on a periodic and regular basis whenever it is necessary to discuss any significant or critical issues. It shall meet, as and when required, to discuss any significant or critical issues concerning the protection of interests of policyholders to discuss and review the effective operation of the redressal mechanisms of customer complaints.
- d. The Policyholder's Protection Committee shall make a report on the number and nature of complaints to the Board of Directors at periodic intervals to assess the governance and market conduct issues.

4.7. OMBUDSMAN

The Central Government has established an office of the Insurance Ombudsman for redressal of grievance or complaint with respect to Life Insurance Policies. The complaint to the Ombudsman should be made in writing, duly signed by the complainant or by his legal heirs, with full details of the complaint and the contact information of complainant. As per provision 12(1) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made only if –

- a. Complaint under rule 13 of the Redressal of Public Grievances Rules
- b. Any partial or total repudiation of claims by an insurer
- c. Dispute with regard to premium paid or payable in terms of the policy
- d. Any dispute in regard to the legal construction of the Policies insofar as such dispute relate to claims
- e. Delay in settlement of claims
- f. Non-issue of any insurance document to customers after receipt of premium

Rule 13 of the RPG Rules provides for the manner in which the complaint should be made to the Ombudsman. Rule 13(3) of the said rules provides that 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 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 in 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

Present region wise contact details of the Insurance Ombudsmen are as under; for updated details of Ombudsman is available at website of IRDA i.e. www.irda.gov.in

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27546840 Fax : 079-27546142 Email ins.omb@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023. Tel.:- 0755-2569201 Fax : 0755-2769203 Email bimalokpalbhupal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455 Fax : 0674-2596429 Email ioobbsr@dataone.in	Orissa
CHANDIGARH	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468 Fax : 0172-2708274 Email ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /5284 Fax : 044-24333664 Email insombud@md4.vsnl.net.in	Tamil Nadu, UT– Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg.,	Delhi & Rajasthan

	Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23239633 Fax : 011-23230858 Email jobdelraj@rediffmail.com	
GUWAHATI	Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5 th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123 Fax: 040-23376599 Email insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
ERNAKULAM	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759 Fax : 0484-2359336 Email iokochi@asianetindia.com	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry
KOLKATA	Insurance Ombudsman, Office of the Insurance Ombudsman, North British Bldg., 29, N.S. Road, 4 th Floor, KOLKATA-700 001. Tel : 033-22134866 Fax : 033-22134868 Email iombkol@vsnl.net	West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6 th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331 Fax : 0522-2231310 Email insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928 Fax : 022-26106052 Email ombudsmanmumbai@gmail.com	Maharashtra , Goa

4.8 IRDA CONSUMER AFFAIRS DEPARTMENT

Insurance Regulatory Development Authority (IRDA) has created a Consumer Affair Department to deal with the complaints from various policyholders from insurance industry. Presently IRDA may be contacted in case of any unresolved grievances as per following details:

CALL CENTER : TOLL FREE NO:155255

Insurance Regulatory and Development Authority
Consumer Affairs Department
**United India Tower, 9th floor, 3-5-817/818,
Basheerbagh, Hyderabad – 500 029.**
e-mail id: complaints@irda.gov.in

5. ADMINISTRATION AND REVIEW OF THE POLICY

The Managing Director shall be responsible for the administration, interpretation, application and revision of this policy. The policy will be reviewed and revised as and when needed.

Annexure I

Reference No. _____

Date: _____

Subject: Grievance/ Complaint received in respect of policy no. <.....>

Dear Mr. <.....>,

This is with reference to your complaint dated <.....> regarding < _____ > and the same has been registered as complaint reference no. _____ and the same has been allocated to following person for resolution

Name:

Contact details

Your complaint shall be resolved after receiving the feedback from concerned department and the same may take about 10 working days. Please quote complaint reference in your future correspondence in this regard

In case you do not receive any response from the Company you may approach the Grievance Officer of the Company at _____ @futuregenerali.in.

Please feel free to call us at our Contact Center Mon-Sat, 8 am – 8 pm on toll-free Help line MTNL/BSNL: 1800-220-, others: 1860-500-3333 or email us on care@futuregenerali.in

Yours Sincerely,

For Future Generali India Life Insurance Company Limited

Annexure II
TAT

LIFE INSURANCE COMPLAINTS CLASSIFICATION

S.No.	Description	Mapping of PPI Provisions to classification structure	Servicing TATs
(1) PROPOSAL PROCESSING INCLUDING REFUNDS -Proposal (NB) Related issues (from receipt of proposal until results in to policy) including Refunds			
1	Proposal papers submitted but misplaced by Insurer	4 (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.	15 days
2	Cancellation of proposal & refund of deposit at proposal stage not attended	Refer S.No.1	15 days
3	After submission of proposal to the insurer no response received regarding acceptance/further requirements/rejections.	Refer S.No. 1	15 days
4	After Submission of all requirements,no communication was received.	Refer S.No. 1	15 days
5	Excess Propasal deposit not refunded	Refer S.No. 1	10 days
6	Policy bond not received.	10 (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.	10 days
7	Mistake in age.	6 (1) A life insurance policy shall clearly state:	10 days
		(a) the name of the plan governing the policy, its terms and conditions;	10 days
		(b) whether it is participating in profits or not;	10 days
		(c) the basis of participation in profits such as cash bonus, deferred bonus, simple or compound reversionary bonus;	10 days
		(d) the benefits payable and the contingencies upon which these are payable and the other terms and conditions of the insurance contract;	10 days
		(e) the details of the riders attaching to the main policy;	10 days
		(f) the date of commencement of risk and the date of maturity or date(s) on which the benefits are payable;	10 days
		(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.	10 days
		(h) the age at entry and whether the same has been admitted;	10 days
		(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;	10 days
		(j) contingencies excluded from the scope of the cover, both in respect of the main policy and the riders;	10 days
		(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;	10 days

		(l) any special clauses or conditions, such as, first pregnancy clause, suicide clause etc.; and	10 days
		(m) the address of the insurer to which all communications in respect of the policy shall be sent.	10 days
		(n) the documents that are normally required to be submitted by a claimant in support of a claim under the policy.	10 days
8	Mistake in Date of Commencement (DOC).	Refer S.No. 6	10 days
9	Mistake in Term of the policy.	Refer S.No. 6	10 days
10	Mistake in name of the Nominee/ Beneficiary.	Refer S.No. 6	10 days
11	Mistake in Date of Maturity (DOM)/DOLP/others.	Refer S.No. 6	10 days
12	Mistakes in the name and address of the insured.	Refer S.No.6	10 days
13	Mistakes in any other policy schedule item.	Refer S.No. 6	10 days
14	Mode of payment not shown correctly.	Refer S.No. 6	10 days
15	Next Premium due is not shown correctly.	Refer S.No. 6	10 days
16	Wrong Policy Bond is issued	Refer S.No. 10(1)	10 days
(2) POLICY SERVICING DELAYS/DENIALS - Policy Servicing issues related to service / delays excluding S.V., S.B, Maturity claims and Death claims			
17	No Response for recording Change of address	10 (1) (a) recording change of address;	10 days
18	No Response for noting nomination/ change of nomination	10 (1) (b) noting a new nomination or change of nomination under a policy;	10 days
19	No response for noting an assignment /reassignment	10 (1) (c) noting an assignment on the policy;	10 days
20	Statement of account not received	10(1) d Providing information on the current status of a policy indicating matters, such as accrued bonus surrender value and entitlement to loan;	10 days
21	Premium payment position statement not received	Refer S.No. 20	10 days
22	Response for issuance of duplicate policy is not sent	10 (1) (f) issuance of duplicate policy;	10 days
23	Payment of premium not acted upon or wrongly acted upon including Top up premium / Premium Redirection.	Refer S.No. 20	10 days
24	Reinstatement requirements raised by Insurer not acceptable	Refer S.No. 20	10 days
25	Requirements for revival not communicated or raised	Refer S.No.20	10 days
26	Non-receipt of Premium receipt	Refer S.No. 20	10 days
27	Non-receipt of Duplicate policy	Refer S.No. 10(1)(f)issuance of duplicate policy;	10 days
28	Insurer failed to send lapse intimation	Refer S.No. 20	10 days
29	After submission of all reinstatement (revival) requirements, there is no response from the Insurer.	Refer S.No. 20	10 days
30	Request for Servicing Branch transfer is not effected	Refer S.No. 6	10 days
31	Auto Cover continuation option not effected/Applicable for conventional and ULIP cases.	Refer S.No. 6	10 days
32	Policy conversion option not effected	10 (1) (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.	10 days
33	Policy Benefit option not effected	Refer S.No. 32	10 days
34	Alteration in policy not effected.	Refer S.No. 32	10 days
35	Dispute concerning statement of account or premium position statement	Refer S.No. 20	10 days
36	Response for processing or payment of Policy Loan is not sent	Refer S.No. 20	10 days

37	Reinstatement denied	Refer S.No. 6	10 days
(3) SURVIVAL CLAIMS - S.B claims / Maturity claims / S.V. payment & connected issues including (Pension) Annuity Payments			
38	Surrender Value not paid	Refer S.No. 20	10 days
39	Disputes concerning correctness of surrender value	Refer S.No. 20	15 days
40	Disputes concerning eligibility of surrender value	Refer S.No. 20	15 days
41	Survival Benefit is not paid	8 (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.	15 days
42	Maturity claim is not paid	Refer S.No. 41	15 days
43	Annuity/pension instalments not paid	Refer S.No. 41	15 days
44	Commutation value/cash option not paid	Refer S.No. 41	15 days
45	Dispute concerning claim value	Refer S.No. 41	15 days
46	Non-payment of penal interest	8 (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.	15 days
(4) DEATH CLAIMS - Death Claims & Connected Issues			
47	Requirement in respect of Death Claim not raised by Insurer	Refer S.No. 41	15 days
48	Death claim not paid / disputed	8 (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.	30 days
49	Death claim investigation not completed	Refer S.No. 48	6 months
50	Non-payment of penal interest in case of Death claim	Refer S.No. 46	15 days
51	Repudiation of Claim not communicated after investigation	Refer S.No. 48	10days

(5) Insurers' Unfair Business Practices/ Mis sales / Mis representation / Tampering Records/ Forging Signature etc		10 days
52	Product differs from what was requested or disclosed.	10 days
	3 (1) 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 health related to critical illness riders in the case of term or group products shall exceed 100 per cent of premium under the basic product. All other riders put together shall be subject to a ceiling of 30 per cent of the premium of the basic product. Any benefit arising under each of the riders shall not exceed the sum assured under the basic product.	
	(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.	10 days
	(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.	10 days
	(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.	10 days
	(5) In the process of sale, the insurer or its agent or any intermediary shall act according to the code of conduct prescribed by:	10 days
	i) the Authority	10 days
	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.	
53	Term(Period) of the policy is different/ altered without consent	10 days
	Refer S.No. 52	
54	Mode of premium payment differs from requested or disclosed	10 days
	Refer S.No. 52	
55	Annuity/Commutation/Cash Option /Rider/other Options not included as requested	10 days
	Refer S.No. 52	
56	Proposed Insurance not in the interest of proposer	10 days
	Refer S.No. 52	
57	Intermediary did not provide material information concerning proposed cover	10 days
	Refer S.No. 52	
58	Single premium Policy issued as Annual premium policy	10 days
	Refer S.No. 52	

59	Tampering, Corrections, forgery of proposal or related papers	Refer S.No. 52	10 days
60	Credit/Debit card debited without consent of Consumer	Refer S.No. 52	10 days
61	Premium paying period projected is different from actual	Refer S.No. 52	10 days
62	False promises made regarding surrender value by intermediers	Refer S.No. 52	10 days
63	Free-look refund not paid	6 (2) While 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.	10 days
		(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.	10 days
64	Cancellation of policy other than Free Look Period not responded.	Refer S.No.6	10 days
65	Advice concerning Exclusions/limitations of cover not communicated	Refer S.No. 52	10 days
66	Illegitimate inducements offered	Refer S.No. 52	10 days
67	Malpractices or unfair business practices	Refer S.No. 52	
68	Misappropriation of premiums	Refer S.No. 52	10 days
(6)UNIT LIKED POLICIES- Complaints regarding Charges, Improper Allocation of Units, NAV Related Complaints Switching and Partial Withdrawals			10 days
69	Disputes concerning NAV	Refer S.No. 6	10 days
70	Charges recovered in violation of regulations	Refer S.No. 6	10 days
71	Complaints related to improper allocation of Units	Refer S.No. 6	10 days
72	Disputes concerning switching	Refer S.No. 6	10 days
73	Hidden charges not explained to Consumer	Refer S.No. 52	
74	Partial withdrawal benefit not paid	Refer S.No. 41	10 days
75	Poor disclosures of various Charges	Refer S.No. 52	10 days
76	Foreclosure notice not given to policyholder/forefuture of premium not communicated to policy holder.	Refer S.No. 6	10 days
77	Disputes concerning pre-existing illnesses not covered	Refer S.No. 6	10 days
78	Disputes concerning policy privileges denied	Refer S.No. 52	10 days
79	Definitions of eligibility misinterpreted	Refer S.No. 52	10 days
80	Claim benefit excluded due to policy definition	Refer S.No. 52	10 days
81	Disputes concerning the limits of expenses including deductible	Refer S.No. 6	10 days
7 Distant Marketing / Call centre Marketing / Website Marketing			
82	The insurer calls for solicitation of business in spite of client registered in DNC (Regulation of TRAI will also apply)	Refer S.No.52	10 days

83	Insurer making repeated and unsolicited calls	Refer S.No.52	10 days
84	Mis-selling on distant calling	Refer S.No.52	10 days
85	Explaining excessive features of a policy to a prospect on calls	Refer S.No.52	10 days
86	Insurers debiting the premium on cards arbitrarily	Refer S.No.52	10 days
87	Insurers not refunding the money debited arbitrarily on credit cards	Refer S.No.52	10 days
88	Proposal form not collected by Insurer within stipulated period (case of misselling) through telecall system.	Refer S.No.52	10 days
89	Issues pertaining to call centers (poor response by call center)	Refer S.No.52	10 days
(8) OTHERS-Other Issues not covered under headings 1 to 7			
90	Advertisements regulations violation		
91	Violation of other IRDA regulations		
92	Complaint raised with Insurer not addressed	Refer S.No. 6	10 days