

UNIVERSAL SOMPO GENERAL INSURANCE

PROTECTION OF POLICYHOLDERS' INTEREST POLICY

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1. Introduction

Universal Sampo General Insurance Limited places utmost importance on protection of policyholders' interest and ensuring effective grievance redressal. The commitment of the Company towards policyholders servicing is unwavering and integral to its operational ethos. The Company strives to provide its policyholders with prompt, transparent, and efficient services, ensuring that their needs are met with the highest standards of professionalism and care.

The Insurance Regulatory and Development Authority of India (IRDAI), through its IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024, IRDAI Master Circular on Operations and Allied Matters of Insurers, 2024, and IRDAI Master Circular on Protection of Policyholders' Interests, 2024 has established various obligations and duties for insurers regarding policyholder's service and protection of policyholder's interests. The afore-mentioned regulatory prescriptions mandate insurers to have in place a Protection of Policyholder Interest Policy approved by the Board and the Policyholder Protection, Grievance Redressal and Claims Monitoring Committee (PPGR&CM).

Therefore, in alignment with the values of the Universal Sampo General Insurance Limited and statutory requirements, this Protection of Policyholders Interest Policy has been formulated.

2. Definition

Following terms for the purpose of this policy shall carry the meaning as mentioned below:

2.1 "Authority" or "IRDAI"	Authority or IRDAI shall mean the Insurance Regulatory and Development Authority of India established under sub- section 1 of Section 3 of the IRDA Act 1999.
2.2 "Board"	Board shall mean the Board of Directors of Universal Sampo General Insurance Limited
2.3 "Company"	Company shall mean Universal Sampo General Insurance Limited
2.4 "Customer" or "Prospect"	Customer or Prospect for this purpose of this Policy shall mean and include the Prospects, Proposers Customers, Claimants, Beneficiaries of Groups or other insurance structures, and any respondent to an invitation to offer by the Company, in whatsoever name called or identified.
2.5 "Distribution Channel"	Distribution Channel shall include insurance agents, intermediaries or insurance intermediaries, and any persons or entities authorized by the Authority to involve in sale and service of insurance policies.

- 2.5 “Prospect” Prospect shall mean any potential Customer likely to enter an insurance contract either directly with the Company or through any distribution Channel involved
- 2.6 “PPGR&CM Committee” PPGR&CM Committee shall mean Policyholders Protection, Grievance Redressal and Claims Monitoring Committee as specified under point 4.4 (b) of the Master Circular on Corporate Governance, 2024.

3. Applicability

This Policy shall be applicable to all Policyholders or prospects or nominees or assignees or any beneficiaries of any insurance Policy of the Company and shall also govern the Customer support and Customer service obligations of the Company.

4. Objectives

- 4.1 The Company shall ensure that that Customer support services are accessible through multiple channels, including phone, email, and online platforms, to cater to the diverse needs of Customers.
- 4.2 The Company shall ensure that the Policy covers inclusivity and accessibility to persons with disabilities.
- 4.3 The Company shall adopt suitable service and process efficiencies including technology solutions for grievance redressal.
- 4.4 The Company shall take appropriate measures to prevent mis-selling and unfair business practices, by building suitable conduct measures including appropriate grievance redressal framework.
- 4.5 The Company shall set up reasonable turnaround times for various activities and services to provide timely completion and resolution; and to publish the same on the website prominently.
- 4.6 The Company shall be committed to implementing appropriate systems which make sure that all Customer support inquiries are acknowledged and responded to in a prompt manner with appropriate, transparent, and helpful information. The policy shall also ensure that responses are tailored to address the specific concerns of the Customer while maintaining professionalism and efficiency.
- 4.7 The Company shall also ensure that Customers have access to information about all the policies offered by the Company, including rights and obligations of Customers and Company and any other relevant information as mandated by the Authority in a transparent manner across its platforms.
- 4.8 The Company shall ensure that every Customer has continuous access to Customer support throughout all relevant procedures, for instance, during any product purchase, raising claims, updating personal or policy information, and any other necessary interactions. This support shall be available at every stage to provide guidance and resolve any issues.
- 4.9 This policy shall outline the steps taken by the Company to reduce unclaimed amounts by identifying Customers and creating awareness about the procedure of claiming the same. This shall include, among other things, proactive measures such as verifying Customer details, reaching out to Customers through various communication channels, and educating them about the process of claim.

- 4.10 This Policy shall also aid Customers in ensuring a structured process for Customers to share feedback or raise concerns, with clear protocols for addressing grievances in a timely and effective manner.
- 4.11 The Company shall ensure that the solicitation process is transparent and has built-in practices to enable fair and equitable treatment of the prospect or the Policyholder at all points of time and shall also provide all necessary information about the products to enable them to take informed decision about purchasing insurance policies.
- 4.12 The Company shall ensure that appropriate framework is put in place so that the features, benefits along with terms and conditions of the products being sold are represented correctly and fully and that the products are not mis-stated or misrepresented to prospects or Policyholders.

5. Policyholder Protection, Grievance Redressal and Claims Monitoring Committee (PPGR &CM Committee)

The Company has formulated a Policyholder Protection, Grievance Redressal and Claims Monitoring Committee, comprising of two Independent Directors, one being the Chair, three Non-Executive Directors and Managing Director & CEO, with invitees as Chief Grievance Redressal Officer and Chief Customer Officer and an expert/representative of customers.

The main objectives of this committee are:

- 5.1 Adopt standard operating procedures to treat the customer fairly including time-frames for policy and claims servicing parameters and monitoring implementation thereof.
- 5.2 Establish effective mechanism to address complaints and grievances of policyholders including mis-selling by intermediaries.
- 5.3 Put in place a framework for review of awards given by Insurance Ombudsman/Consumer Forums. Analyse the root cause of customer complaints, identify market conduct issues and advise the management appropriately about rectifying systemic issues, if any.
- 5.4 Review all the awards given by the Insurance Ombudsman that remain unimplemented for more than 30 days and those given by Consumer Forums within the timeframe stipulated in the order or wherein time frame is not specified, that remain unimplemented for more than 45 days, with reasons therefor and report the same to the Board for initiating remedial action, where necessary.
- 5.5 Review the measures and take steps to reduce customer complaints at periodic intervals.
- 5.6 Ensure compliance with the statutory requirements as laid down in the regulatory framework. Ensure adequacy of disclosure of “material information” to the policyholders. These disclosures shall comply with the requirements laid down by the Authority both at the point of sale and at periodic intervals.
- 5.7 Provide details of grievances at periodic intervals in such formats as may be prescribed by the Authority.
- 5.8 Ensure that details of insurance ombudsmen are provided to the policyholders.
- 5.9 Review of Claims Report, including status of Outstanding Claims with ageing of outstanding claims.
- 5.10 Reviewing Repudiated claims with analysis of reasons.

- 5.11 Review of unclaimed amounts of Policyholders, as required under the Circulars and guidelines issued by the Authority. The Board shall review the status report on policyholders' protection issues, submitted by the Committee, in each of its meeting.

6. Scope and Procedures Adopted for Customer Support Service

- 6.1 The Company shall implement a technology-driven infrastructure and facilities that facilitates seamless service for Customers. This system shall be capable of handling a wide range of Customer requests, ensuring that all available services are easily accessible online, including claims, policy updates, and support inquiries.
- 6.2 The Company shall formulate a Customer support service team which shall have the following functions, among any other functions deem fit by the Company:
- 6.2.1 Handling Customer support service of the Company.
 - 6.2.2 Making sure all inquiries and service request by the Customers are addressed appropriately.
 - 6.2.3 Ensuring that services related to product inquiry, purchasing of products, claim submissions, post-sale and pre-sale services, etc are proved to the Customers in a timely manner.
- 6.3 The Customer Service department shall be the overall custodian of all Queries, Requests and complaints received at the Branch/Zone level or the Head office. The Customer Service Department shall be inter alia responsible-
- 6.3.1 To ensure timely Redressal of grievances logged in Call Logging system
 - 6.3.2 To ensure compliance with the processes laid down by organization and regulator from time-to-time.
 - 6.3.3 To escalate cases not actioned within set timelines to ensure Customer satisfaction.
 - 6.3.4 To address escalated grievances and undertake steps for timely closure
 - 6.3.5 To interact with the Grievance Redressal Officer at Corporate office for closure of Customer Grievances
 - 6.3.6 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 Grievance Redressal and Claims Monitoring Committee.
- 6.4 The Company shall provide a detailed list of all services offered to Customers by the Company. This information shall be readily accessible across all Customer touchpoints, ensuring that Customers are aware of the full range of services that are offered by the Company.
- The services provided by the Customer support system of the Company shall Include, among other things:
- 6.4.1 Product inquiry including rights and obligations of the Customers and the Company.
 - 6.4.2 Information with regards to changes in terms and conditions of a product
 - 6.4.3 Guidance for raising and submitting claims
 - 6.4.4 Updates, if any, about relevant regulatory changes
 - 6.4.5 Any changes in the Policy
 - 6.4.6 Any other inquiry or issues of the Customers

- 6.5 The Company shall provide real-time status updates for service requests submitted by Customers. Customers should be able to easily track the progress of their requests and receive notifications regarding any required actions
- 6.6 The Company shall enable Customers to seek further information, request clarifications, or submit additional documents or details as necessary through the online platform.

7. Tools and Facilities for Customer Support Service

7.1 Website:

- 7.1.1 The Company shall maintain a comprehensive website that publishes detailed information about all services offered, including frequently asked questions (FAQs) related to policy servicing, and provides facilities for enquiries, lodging of complaints, and other Customer support services.
- 7.1.2 The Company shall ensure that the website includes all disclosures mandated by the regulatory Authority, ensuring transparency and compliance with relevant regulations.
- 7.1.3 The Company shall provide a search tool on its website to allow Customers to verify the distribution channels with which the Company is engaged.
- 7.1.4 The Company shall ensure that prospective or current Customers have access to a facility on the website where they can locate distribution channels in a specified geographic area to approach for purchasing insurance policies or servicing their existing ones.

7.2 Training of Distribution Channels and Employees:

- 7.2.1 The Company shall provide regular and periodic training to all distribution channels and employees to ensure they are well-versed with the products of the Company, including both existing and newly introduced products.
- 7.2.2 The Company shall ensure that training programs include updates on turnaround times (TATs) in policy servicing, any changes in relevant regulations, and best practices for delivering high-quality Customer service.
- 7.2.3 The Company shall ensure that these training sessions are designed to enhance the proficiency and knowledge of its employees and distribution partners, thereby improving overall service efficiency.

7.3 Technology Solutions:

- 7.3.1 The Company shall implement advanced technology solutions to ensure a seamless and efficient onboarding process for new Customers, enabling easy and effective Customer engagement.
- 7.3.2 The Company shall ensure that these technology solutions facilitate objective suitability assessments, especially for general insurance policies, helping Customers select products that best meet their needs and regulatory requirements.
- 7.3.3 The Company shall put in place technology systems that support the renewal of policies, policy servicing, registering and changing nominations, and the entire grievance redressal process.
- 7.3.4 The Company shall ensure that the claims settlement process is integrated into its technology systems, enabling faster and more transparent claims processing, reducing the time and effort required from Customers.

8. Services Offered Before Sale

8.1 General

- 8.1.1 The Company shall make available a variety of products and add-ons to provide wider choices for retail Customers or Prospects, covering their assets, risks, properties, and liabilities against various perils, exposures, and lines of business.
- 8.1.2 The Company shall offer products suitable for individuals, farmers, MSMEs, and other retail segments.
- 8.1.3 The Company shall ensure that the products are easy to understand and described in simple language.
- 8.1.4 The Company shall provide policies of varying durations, including those of less than one year, annual, and more than one year, based on the needs and preferences of the Customer.
- 8.1.5 The Company shall develop package products that cover different risks of the Customer or Customer.
- 8.1.6 The Company shall strive to create and offer innovative products that are beneficial to the Customer.

8.2 Clarity on Insurance Policy

- 8.2.1 The Company shall specify the scope of coverage for each retail general insurance product, including whether coverage is on a named perils basis, all-risk basis, or any other basis.
- 8.2.2 The Company shall clearly outline exclusions and limitations that may impact coverage under the policy.
- 8.2.3 The Company shall specify warranties and conditions related to the policy, ensuring that such conditions are simple and precise.
- 8.2.4 The Company shall clearly define the application of the condition of average/underinsurance, including the extent to which underinsurance may apply.
- 8.2.5 The Company shall define salvage value and its impact on the claim amount, explaining how it will be deducted from the claim.
- 8.2.6 The Company shall specify the deductible or excess, which will be the amount of loss borne by the Customer, thereby reducing the claim amount.

8.3 Mis-Selling and Unfair Trade Practices

Following are the steps that the Company shall undertake to address mis-selling and unfair trade Practices:

- 8.3.1 Fair treatment of customers shall be integral to the corporate culture.
- 8.3.2 Personnel authorized to solicit insurance business shall use only the approved prospectus issued by the Company.
- 8.3.3 Salespersons of the Company or distribution channels involved in solicitation shall be duly qualified and receive periodic training.
- 8.3.4 A mechanism for obtaining customer feedback shall be established.
- 8.3.5 Punitive action shall be taken for breaches of market conduct, including blacklisting salespersons involved in unhealthy solicitation practices or misconduct.
- 8.3.6 Periodical training shall be provided for intermediaries, distribution channels, and their employees on products, service timelines, and regulatory changes.

8.3.7 The Company 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.

8.3.8 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.

8.3.9 In the process of sale, the Company shall act according to the code of conduct prescribed by the Authority, the Councils that have been established under section 64C of the Act and the recognized professional body or association of which the agent or intermediary or insurance intermediary is a member.

8.4 Prospectus

8.4.1 The Company shall ensure that the prospectus for each insurance product is legible, avoiding fine print, and printed with a minimum font size of 11.

8.4.2 The Company shall include the following minimum information in the prospectus:

- a. The Company shall clearly state the UIN for the insurance product.
- b. The Company shall describe the scope of benefits provided under the insurance product.
- c. The Company shall provide details on the extent of insurance cover offered by the product.
- d. The Company shall outline warranties, exclusions/exceptions, and conditions of the insurance cover, including clear explanations.
- e. The Company shall specify the status of insurance coverage during the grace period.
- f. The Company shall describe the contingency or contingencies covered by the insurance.
- g. The Company shall Indicate the class or classes of property or any other subject eligible for insurance.
- h. The Company shall state the criteria on which discounts in premium may be allowed, along with the percentage of such discounts for meeting one or more criteria.
- i. List the allowable riders or add-on covers available with the insurance products.
- j. Detail any exclusions specific to the policy that can be covered upon payment of additional premium.
- k. Regularly review and update the content and format of the prospectus to ensure it remains accurate, comprehensive, and compliant with regulatory requirements.
- l. Ensure that the personnel authorized to solicit insurance business shall use only the approved prospectus issued by the Company.

8.5 If a Customer has a grievance or complaint, the Company shall guide the Customer through the grievance redressal procedure as outlined in the grievance redressal policy of the Company and in accordance with the regulations prescribed by the Authority. For clarity, any enquiry or service request shall not be treated as a complaint and will

instead be addressed through the Customer support channels provided under this policy.

- 8.6 The Company shall widely disseminate details about the procedures for availing such services, including the turnaround times (TATs), through appropriate channels to ensure clarity and accessibility.
- 8.7 The Company and its distribution channels shall conduct all interactions with Customers in a manner that ensures the following outcomes:
 - 8.7.1 Customers shall be treated with fairness, impartiality, and respect.
 - 8.7.2 The Company shall provide Customers with clear, accurate, and timely information regarding their policies at all stages.
 - 8.7.3 Customers shall not be subjected to unreasonable pressure or coercive advice to switch products or providers.
 - 8.7.4 Customers shall not be restricted or barred from submitting claims or making complaints at any time.
- 8.8 The Company shall implement technological solutions to enhance the post-sale servicing of Customers, ensuring that services are provided efficiently and promptly.
- 8.9 The Company shall ensure that all distribution channels involved in servicing Customers are fully responsible for achieving the outcomes specified, including fairness, transparency, and efficient service delivery.
- 8.10 The Company and its distribution channels shall not charge any additional fees for servicing Customers in relation to their insurance policies, except for specific services as may be defined by regulatory authorities.
- 8.11 The Company and its distribution channels shall comply with all guidelines issued by the Competent Authority regarding mis-selling, unfair trade practices, fair treatment of Customers, compliance, oversight, conflict of interest mitigation, product suitability guidance, suitability assessments, and the handling of unclaimed amounts.

9. Services Offered During Sale

9.1 Sale of Policies

- 9.1.1 The Company shall ensure that only insurance products from insurers registered with the IRDAI are offered to Prospects.
- 9.1.2 The Company shall enable Prospects to purchase insurance products directly from the insurer or through authorized distribution channels, such as agents, brokers, or web aggregators.
- 9.1.3 The Company shall provide the option for Customers to purchase insurance products either by visiting the office of the insurer or through the website of the Company or that of an authorized distribution channel.
- 9.1.4 The Company shall ensure that only authorized distribution channels, including individual agents, corporate agents, insurance brokers, web aggregators, insurance marketing firms, and Common Service Centres, are engaged in the sale of insurance products. These channels shall be verifiable through the websites of the respective insurance companies.

9.2 Servicing of Policyholders

9.2.1 The Company shall ensure that the prospect or the Policyholders are provided with necessary information about various services and shall widely disseminate information about all the services that may be availed, along with the procedure for availing such services including the turnaround times.

9.2.2 The Company shall establish technology-based infrastructure to facilitate policyholder servicing. This infrastructure shall enable policyholders to submit service requests online, check the status of their requests, seek additional information or clarification, and provide further details as needed. The system shall list all available services that the policyholder can access.

9.2.3 The Company shall deliver the services requested within a reasonable time not exceeding the specified turnaround time, with speed and efficiency and establish a mechanism to obtain feedback for continuous improvements.

9.2.4 The Company in servicing of the Policyholders shall ensure that all the dealings with Policyholders are conducted in a manner such that it achieves the following outcomes:

- a. Policyholders are
 - treated with fairness and impartiality.
 - provided with clear and prompt information, in relation to their policies, at all times.
 - not faced with unreasonable pressure or advice to change products or switch providers; and
 - not barred from submitting claims or making complaints.
- b. Policyholders' reasonable expectations are met on servicing standards.

9.3 **Proposal form**

9.3.1 The Company shall ensure that it provides proposal form to the all the Prospects.

9.3.2 The Company shall ensure that it forms are available in Hindi or English and also in any regional language if requested by any Prospects.

9.4 **Customer Information Sheet**

9.4.1 The Company shall provide the Customer Information Sheet (CIS) along with the policy document to every Customer, which clearly outlines in simple terms the important information and basic features of the issued policy as specified by the IRDAI prescriptions. Details include, among other things:

- Product Name;
- UIN number;
- Structure of the Policy;
- Interest Insured;
- Coverage details;
- Exclusions;
- Claim admission and Policy Servicing; and
- Grievance Redressal Details. Etc.

9.4.2 Company shall ensure that all details required in the CIS are duly filled in before providing it to the Customer.

- 9.4.3 Company shall ensure that the CIS is presented in a minimum font size of 11 for clarity and readability.
- 9.4.4 The Company shall include in the CIS a brief summary of the scope of coverage, add-ons, the basis of the sum insured, exclusions, deductibles, special conditions, warranties, and any applicable endorsements.
- 9.4.5 The Company shall include detailed information in the CIS regarding the claims procedure, claims intimation and processing, principles for claim admissibility, a sample claim calculation process for retail products, as well as the policy servicing and grievance redressal mechanism.
- 9.4.6 The Company shall ensure that the CIS provides the contact details of the Insurance Ombudsman appropriate to the jurisdiction for grievance redressal.
- 9.4.7 The Company shall obtain acknowledgment of receipt of the CIS from the Customer in either physical or digital form.
- 9.4.8 The Company shall make the CIS available in regional languages upon the request of the Customer.
- 9.4.9 The Company shall address any inconsistencies found by the Customer in the coverage or scope of the policy and ensure that these discrepancies are rectified either directly or through the distribution channel that procured the policy.

10. Ethical and Legal Obligations of the Company and its Distribution Channels

- 10.1 Customer service support team of the Company shall ensure that all pre-sale and post-sale services, such as providing Customer information sheets, informing Customers about the free look period (where applicable), benefits and rights included with any product, claim submission procedure, or any add-ons or riders offered by the Company, are communicated to the Customers and carried out in accordance with the regulatory requirements prescribed by the Authority.
- 10.2 The Company shall give an option to store the soft copy of the policy document in Digilocker.
- 10.3 During the term of the policy, Policyholders shall be allowed to change the details previously provided to the Company, and the requested changes shall be updated within 7 days of the request.
- 10.4 The Company shall ensure that if a Policyholder cancels the policy at any time during its term, the Company must be informed. However, the Policyholder shall not be required to provide reasons for the cancellation.
- 10.5 The Company shall cancel the policy on the grounds of established fraud, by providing minimum notice of 7 days to the retail policyholder.
- 10.6 **Free Look period**
 - 10.6.1 The Company shall provide the Customer with a period of 30 days, from the date of receipt of the policy document, to review the terms and conditions of the policy.
 - 10.6.2 The Company shall allow the Customer, if dissatisfied with any of the terms and conditions, the option to cancel the policy. This option shall be available for policies with a term of one year or more.
 - 10.6.3 The Company shall accept the request of the Customer to exercise the free look period, irrespective of the reason for cancellation.

- 10.6.4 The Company shall refund the premium paid by the Customer, subject to a deduction of the proportionate risk premium for the period of cover and any expenses incurred on medical examination of the proposer and stamp duty charges.

10.7 Privacy

The Company values the privacy and confidentiality of its Policyholders; accordingly, it shall adhere to the following:

- 10.7.1 The Company shall ensure compliance with statutes and regulations on data protection and shall make sure that it maintains all private information and documents collected during solicitation or subsequently with utmost confidentiality, privacy, and protection.
- 10.7.2 The Company shall ensure that information collected from the proposal form during solicitation or issuance of an insurance policy is not shared with any third party without the explicit consent of the Policyholder, except for, statutory authorities in accordance with existing statutory laws, for the purpose of underwriting the policy or settling a claim under the policy, or as required by any other institution as authorized by the Authority.
- 10.7.3 The Company shall ensure that no clause or condition in the proposal form allows, by default, the Company to share the information of any Policyholder with any third party.

11. Claims

In the view to protect Policyholder's interest with regards to aspects of claims, the Company shall adhere to the following:

- 11.1 Company shall ensure that necessary specific documentation required to support a claim is listed in the policy document and prominently placed on their website and no claim shall be rejected for want of documents.
- 11.2 Company shall ensure that claims registered are settled in a timely manner, not exceeding the turnaround times for settlement of claims as provided in this Policy.
- 11.3 Company shall ensure that all distribution channels comply with the specified code of conduct concerning services related to the settlement of claims.
- 11.4 Company shall endeavor to establish appropriate technology-based infrastructure to handle all the claims processing facilitating registration of claims intimation, providing acknowledgements, submission of documents etc.
- 11.5 Company shall ensure that Policyholders and Claimants are provided with necessary support and guidance for registering claims, fair treatment during claim processing, information at various stages of claim settlement, and that all necessary documents are called for at once to avoid piecemeal requests.
- 11.6 Company shall ensure that claims are settled with speed and efficiency within a reasonable time.
- 11.7 The Company shall maintain a claims manual or standard operating procedures (SOPs) that are reviewed periodically and shall ensure that claims are settled in accordance with the specified Turn Around Times (TATs) provided in the Annexure.

12. Review of the Policy

The Policyholders' Protection, Grievance Redressal and Claims Monitoring Committee and the Board shall review this Customer Service Policy:

- 12.1 at least once in every financial year, or
- 12.2 as and when the Policyholders' Protection, Grievance Redressal and Claims Monitoring Committee, and the Board considers it appropriate, or
- 12.3 as and when the underlying laws governing the Policy undergo any change.

ANNEXURE

Turnaround Time

The Company has already formulated comprehensive policies for grievance redressal and the protection of Customer interests. These policies include clearly defined timelines for various Customer functions, such as the issuance of proposal forms, claim processing, and grievance redressal.

The Customer support team shall guide the Customers with regards to the below turnaround times and any other time limits as prescribed by the Authority and ensure that that the same is followed by the Company.

In accordance with the above policies, Some of the TATs are reproduced in the table below for reference:

Services	Maximum Turn Around Time
Process insurance proposals and seek any additional requirements.	7 Days
Decision on the proposal	7 Days
Copy of the policy, along with the proposal form, shall be provided to the Customer	15 Days
Addressing mistakes or corrections in policy document	Within 7 days of the receipt of request for specified service
Processing change of address requests (subject to KYC compliance)	Within 7 days of the receipt of request for specified service
Completing alterations in original policy conditions (where applicable)	Within 7 days of the receipt of request for specified service
Any other non-claim related changes	Within 7 days of the receipt of request for specified service
Cancellation of policy and refund of premium	Within 7 days of the receipt of

Contd:	request for specified service
Appointment of Surveyors through tech-based solutions	24 Hours
Submission of Final report after receiving appointment by insurer	15 Days
Acceptance or rejection of claims under Retail Policies	Within 7 days of receipt of the survey report or after 15 days from allocation of the claim to the surveyor, whichever is earlier
Claim payment after receipt of last document for non-cashless Motor and Retail claims	Within 30 days of receipt of the Last required document.
Acceptance of Pre-auth Initial request from hospital by TPA/Insurer	1 hour
Acceptance of discharge request from hospital by TPA/Insurer	3 hours
Settlement of claims (other than cashless) from the date of submission of complete documents.	15 days
Premium Due Intimation	One month Before due date
Written acknowledgement of grievance to a complainant	Immediately
Seek and obtain further details, if any, from the complainant (permitted only once)	Within one week
Resolution of grievance and issue of final letter of resolution	Within two weeks
Closure of grievance on non-receipt of reply from the complainant	Within eight weeks