**FORM NL-45-GREIVANCE DISPOSAL**

**Name of the Insurer: Universal Sompo General Insurance Company Limited** **Date: As on September 30, 2025**

**GRIEVANCE DISPOSAL**

| Sl No. | Particulars | Opening Balance * | Additions during the quarter (net of duplicate complaints) | Complaints Resolved | | | Complaints Pending at the end of the quarter | Total Complaints registered up to the quarter during the financial year |
|---|---|---|---|---|---|---|---|---|
| | | | | Fully Accepted | Partial Accepted | Rejected | | |
| **1** | **Complaints made by customers** | | | | | | | |
| a) | Proposal Related | - | - | - | - | - | - | - |
| b) | Claims Related | - | 301 | 34 | 1 | 266 | - | 528 |
| c) | Policy Related | - | 17 | 5 | - | 12 | - | 35 |
| d) | Premium Related | - | 13 | 1 | - | 12 | - | 32 |
| e) | Refund Related | - | 2 | - | - | 2 | - | 2 |
| f) | Coverage Related | - | 1 | - | - | 1 | - | 2 |
| g) | Cover Note Related | - | - | - | - | - | - | - |
| h) | Product Related | - | - | - | - | - | - | - |
| i) | Others (to be specified)<br>(i) Insurer failed to clarify the queries raised by Insured (7)<br>(ii) Insurer not given no claim bonus (1)<br>(iii) Insurer repudiated the claim but not returned original bills to the Insured (1) | - | 5 | 2 | - | 3 | - | 10 |
| | **Total** | - | 339 | 42 | 1 | 296 | - | 609 |

| | | |
|---|---|---|
| **2** | **Total No. of policies during previous year quarter: Q2 2024-25** | 13,24,111 |
| **3** | **Total No. of claims during previous year quarter: Q2 2024-25** | 10,95,345 |
| **4** | **Total No. of policies during current quarter: Q2 2025-26** | 17,94,482 |
| **5** | **Total No. of claims during current quarter: Q2 2025-26** | 14,93,550 |
| **6** | **Total No. of Policy Complaints (current quarter) per 10,000 policies (current quarter):** | 0.20 |
| **7** | **Total No. of Claim Complaints (current quarter) per 10,000 claims registered (current quarter):** | 3.54 |

| **8** | **Duration wise Pending Status** | **Complaints made by customers** | | **Complaints made by Intermediaries** | | **Total** | |
|---|---|---|---|---|---|---|---|
| | | **Number** | **Percentage to Pending complaints** | **Number** | **Percentage to Pending complaints** | **Number** | **Percentage to Pending complaints** |
| a) | Up to 15 days | - | 0% | - | - | - | **0%** |
| b) | 15 - 30 days | - | - | - | - | - | **-** |
| c) | 30 - 90 days | - | - | - | - | - | **-** |
| d) | 90 days & Beyond | - | - | - | - | - | **-** |
| | **Total Number of Complaints** | - | 0% | - | - | - | **0%** |