FORM NL-45-GREIVANCE DISPOSAL

Name of the Insurer: Universal Sompo General Insurance Company Limited **Date: As on September 30, 2026**

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	-	1	1	-	-	-	1
b)	Claims Related	-	839	107	19	713	-	1,476
c)	Policy Related	-	26	12	-	14	-	70
d)	Premium Related	-	15	2	-	13	-	30
e)	Refund Related	-	14	3	-	11	-	26
f)	Coverage Related	-	6	1	-	5	-	9
g)	Cover Note Related	-	-	-	-	-	-	-
h)	Product Related	-	-	-	-	-	-	-
i)	Others (to be specified) (i) Insurer failed to clarify the queries raised by Insured (7) (ii) Insurer not given no claim bonus (1) (iii) Insurer repudiated the claim but not returned original bills to the Insured (1)	-	13	4	-	9	-	16
	Total	-	914	130	19	765	-	1,628

2	**Total No. of policies during previous year : FY 2025-26**	43,01,760
3	**Total No. of claims during previous year : 2025-26**	27,24,921
4	**Total No. of policies upto Q2 2026-27**	22,30,747
5	**Total No. of claims upto Q2 2026-27**	17,57,294
6	**Total No. of Policy Complaints (current quarter) per 10,000 policies (current quarter):**	0.31
7	**Total No. of Claim Complaints (current quarter) per 10,000 claims registered (current quarter):**	8.40

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%**