

## Anti-Fraud Policy and Monitoring Framework Version-5

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### Document Control

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<b>Approved By</b>	:	Board

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<b>Ver</b>	<b>Approved by</b>	<b>Issue / Revision Date</b>	<b>Description</b>
1.0	60 <sup>th</sup> BOD Meeting	13 <sup>th</sup> March 2013	-----
2.0	65 <sup>th</sup> BOD Meeting	28 <sup>th</sup> July 2018	Incorporating the proactive fraud detection mechanism ISNP
3.0	74 <sup>th</sup> BOD Meeting	28 <sup>th</sup> November 2019	In Clause 15-Manner of Detection and identifying E-commerce Frauds: Changes in reporting line: Vertical Heads shall inform about fraudulent activity to DGM –IT and Head –IT.
4.0	82 <sup>nd</sup> BOD Meeting	25 <sup>th</sup> February 2021	In the Policy document following changes are incorporated: a. Clause 1: Policy Statement IRDAI Guidelines on Insurance E commerce released dated 9 <sup>th</sup> March 2017, necessary clause is included in regard to

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			<p>the proactive fraud detection mechanism Insurance Self Network Platform (ISNP) hence, Policy is amended to version 2 in 65<sup>th</sup> BOD Meeting</p> <p>b. Clause 3: Scope of Policy Section: C</p> <p>Minor Wording Corrected</p> <p>All departments and employees are covered under this policy. All departments are required to incorporate active due diligence measures into its procedures and review these from time to time to prevent and identify fraud incidents if any, specially:</p> <ul style="list-style-type: none"> <li>• Underwriting</li> <li>• Marketing</li> <li>• Claims</li> <li>• PPC</li> <li>• HR/Admin</li> <li>• Finance &amp; Accounts</li> <li>• Legal &amp; Compliance</li> <li>• Health</li> <li>• Information Technology</li> </ul> <p>In USGI Fraud Monitoring Framework Diagram</p> <p>COD –Block diagram of Committee of director (COD) is replaced by MD &amp; CEO, as COD is dissolved.</p> <p>Designation Ex-Officio authority nomenclature is corrected.</p> <p>. Designation Ex-officio MD is corrected with Managing Director and Chief Executive Office (MD and CEO).</p> <p>Exe Chairman is replaced to Non-Executive Chairperson.</p> <p>Minor Correction in Block Diagram IRDA to IRDAI</p> <p>clause 5: Fraud Risk Assessment &amp; Implementation of Control</p>
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			<p>Risk Management Team is replaced by Risk Management Department.</p> <p>d. Clause 6: Due diligence and fraud monitoring by department</p> <p style="padding-left: 40px;">Intermediary Fraud: Agent Licenses are obtained prior to incorporating the relevant intermediary in company database for commission payout. Fraud Complaints/ Grievances, if any reported at USGI customer service is communicated to Risk Management Department.</p> <p style="padding-left: 40px;">Communication to risk management dept instead Internal Audit dept to retained one line of communication.</p> <p>Nomenclature is replaced by adding word “Department” instead of “Team”</p> <p>e. Clause 7:</p> <p>Investigation Intimation:</p> <p style="padding-left: 40px;">Suspected frauds noticed within the department through internal due diligence measures should be reported to Management &amp; Risk Management Department by respective HOD immediately on identification.</p> <p>Internal Audit department is replaced by Risk Management</p> <p style="padding-left: 40px;">Any area which seems suspicious during course of Audit (Internal Audit) including TPA will be reported to the Risk Management Department</p> <p>Commencement</p> <p>Designation Ex-officio Nomenclature</p> <p style="padding-left: 40px;">Head-HR is replaced with Head-Human Resources. Head Marketing is replaced by Chief Marketing Officer/Deputy CEO-Global Marketing.</p> <p>Managing Director and Exe-Chairman is replaced with MD and CEO and Non-</p>
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			<p>Executive Chairperson.</p> <p>Internal investigation will be done by Risk Management Department.</p> <p>Commencement of Investigation shall also be kept informed to Audit Committee and Risk Management Committee.</p> <p>f. Clause:8 Disciplinary Action:</p> <p>COD is replaced by MD and CEO</p> <p>MD and Executive Chairman is replaced by MD and CEO and Non-Executive Chairperson.</p> <p>g. Clause :9 Coordination with law enforcement agencies and follow up process on fraud recovery.</p> <p>In case of Fraud has been committed, Risk Management Department shall inform to MD &amp;CEO.</p> <p>MD and Executive Chairman is replaced by MD and CEO and Non-Executive Chairperson.</p> <p>h. Clause 10: Fraud Remediation</p> <p>The Risk Management Department will be updating the status to the Audit Committee and Risk Management Committee.</p> <p>Risk Management Department will be responsible for monitoring and ensuring implementation of action plans and reporting the remediation status to Audit Committee &amp; Risk Management Committee.</p> <p>Audit and Risk Committee is replaced by the Audit Committee and Risk Management Committee.</p> <p>i. Clause 12: Exchange of Information</p> <p>Requisition for information/ documentation relevant to fraud from other insurance company &amp; regulatory authority will be considered by Risk Management</p>
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			<p>Department. Risk Management Department may share the information</p> <p>MD and Executive Chairman is replaced by MD and CEO / Non-Executive Chairperson</p> <p>j. Clause 13: Review of Policy</p> <p>Risk Management Team is replaced by Risk Management Department.</p> <p>Committee of Director (COD) is dissolved.</p> <p>k. Clause 14: Communication to Policyholder / external parties &amp; training</p> <p>There is minor grammatical mistake in the sentence, hence, it is corrected.</p> <p>clause 15: Change in the Reporting line</p> <p>Vertical Head –IT application, network and database are replaced by Head-IT application</p> <p>Head-IT infra and CISO is incorporated in the Policy.</p> <p>Head –IT application, Head –IT Infra shall report about the online fraud to Chief Technology Officer and CISO.</p> <p>Heads-IT Application, and Head-IT Infra and Chief Information Security Officer (CISO) shall report about fraudulent activity to Chief Technology Officer.</p> <p>Chief Technology Officer and Chief Information Security officer shall perform root cause analysis on identified fraud cases /suspected fraud.</p> <p>Risk Management Department shall keep centralize database for Cyber Frauds.</p>
5.0	BOD	2 <sup>nd</sup> March 2022	Changes mentioned Annexure A
5.0	BOD	Feb 2023	Annual Review of Policy. No changes Proposed
5.0	BOD	6 <sup>th</sup> February 2024	Annual Review of Policy. No changes Proposed

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## 1. Policy Statement

Universal Sompo General Insurance Ltd., (USGI) is committed to conducting business in an environment of honesty and integrity and will strive to eliminate fraud from all operations. The USGI Anti-Fraud Policy (“Policy”) sets forth the framework and principles required for the anti-fraud program.

Objective of Zero tolerance to fraud would be adopted by USGI. The Company will not accept any level of dishonest or fraudulent act by any employee, intermediary, shareholder, stake holder or any other party. The company shall follow the principle of proportionality that is aligned to the above said antifraud goals & objectives.

## 2. Fraud Definition:

Fraud generally involves intentional dishonest acts committed to secure an unfair or unlawful gain for oneself or another, or a loss to another, and can include misuse or conversion of corporate property or resources for personal use.

## 3. Scope of Policy:

A. Broad categories of Fraud:

### **Internal Fraud: -**

- Fraud done by any Employee of USGI
- Fraud done by Management or related entities
- Ecommerce / Cybersecurity Fraud

### **External Fraud: -**

- Fraud Committed by Policyholders
- Fraud Committed by Intermediary.
- Fraud Committed by Third party or Outsourcing service provider

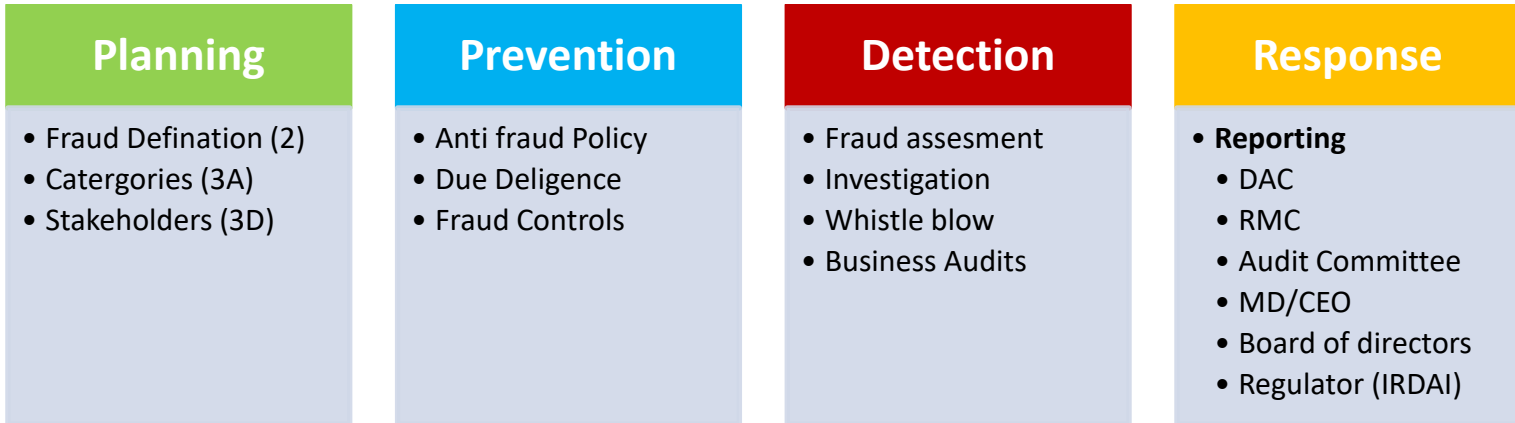
B. This policy applies to any Internal or External Parties which are directly or indirectly associated with the USGI for Providing or Consuming services

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- C. All departments and employees are covered under this policy required to incorporate active due diligence measures into its procedures and review these from time to time to prevent and identify frauds incidents if any

## USGI FRAUD MONITORING FRAMEWORK



## Anti-Fraud Program – Procedure of Fraud Monitoring & Control

### 4. Fraud Risk Governance:

USGI Risk Management Committee is responsible for overseeing of fraud risk assessments and ensuring that adequate anti-fraud program has been established and measures implemented.

### 5. Fraud Risk Assessment & Implementation of Controls:

USGI Risk control unit is responsible for overseeing of fraud risk assessments and ensuring that adequate anti-fraud program has been established and measures implemented.

#### a) **Identify potential areas of fraud Performing fraud risk assessments, including the identification and evaluation of fraud risks and potential fraud schemes**

Risk control unit will identify the areas of business & specific departments of the organization that are vulnerable to insurance frauds (Refer Annexure I for Illustrative list of Potential Fraud). Fraud risk & controls identified will regularly updated in Risk Register of the departments/ Risk Assessment Matrix & will be reported to chief Risk officer & Risk Management Committee



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Fraud Risk indicators are defined by the Risk control unit for every fraud risk identified & it will be continuously monitored. Quarterly Report of the fraud monitoring status will be presented in Risk Management Committee.

Risk control unit is responsible for performing independent review to evaluate the adequacy and effectiveness of anti-fraud controls and communication of control deficiencies and weakness to the Risk Management Committee on continuous basis.

**b) Establishing and implementing adequate internal controls with regard to the detection and prevention of fraud and ensuring the controls are designed and operating effectively.**

**c) Reporting to risk management committee on the result of fraud risk and control assessments, any issues and associated action items.**

Risk management Department is responsible for performing independent review to evaluate the adequacy and effectiveness of anti-fraud controls and communication of control deficiencies and weakness to the Risk Management Committee on continuous basis. Recommendation Action Plan will also be placed in Risk Management Committee for their perusal & continuously followed up with the process owner for action initiated.

### 6. Due diligence and fraud monitoring by departments:

Every department as listed in 3 C above should implement suitable due diligence measures for Potential Fraud Risks (refer Annexure I) & update the relevant Risk registers. Department policies and processes should be updated to cater all identified fraud risk.

Illustrative list of due diligence measures for these departments are mentioned below:

#### a) Policyholders/ Claims Fraud:

- Claim Department monitors on case-to-case basis the validity of every claim reported & are approved by competent authority defined as per matrix.
- Fraud Indicators has been defined by the risk control unit & Claim department & educated to its personnel for identifying the fraud prone instances.
- AML Policy Compliance is ensured while making the claim & refund payment

#### b) Intermediary Fraud:

Any fraud or mis-selling (Covered under 3 (a)) done by USGI agent can be reported using [fraud.alert@universalsompo.com](mailto:fraud.alert@universalsompo.com) or customer service department.

#### c) Internal Fraud:

USGI employees are made aware of company policies at the time of Induction Training which include education of HR policy, AML policy, Whistle blowing policy, Anti-fraud policy and compliance policy. Any substantial complaint can be referred through “[fraud.alert@universalsompo.com](mailto:fraud.alert@universalsompo.com)”.

#### d) External Fraud:

Any suspicion, fraud alert, referral through internal or external sources will be investigated by Risk Control unit and will be reported as per fraud Monitoring framework

### 7. Investigation:

#### a) Intimation

The below mentioned scenarios will trigger the investigation on potential fraud cases:

- Suspected frauds noticed within the department through internal due diligence measures should be reported to Management, Risk Management Department and respective HODs immediately on identification.
- Employee, Customer, Intermediaries & Third party can report fraud to ID [fraud.alert@universalsompo.com](mailto:fraud.alert@universalsompo.com) and risk management team will take action

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and communicate the same to Management, Authority & Risk management committee

- Any area which seems suspicious during course of Audit (Internal Audit) including Third Party Administrator (TPA) will be reported to the Risk Management Department / Risk Control Unit
- Fraud Grievances reported to USGI Customer Service
- Investigation on Management Request

### **b) Commencement**

Based on fraud intimation, RCU Team will check the intensity of the trigger communicated & take decision on whether the investigation needs to be initiated.

Depending on the magnitude and the complexity of the fraud as evaluated by RCU team, independent investigation will be carried out based on the SOP of RCU. In case internal fraud is to be investigated assistance would be sought from CHRO whenever required. Similarly, in cases related to intermediary, assistance would be sought from Chief Financial officer

Investigation information and results will not be disclosed or discussed with anyone other than those with a legitimate need to know to avoid damaging the reputation and privacy of persons under investigation or who may be involved in legal proceedings, and who may actually not have been involved in any misconduct. This policy requirement serves to protect the USGI from potential liability.

### **c) Execution**

Investigations will be conducted without regard to any person's relationship to the organization, position or length of service. The company will keep records of all actions in the investigation, to ensure success in any future criminal, civil or disciplinary action.

Risk Control unit will be provided with full access of work area in question, including any files, computers and basis the gravity of case in coordination with HR team request for providing bank a/c statements, mobile bills and other necessary information which may support the process of Investigation. All searches are to be conducted in a lawful manner, to ensure that evidence is admissible in court, if required. The Investigation team will keep records of any action or handling of evidence. After completion of Investigation, report with evidence to be submitted to respective HODs

Interviews, if necessary, will be structured and documented as much as possible.

### **d) Reporting**

Once investigation is completed, a report will be issued to respective HOD detailing the findings and conclusions including recommendations for future action.

Monthly Fraud investigation summary report will be placed before CEO, Deputy CEO, CRO & CFO. Quarterly reporting to risk committee and board for their perusal.

### **8. Disciplinary Action:**

Disciplinary Action committee (DAC) has the responsibility and authority authority to consider the findings of fraud investigations and to determine the appropriate disciplinary actions to be taken against the Employee, intermediaries, External Parties or claimant involved. Investigation team should act quickly when suspected fraud is intimated & gives the communication to CRO, CHRO

Disciplinary actions on detection of fraud will be taken as per DAC Procedure

All local applicable laws and legislation must be considered in the execution of this policy requirement.

### **9. Co-ordination with Law Enforcement Agencies & Follow up process on Fraud Recovery:**

Where it is reasonably believed that a fraud has been committed, Risk Management Department (after approval from Senior Management and Non-Executive Chairperson) will report the case to the regulator or other relevant authorities, if required, in accordance with the prevailing laws and regulations.

If legal action required after the fraud is being detected and established, the report would be shared with CCO. Wherever required the Legal team in coordination with RCU will take the following steps to take necessary legal action:

- Lodging an FIR against the concerned party.
- Filing a case in the Court of Law for Recovery & civil suit.
- Reinvestigation and Police complaints cases can be done by RCU as per the defined process.

### **Provisioning/Writing-off Fraud Losses**

Provisioning & Writing off losses will be done as per the process defined in finance SOP.

### **10. Fraud Remediation:**

Weakness in procedures or controls identified in fraud investigation must be addressed by process owners without undue delay. Action Taken Report giving the status of process change as recommended by the Fraud investigation report should be presented into Disciplinary committee. (basis the severity and gravity of the case)

The team is also responsible for ensuring that Fraud events are reviewed and considered for scenario analysis and inclusion in the Risk Assessments Matrix & Risk Register.

### **11. Regulatory Reporting:**

The statistics on various fraudulent cases which come into light & action taken thereon shall be filled with the IRDA authority in forms FMR 1 & FMR 2 (as per circular no-IRDA/SDD/MISC/CIR/009/01/2013) providing details of outstanding fraud instances & closed fraud instances every year within 30 days of close of the financial year.

### 12. Exchange of Information:

Requisition for information/ documentation relevant to fraud from other insurance company & regulatory authority will be considered by Risk control unit

Departments may share the information relevant to customer frauds with General Insurance Council, Industry Subgroup in Insurance Industry, our partner banks or other institution

### 13. Review of Policy:

The risk management Department will review the policy on annual basis & changes if any will be presented to the BOD for review and approval.

### 14. Communication to Policyholders/external parties & training:

Apart from various measures for creating awareness amongst our potential and existing policyholders, snippets/ do's & don't/ knowledge series or other awareness measures shall be update on website & other platforms... Further the policy document issued to policyholders should include sufficient reference to this policy.

At time of *Induction Training*, USGI Employees are made aware of various company policies which include HR policy, AML policy, whistle blowing policy, **Anti-Fraud Policy** and compliance policy. Individual Departments will be responsible to train its employees with respect to various fraud scenarios & way to control it.

Generate fraud mitigation communication within the organization at periodic intervals and or Adhoc basis as may be required. Awareness program for internal & external stakeholder to be conducted periodically.

### 15. Fraud Committed on Insurance Self Network Platform (ISNP)

Insurance Self-Network Platform mean an electronic platform set-up by USGI with the permission of the IRDAI for selling and servicing the insurance products on web portal.

#### **Potential Areas of E-Commerce and Cyber Fraud on ISNP:**

1. Transaction level activity carried on USGI website using fake /stolen credit card or bank account details.
2. Threats to confidential data of company due cyber threat like -phishing, unethical hacking and un-authorized access to USGI network.
3. Intrusion to company website bypassing the firewall route.
4. Fake email account generation for bogus customer using misrepresentation in KYC documents.
5. Payment gateway merchant execute fraud during settlement of premium amounts collected through web portal on behalf of the USGI.
6. Any other online fraud that executed on ISNP Portal

#### **Manner of Detecting and Identifying E-Commerce Frauds**

USGI have in place sufficient mitigation controls to minimize impact of all identified frauds in ISNP portal. Head – RCU and CISO shall report about fraudulent activity to CRO and Chief Technology Officer.

Chief Information Security officer and operation Head shall perform root cause analysis Involving Risk Control Unit on identified fraud cases /suspected fraud. Such cases shall be brought into notice of Senior Management. Senior Management shall give directions to take appropriate action against such fraud cases /suspected fraud cases.

#### **Follow – up Mechanism for prosecuting person who committed fraud**

As per direction given by DAC, appropriate action (includes legal action) against employees/other than employees involved in such fraud /suspected cases hereby may include:



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### **Case a: Other than Employee ---**

- a. Lodging the FIR and filing cases against such fraud in the court as per IT act

### **Case b: Any Fraudulent employee/vendors ---**

- a. Any employees found involved in fraudulent activity will lead to termination of employment. Appropriate disciplinary action (includes recovery of damage thus caused) followed by lodging the FIR against such employee.
- b. Any Vendors/TPA/Garage/Hospitals found involved in fraudulent activity will lead to discontinuation of vendor service. Appropriate disciplinary action (includes recovery of damage thus caused) followed by lodging the FIR against such entities/blacklisting/necessary disciplinary action as per the guidelines is the sole discretion of USGI senior management.

### **Prevention and Mitigation Controls:**

1. The IT Department, CISO, Risk Management department shall implement such controls on its Insurance Self Network Platform (ISNP) that prevent and deter any online transactions.
2. Privacy of personal information and data security
  - USGI shall keep the personal information collected during the course of the business transaction confidential and prevent its misuse.
  - USGI shall put in place efficient measure to safeguard the privacy of the data that is maintained on systems to prevent manipulation of records and transactions.
  - USGI shall ensure that data security maintained as per Authority's rules/regulations/ guidelines.

### **Exchange of Information and Record Keeping:**

Risk Management Department shall maintain centralize database of reported E- Commerce and cyber frauds. The fraud information shall be reported to General Insurance Council on FRMP Portal and IRDA FMR Reports and /or any others reports desired by Authority.

**16. Annexure I:**

	<b>Illustrative List of Insurance Fraud</b>
<b><u>Policyholders/Claims Fraud</u></b>	<p><b><u>Potential Areas of fraud:</u></b></p> <ul style="list-style-type: none"> <li>- Staged motor accidents.</li> <li>- Multiple claim intimation with duplicate supporting.</li> <li>- Conflicting reports from insured, creditors, regarding the quantum and proof of loss.</li> <li>- Reporting of a high quantum claim within the short duration of commencement of policy.</li> <li>- Impersonation of individuals claiming to have been injured in the motor accident.</li> <li>- Falsification of motor vehicle/list of household articles/insured goods etc., Theft reports.</li> <li>- Exaggerated claim amounts as against the actual loss</li> <li>- Insurance claims for preexisting motor vehicle damage.</li> <li>- Intentional damage caused to property in order to claim the insurance benefits.</li> <li>- Exaggerated health claims or prolonged treatment.</li> <li>- Submission of exaggerated medical bills by Hospitals and unsubstantiated surgery bills not related to original reason for hospitalization.</li> <li>- Treatment not supported by related diagnosis reports or treatment with no diagnosis report.</li> <li>- Incomplete supporting documents.</li> <li>- Claimants/ Beneficiaries with questionable insurable interest.</li> </ul>

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<b><u>Intermediary Fraud</u></b>	<b><u>Potential areas of Fraud:</u></b>
	<ul style="list-style-type: none"><li>- Frequent change of address</li><li>- Abnormal increase in business volumes in a short period of time.</li><li>- Licensed intermediaries colluding with the false claimants and rendering the assistance in claim settlement to the detriment of company.</li><li>- Authorized insurance intermediaries issuing fake cover notes/fake premium receipts.</li><li>- Authorized insurance intermediaries delaying the remittance of premium collections beyond the prescribed time limit.</li><li>- Portfolio containing substantial adverse claim history.</li><li>- Alleged cases of corruption on insurance intermediaries registered with/licensed by insurance companies.</li><li>- Collecting (from clients) &amp; remitting (to office) different amount of premium i.e., retaining part of the premium collected.</li><li>- Embezzlement of Policyholders' money.</li><li>- Commission fraud.</li><li>- Non-disclosure or misrepresentation of the risk features with an aim to seek reduced premiums.</li></ul>

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<p><b><u>Internal fraud</u></b></p>	<p><b><u>Potential areas of fraud:</u></b></p> <ul style="list-style-type: none"> <li>- Cases of negligence and cash shortages.</li> <li>- Misappropriation of funds either belonging to the company or the policyholders.</li> <li>- Theft of official data.</li> <li>- Theft or misuse of property, facilities or services.</li> <li>- Deriving profit personally from an official position or enabling family members or others to do so.</li> <li>- Forgery or alteration of any document or account belonging to the insurer or its clients.</li> <li>- Personnel of insurance company conniving with the claimants in making false claims and/or setting the claims.</li> <li>- Employees suspected of corruption in past companies.</li> <li>- Any fraud, whether or not material, that involves management and other employees who have a significant role in internal controls.</li> <li>- Any attempt to conceal fraudulent activities or support an attempt to conceal fraudulent activities.</li> </ul>
<p><b><u>External fraud</u></b></p>	<p><b><u>Potential areas of fraud:</u></b></p> <ul style="list-style-type: none"> <li>- Alteration in the documents by vendors.</li> <li>- Being offered a bribe or inducement by a partner or supplier.</li> <li>- Receiving fraudulent (i.e., intentionally inaccurate, rather than erroneous) invoices from supplier. Known instances of corruption, deception or misuse by a supplier or partner.</li> <li>- Cyber threats lead to manipulation in online transactions.</li> </ul>

Note – Anything other than the above said categories of fraud/ misrepresentation/ misconduct will be considered for investigation and necessary action.

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## 17. Annexure II:

### FMR – 1

#### Fraud monitoring Report

Name of the Insurer:
Report for the year ending:

#### Part I

Fraud outstanding – business segment wise\*:

Sr. No	Description of fraud	Unresolved cases at the beginning of the year		New cases detected during the year		Cases closed during the year		Unresolved cases at the end of the year	
		No.	Amount involved (Rs. Lakh)	No.	Amount involved (Rs. Lakh)	No.	Amount involved (Rs. Lakh)	No.	Amount involved (Rs. Lakh)
	Total								

#### Part II

Statistical details: (unresolved cases as at end of the year) business segment wise\*

Sr. No.	Description of fraud	No. of cases	Amount involved (Rs. Lakh)
	Total		

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### Part III

Preventive and corrective steps taken during the year – business segment wise\*

Sr. No.	Description of the Fraud	Preventive/ corrective action Taken

### Part IV

Cases reported to Law Enforcement Agencies

Sr. no.	description	Unresolved cases at the beginning of the year		New cases reported during the year		Cases closed during the year		Unresolved cases at the end of the year	
		No	Amount Involve (rs. Lakh)	No	Amount Involve (rs. Lakh)	No	Amount Involve (rs. Lakh)	No	Amount Involve (rs. Lakh)
	Cases reported to Police								
	Cases reported to CBI								
	Cases reported to other agencies (specify)								
	<b>Total</b>								

\*Business segments shall be as indicated under IRDA

(Presentation of financial statements and auditor's report of insurance companies) regulations, 2002.

#### CERTIFICATION

Certified that the details given above are correct and complete to the best of my knowledge and belief and nothing has been concealed or suppressed.

Date:

signed/-

Place:

Name of Chief Executive Officer of the Insurer

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### **FMR – 2**

Fraud cases Closed during the Year

Name of Insurer:

Report for Year Ending:

Sr. no	Basis of Closing a Case	Number of Cases Closed
1	The fraud cases pending with CBI/ Police/Court were finally disposed off	
2	The examination of staff accountability has been Completed	
3	The amount involved in the fraud has been recovered or written off	
4	The insurer has received the systems and procedure; identified the causative factors; has plugged the lacunae; and the portion taken note of by appropriate authority of the insurer (Board, Committee thereof)	
5	Insurer is pursuing vigorously with CBI for final disposal of pending fraud cases, staff side action completed.  Insurer is vigorously following up with police authorities and/or court for final disposal of fraud cases.	
6	Fraud cases where: The investigation is on or challan/charge sheet not filed in the court for more than three years from the date of filing of first information report (FIR) by the CBI/Police; or  Trial in the courts, after filing of charge sheet/ challan by CBI/ police has not started or is in progress.	

### **CERTIFICATION**

Certified that the details given above are correct and complete to the best of my knowledge and belief and nothing has been concealed or suppressed.

Date:

signed/-

Place:

Name of the Chief Executive Officer of the Insurer