

## UNIVERSAL SOMPO GENERAL INSURANCE COMPANY LIMITED

### CUSTOMER GRIEVANCE REDRESSAL POLICY (VERSION 1.9)

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## **CUSTOMER GRIEVANCE REDRESSAL POLICY**

### **Policy Preamble**

IT IS THE POLICY OF Universal Sompo to ensure that:

- All customers are treated fairly and promptly at all times.
- Any complaints/requests raised by customers are dealt with promptly and professionally.
- Customers are fully informed of their rights to resolution and are encouraged to seek judicial or third party opinion wherever there is any interpretational uncertainty through appropriate consumer forum or otherwise.

The customers confidence in the company is sheltered and the customers interest under the law is protected, more specifically the interest of the customer under the IRDAI (Protection of Policy Holder's Interest) Regulation, 2002 which is superseded by IRDAI (Policy Holder Protection Interest), regulation 2017. All complaints and queries received by the company shall be treated efficiently and fairly. The complaints received by any organization with respect to its services to customers, provides an window for the organization to detect the areas in its function which requires improvement and helps the organization to enhance its efficiency resulting better customer satisfaction. The organization will work continuously bettering its services to the customers and will always work in good faith protecting the interest of the customers. The company shall also ensure that all the employees concerned are informed of the rights of the customers and the process prevalent in the company for handling complaints and queries from the customers.

As per the IRDAI (Policy Holder Protection Interest), regulation 2017, every insurer shall have in place proper procedures and effective mechanism to resolve complaints and grievances of policyholders, claimants efficiently and with speed. In this regards the Grievance Redressal Procedure as outlined in Annexure - 1 of Policy Holder Protection Interest, regulation 2017 shall be followed scrupulously by all Insurers. The Policy has been

framed in furtherance to the said stipulation. Annexure – 1 is also attached with this policy.

### **Grievance Definition**

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.

- All letters/e-mails expressing dissatisfaction written to the senior management of the company, IRDAI, Ombudsman, Consumer Forum, external agents.
- Letters / e mails/ calls received by the Customer Support, where the customer mentions: That it is a repeat (two or more) contact for service fulfillment not met satisfactorily earlier. Unprofessional handling of customer queries or complaints at the first stage.

**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.

### **Grievance Redressal: Approach and Objective**

The organization shall have a dedicated team with adequate man power and infrastructure to receive, resolve and close the complaints and queries received from the customers successfully through different departmental resolution teams. The departmental resolution teams shall constitute to be parts of the central processing hubs / operations / sales and branch operation (wherever applicable).

### **Functions of various Offices:**

#### **Corporate Office**

- i. Framing and Implementing Policies on improving Customer Service.
- ii. Ensure that the complaints are resolved completely to the satisfaction of the customers or, If the customer is not satisfied, he is advised and encouraged to seek interpretation/ clarification from the insurance ombudsman or consumer forum.

- iii. Check for persistent issues and repair any flawed process giving rise to recurrent complaints and promptly refer the complaints to or seek assistance/advice from other departments for successful closure of customer complaints.
- iv. Coordinating with other Department at Corporate Office / Branch Offices.
- v. Collecting, Compiling and Analyzing data received from Branch Offices on Customer Services Parameters, i.e. Issuance of documents, Claims settlement and Grievance redressal.
- vi. Submitting report on grievance matters for information of the Board.
- vii. Submitting periodical report to GIPSA/Ministry/DPG and attending and monitoring the redressal of grievance cases referred by GIPSA/IRDAI/Ministry/VIP and other and to send individual case reports to the appropriate authorities, attending review meetings convened by the GIPSA/DPG/Ministry.
- viii. Policyholder Protection Committee: USGIC ensure that the Policyholder Protection Committee, as stipulated in the guidelines for Corporate Governance issued by the Authority, is in place and is receiving and analyzing the required reports from the management and is carrying out all other requisite monitoring activities.

### **Branch Offices**

- i. To implement the “IRDAI (Policy Holder Protection Interest), regulation 2017” and other guidelines on Customer Services Indicators.
- ii. Branch Operations Head are nominated as Grievance Officer for the respective branch they will act as designated Grievance Officer for their respective office.
- iii. To register the complaint received through Letters, Emails or Personal visit and ensure earliest possible redressal of grievance cases.
- iv. To display in prominent place, the name, address and other contact details of the insurance ombudsman within whose jurisdiction the office falls.

### **Grievance Redressal Committee (GRC)**

1. GRC is a committee constituted as per the enabling provisions of IRDA (Protection of Policyholder's Interests) Regulations. It is an internal appellate committee to redress the representations made by complainants not satisfied by the resolution provided to them. The Committee will also entertain and dispose of complaints directly made to
  - Representation made by the customer to Chairman GRC or GRO on Claims after receipt of Repudiation Letter
  - Representation made by the customer on Claims after receipt of Repudiation Letter to IRDAI
  - Representation made by the customer on Claims to Insurance Ombudsman
  - Representation made by the customer on Claims after receipt of Repudiation Letter to Board Members/MD
  - Any DCDRF Matter decided against the Company in which we intend to file Appeal
  - Any consumer compliant which is received by USGI through IRDAI Officers (excluding normal IGMS complaints)
2. The focus of the committee is to evaluate the representations/compliant made to the Company/Customer Service/Ombudsman/Legal Notice/Litigations which shall be evaluated and decision should be taken by the committee to address the same in a timely manner which will ensure that there will be less number of customer dissatisfaction.
3. This will not only ensure the prudence measures are being adopted at all levels. It will also strengthen the trust of our policyholders.
4. The GRC committee shall consists of Claims Head, Ops Head, Compliance Head, Underwriting Head, and Legal Claims.

### **Grievance Redressal Procedure:**

#### **Compliant Logging**

A complainant who wishes to make a complaint against insurer, intermediary, insurance intermediary, distribution channel or other regulated entities involved in insurance sales and services is facilitated with the following modalities:

- **Call Center:** Customers can contact Customer Service Call Centers on Toll Free numbers: 1800 22 4030 & 1800 200 4030
- **Branch:** Customers can walk into any branch of the Company.
- **E-mail:** Customers can e-mail their issues to
  - ✓ [grievance@universalsompo.com](mailto:grievance@universalsompo.com)

- **Integrated Grievance Management System Portal/Interface of IRDAI**
- **Any other future portals/interfaces mandated by IRDAI or such authorities**
  
- **Letters:**  
Customers may send a letter to:  
Any of Universal Sampo GICL offices/ Grievance Department of Corporate Office.  
Address-  
103, First Floor, Ackruti Star,  
MIDC Central Road,  
Andheri (East), Mumbai-400093
  
- Senior Citizens can call on a dedicated Toll-Free number 1800 267 4030 or email us at [grievance@universalsampo.com](mailto:grievance@universalsampo.com) and their queries will be addressed on priority

Upon receipt the Following procedures is adopted:

**i. Prioritizing:**

References through DPG/Ministry/VIP/IRDAI are attended on top priority basis and replies are sent through Corporate Office to the concerned authorities.

**ii. Registration of Complaint/Grievance:**

The grievance of the policy holder received shall be registered in our Customer Interaction Management System (CIMS) module and a unique number known as Service Request (SR) will be allotted to the grievance. As per the regulatory guidelines CIMS module is fully integrated with Integrated Grievance Management System (IGMS) of IRDAI wherein grievances logged in CIMS are mirrored in IGMS and IRDAI Token Number is generated in real time. Similarly, grievances logged at IGMS are mirrored in CIMS for registration of these grievances. This system also facilitates analysis of complaints, improvement of processes and system, through constant review.

**iii. Acknowledgement:**

An acknowledgement in writing or through email/ recorded call shall be sent/ Made to the complainant within 3 working days from date of receipt of grievance. The acknowledgement shall contain the name and designation of the officer who will deal with the grievance and the time taken for resolution. In case grievance is resolved within three days, resolution letter will be sent to the complainant along with the acknowledgement.

**iv. Referring to concerned office/officer:**

Once the complaint is received, registered, acknowledged, and categorized, the complaints will be routed to the respective department/ offices who are responsible to work upon them and resolve within TATs and/or report to the Grievances handling team in the prescribed format, whereby they can respond to the customer within TATs.

**v. Information to controlling office:**

Observations on the complaint/grievance are reported to controlling office for advice.

**vi. Time bound settlement:**

In respect of grievances not resolved within 3 working days, the same will be resolved within 2 weeks of its receipt and USGIC will arrange to forward the final resolution letter to the complainant on the date of resolution. Where, within 2 weeks, the USGIC will send the complainant a written response which offers redress or rejects the complaint and gives reasons for doing so, Various TATs for resolution of complaints are defined as per guidelines mentioned in annexure 2 below (Page 14).

**vii. Grievance satisfaction and closure:**

The resolution letter will redress or reject the grievance and the reasons for the same will be advised to the client. The complainant will also be advised that if no escalation is received from the complainant within 8 weeks from the date of receipt of response from USGIC the grievance will be treated as closed.

A complaint shall be considered as disposed of and closed, when

a. USGIC has acceded to the request of the complainant fully

(or)

b. Where the complainant has indicated in writing, acceptance of the response of the USGIC.

(or)

c. Where the complainant has not responded to the USGIC within 8 weeks of the USGIC written response.

(or)

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

ii. Where the grievance is not resolved in favour of the policyholder or partially resolved in favour of the policyholder, the USGIC shall inform the complainant of the option to take up the matter before insurance ombudsman giving details of the name and address of the Ombudsman of competent jurisdiction.



## **Grievances- Methods of Handling:**

### **1. Repudiation /quantum disputes of claim:**

- i. Complaints of claims against repudiation or regarding quantum are given special attention. In both these cases claim files are submitted to higher authorities for reviewing the earlier decision. On review if the complaint is found to be genuine and valid, then the decision of the reviewing authority is compiled with. In case, the reviewing authority upholds the earlier decision the same is suitably communicated to the complainant.
- ii. In case the complaint is against the decision of the reviewing authority and if there is scope left for reviewing at a higher level than a fresh review is undertaken by an officer having higher financial authority and final decision is implemented suitably informing the complainant.

### **2. Consumer Forum/ Ombudsman / court cases:**

Sub-judice grievances/complaints referred to Consumer Forum/ Ombudsman/ any other Court of law are out of preview of the Grievance Cell.

### **3. Non-compliance of Court Awards:**

Usually, Court Awards are honored at respective places by our local offices barring the cases where our legal advisors advise for challenging the award in upper court of law.

### **4. Complaints /Grievances of Vigilance Aspect:**

All complaints / Grievances related to our employees will be referred to Head HR of the company. Such complaints are redressed only after necessary clearance from the Head HR.

### **5. Non-Compliance of the requirements:**

When even after sending letters, telephone calls or establishing personal contacts the complainant does not respond, a registered A/D letter is sent giving an opportunity to the complainant to comply with the requirements within stipulated time. Even after that if the requirements are not complied with, the grievance is closed under information to complainant.

## **Escalation Policy:**

### **Internal Escalation**

The Company shall have a customer complaint escalation process, which shall clearly mention when the customer issue needs to be escalated and the level of escalation to ensure that the customer's issue is resolved within the specified turn-around-time.

### **Escalation for Customers**

In case, any customer is not satisfied with the resolution provided through the given mechanism, the customer can approach the company through our GRO Id (i.e.) [gro@universalsampo.com](mailto:gro@universalsampo.com).

If the customer's grievance is not resolved at the above escalation levels also, customer can approach the Insurance Ombudsman for next level redressal. List of Ombudsman office is available at our website and at [www.coins.co.in](http://www.coins.co.in)

### **Categorization of Grievances**

Grievances are categorized as prescribed by the regulatory authority from time to time and the same will be incorporated in the system.

Further escalation can be made at Corporate Office on Name Escalation level Contact Number Email id as given above in Escalation for Customers.

### **Management Note to take care of Resolution of Grievances under Consumer Protection Act:**

The following are the areas of necessary attention:

#### **1) Proposal form and the Policy:**

- i. The proposal form has to be properly filled in and all the pros & cons of the intended policy, subject matter of insurance, to be examined in initial stage.
- ii. Terms, conditions, endorsements, warranties etc in the policy to be properly appraised to the proposer / insured.
- iii. A copy of the proposal form is required to be given to the insured along with the policy.

#### **2) Premium:**

- i. The premium calculation in respect of policy is required to be done correctly and Appropriately.
- ii. Incorrect calculation, short charging/overcharging of the premium amounts to deficiency in service.
- iii. Collection of premium should be in compliance of section 64 VB of insurance Act 1938.
- iv. Collection of the differential premium from the settled amount also amounts to deficiency in service, which is to be avoided.

- v. There should not be any delay in issuance of the policy ,after receipt and acceptance.

### **3) Response to Insured:**

- i. During the subsistence of the policy if any query or clarification is required by the insured it is required to be responded promptly and appropriately as non response also attracts deficiency in services.
- ii. Any change in the policy terms, during currency of the policy are to be intimated.

### **4) Claims:**

- i. On receipt of claims, arising out of policy, the same has to be properly examined with due diligence and application of mind.
- ii. Surveyors and investigators wherever necessary, are to be appointed promptly and there should be proper follow up action, for timely submission of the report.
- iii. Appointment of more than one surveyor totally to be avoided. In case of any special circumstances requiring such appointment, matter must be referred to Corporate Office.
- iv. On receipt of the report, the same should be examined /analyzed ,in relation to other documents and prompt decision to be taken.
- v. In relation to the settlement of the claim, the details of the arrived amount, has to be intimated to the claimant and specifically where there is difference between the claimed amount and the arrived amount, specific reasons to be stated in respect of the arrived amount, unless the insured has consented to the surveyor's assessment and that is the amount offered for the settlement.
- vi. In case of infirmities observed in the claim, necessitating consideration for repudiation, the same should be brought to the notice of insured, for his comments within a time of 15 days.
- vii. Repudiation letter is required to be sent, detailing the grounds of repudiation, within a reasonable time period and there should not be any undue delay.
- viii. The repudiation letter should be speaking and reasoned communication of the decision, along with the detailed grounds.

### **THE APPROACH FOLLOWED IN RESOLUTION OF THE GRIEVANCE UNDER CONSUMER PROTECTION ACT**

Universal Sampo General Insurance Company Limited adopts a customer friendly approach towards redressal of customer grievance. The customer queries and grievance are accorded utmost priority and are handled in a fair and transparent manner. The

customer queries and grievance received by the Company are handled by specialized department comprising of trained personnel who dedicatedly attend to the grievance of the customers and Endeavour to resolve the same to the satisfaction of the customer.

While addressing to the grievance of the customers, many a times the company arrives at an interpretational impasse where it encourages the customers to seek opinions from ombudsmen or consumer forums through a complaint. It has been observed that the customers approaching consumer forums are more for claim related grievances than grievances related to policy services issues. Other than the customers who are encouraged by the company to approach the consumer forums for seeking independent judicial opinion on the issues, there are also a set of customers who approach consumer and other judicial forums with an expectation more than their entitlement under the contract of insurance.

When a matter is placed before a consumer forum, the company tenders its utmost cooperation to enable the court to arrive at an expeditious adjudication on the subject. The company, consequent to receipt of an opinion from a consumer forum duly honors it and preserves the same to address similar situations in the future. However, in the cases where the complainants approach to the consumer forums is misplaced and is only resultant of the customer's inordinate expectations, the company puts forward a strong contest and prevents unjust enrichment of the malafide litigants.

The company has inculcated adequate sensitization amongst its officers and representatives that policy holder's money held by the company in trust should only be utilized for claims which are judicious, righteous and appropriate.

### **OMBUDSMAN WITHIN THE GRIEVANCE REDRESSAL MECHANISM OF IRDAI**

The term Ombudsman derives its meaning from the old Swedish term "ombudsman" ('accusative' who is an independent, informed public representative capable of adjudicating disputes), which emphasize on independence and subjective knowledge of the person acting as an adjudicator of public disputes with respect to the given subject. In India, the phenomenon of Ombudsman is derived from the concept of 'Lokpal' or 'Lokayukta' as recommended by the Administrative Reforms Commission (ARC) in the year 1966. 'Lokpal' and 'Lokayukta' are administrative and adjudicative procedures, based upon the concepts of "Justice at doorstep" and "Informed adjudication". Insurance Ombudsman is the first such system of specialized grievance adjudication system in India in the name of "Ombudsman". The institution of Insurance Ombudsman is governed by

the Redressal of Public Grievance Rules, 1998 (RPG Rules) framed by virtue of the powers vested upon the Government of India under section 114(1). of the Insurance Act, 1938 (4 of 1938). All necessary steps will be obtained to follow and adhere to the guidelines and regulations drafted and circulated by Ombudsman.

## **CONSUMER AWARENESS AND EDUCATION**

One of the basic reasons attributable for the low market penetration of general insurance is public awareness. Apart from market penetration, the low public awareness amongst the insured public gives rise to more customer grievances. In addition, diversity and intricacies of general insurance products and processes further complicates the scenario. All these reasons collectively make a strong cause for general insurers to make efforts to increase public wisdom and awareness about insurance vis-à-vis insurance products and processes. In its attempt to increase public awareness about insurance, the company has recognized that public media being the common and most effective source for public information and awareness, it would be an appropriate beginning to make the public media aware of the facts of insurance.

Multilingual advertisement of promotion and education to Public on customer grievance mechanism.

Eg: are DNA, Times of India and Financial Express. Amongst the electronic media, the TV channels that have participated in the workshops so far are CNBC Awaz, UTV, New 24, and Star Maaza.

## **APPLICATION OF CODE OF CONDUCT AGREED BY GENERAL INSURERS**

The company abides by the code of conduct agreed by General Insurers in October 2007.

## Annexure 2

### Service parameters including turnaround time –

Various TATs for resolution of complaints are defined as guidelines are mentioned in annexure 2 below and updated as and when approved by the Board.

Grievances	Maximum Turn Around Time
Acknowledge a grievance (from the date of grievance received)	3 days
Resolve a grievance (from the date of grievance received)	15 days

The service parameters and turnaround times as approved by the Board shall be displayed on the Website and the same shall be updated as and when the service parameters are revised by the Board.