

PERIODIC DISCLOSURES

FORM NL-41: GRIEVANCE DISPOSAL

Insurer: Universal Somp General Insurance Company Limited

Date : As on 31st December,2019

GRIEVANCE DISPOSAL FOR THE PERIOD UPTO 31ST DECEMBER 2019 DURING FINANCIAL YEAR 2019-20

GRIEVANCE DISPOSAL

| SI No. | Particulars | Opening Balance as on Beginning of the Quarter | Additions during the quarter | Complaints Resolved / settled during the quarter | | | Complaints Pending at the end of the quarter | Total No. Of complaint registered during the quarter upto the Financial Year |
|----------|-------------------------------------|--|------------------------------|--|------------------|------------|--|--|
| | | | | Fully Accepted | Partial Accepted | Rejected | | |
| 1 | Complaints made by customers | | | | | | | |
| a) | Proposal Related | - | - | - | - | - | - | - |
| b) | Claim | 206 | 151 | 35 | - | 116 | - | 357 |
| c) | Policy related | 21 | 19 | 6 | - | 13 | - | 40 |
| d) | Premium | - | - | - | - | - | - | - |
| e) | Refund | - | - | - | - | - | - | - |
| f) | Coverage | - | - | - | - | - | - | - |
| g) | Cover Note related | - | - | - | - | - | - | - |
| h) | Product | - | - | - | - | - | - | - |
| i) | Others | - | - | - | - | - | - | - |
| | Total Number of compliants | 227 | 170 | 41 | - | 129 | - | 397 |

| | | |
|----------|---|-----------|
| 2 | Total No. of Policies during Previous Period FY 2018-19 | 12,82,195 |
| 3 | Total No. of Claims during Previous Period FY 2018-19 | 1,57,557 |
| 4 | Total No. of Policies during Current Period | 10,09,011 |
| 5 | Total No. of Claims during Current Period | 1,36,566 |
| 6 | Total No.of Policy complaints (Current period) per 10,000 policies (Current period) | 0.40 |
| 7 | Total No.of Claim complaints (Current period) per 10,000 Claims (Current period) | 26.14 |

| 8 | Duration wise Pending Status | Complaints made by customers | Complaints made by intermediaries | Total |
|----------|------------------------------|------------------------------|-----------------------------------|----------|
| a) | Upto 7 Days | - | - | - |
| b) | 7 - 15 days | - | - | - |
| c) | 15 - 30 days | - | - | - |
| d) | 30 - 90 days | - | - | - |
| e) | 90 days & Beyond | - | - | - |
| | Total Number | - | - | - |