

Item no. 3(f)

Policy for Protection of Interest of Policy Holders (Including Insurance Awareness & Grievance Redressal)

Title	Policy On Grievance Redressal & Consumer Education
Version	2.0
Approved by	Board of Directors

Version Control - Change Log

Version	Date	Particular
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1.0	November 24, 2017	Initial Document
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	Approved by	Board of directors
2.0	June 05, 2020	Incorporation of framework for review and administration of Customer Service SOP by the GRO, which incorporates the procedures and operational aspects to treat the customer fairly
	Reviewed by	Mr. Hari Shankar Mishra (Company - Grievance Redressal Officer) Mr. Rajiv Joshi (Chief Legal, Compliance & Secretarial Officer) Mr. Shreeraj Deshpande (Chief Operating Officer)
	Approved by	Board of directors

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1. Introduction

Future Generali India Insurance Company Ltd (“Company”) believes that excellence in customer service is the most important tool for sustained business growth. In order to achieve the company’s vision “to actively protect and enhance people’s lives”, the Company has adopted the corporate values “Deliver on the promise, Value our people, Live the community, Be open”. To provide our customers with excellent service, we have adopted the service motto “Surpassing Expectations, Creating Benchmarks – One Passion, One Mission –Service Excellence”.

The Policy for Protection of Interests of Policy Holders shall cover guidelines for Fair Business, Insurance Awareness and Grievance Redressal. The existing “Insurance Awareness & Consumer Awareness Policy” and “Grievance Redressal Policy” shall be henceforth merged into this policy. This policy shall inter-alia cover the guidelines prescribed in the Protection of Policy Holders’ Interest Regulations, 2017 issued by IRDAI dated June 22, 2017. With this policy we endeavor to safeguard interest of policy holders and lay governing rules of the company with respect to the below mentioned key aspects.

- Enhancing Insurance Awareness so as to educate prospects and policyholders about insurance products, benefits and their rights and responsibilities
- Service parameters including turnaround times for various services rendered
- Expedient resolution of Complaints. Grievance Redressal Mechanism
- Prevention of miss-selling and unfair business practices at the point of sale and service
- Ensure that during policy solicitation and sale stages, the prospects are fully informed and made aware of the benefits of the product being sold vis-a-vis the product features attached thereto and the terms and conditions of the product so that the benefits / returns of the product are not miss-stated / misrepresented

This policy shall supersede and replace the existing “Insurance Awareness & Consumer Awareness Policy” (2014) and “Grievance Redressal Policy” (2010) of Future Generali India Insurance Company Limited.

The said policy will come into force with effect from approval from the Board of Directors.

2. Definitions

“Authority” means the Insurance Regulatory and Development Authority of India established under the provisions of section 3 of the Insurance Regulatory and development Authority Act, 1999 (41 of 1999)

“Complaint” or “Grievance” means expression (includes communication in the form of electronic mail or other electronic scripts, Inbound Call, SMS, Letter), of dissatisfaction by a complainant with insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities;

Explanation: An Inquiry/Query or Request would not fall within the definition of the “complaint” or “grievance”.

An “Inquiry/Query” is defined as any communication from a customer for the primary purpose of requesting information about the company and/or its services. A Query is a customer interaction with Company which can be resolved during the Contact itself. A query does not require any follow-up action.

A “Request” is defined as any communication from a customer soliciting a service such as a change or modification in the policy.

“Complainant” means a policyholder or prospect or any beneficiary of an insurance policy who has filed a complaint or grievance against an insurer or a distribution channel

“Cover” means an insurance contract whether in the form of a policy or a cover note or a Certificate of Insurance or any other form as approved by the Authority to evidence the existence of an insurance contract

“Distribution Channels” means persons and entities authorized by the Authority to involve in sale and service of insurance products

“Proposal form” means a form to be filled in by the prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted;

Explanation: “Material Information” for the purpose of these regulations shall mean all important, essential and relevant information sought by insurer in the proposal form and other connected documents to enable him to take informed decision in the context of underwriting the risk.

"Prospect" means any person who is a potential customer of an insurer and likely to enter into an insurance contract either directly with the insurer or through a distribution channel

"Prospectus" means a document either in physical or electronic or any other format issued by the insurer to sell or promote the insurance products;

Explanation: Insurance products referred herein shall also include the riders offered, if any. Where a rider is tied to a base policy all the terms and conditions of the rider referred in the definition shall be mentioned in the prospectus. Where a standalone rider is offered to a base product, a reference to the rider shall be made in the prospectus of the base policy indicating the nature of benefits flowing thereupon.

3. Objectives

The objectives of the policy are stated below;

- To increase insurance awareness for our customers as well as the society on the need and importance of insurance
- To educate our customers and prospect customers on their rights and responsibilities throughout the policy life cycle
- Empower our employees and distributors with the knowledge, skill and attitudes that shall make them fair advisors, taking care of customers interest at all stages
- Customers are informed of their rights to alternative remedy if they are not fully satisfied with the response of the Company to their complaints. Customers are fully informed of avenues to escalate their complaints / grievances
- To put in place proper policies and procedures to prevent miss-selling and unfair business practices at point of sale and service. Define the actions to be taken in case of any proved instance of unfair business practice
- To provide effective & efficient grievance Redressal Mechanism to policyholders, nominees and other persons claiming under policies.
- To put in place proper policies and procedures to resolve customer disputes expeditiously and fairly and to maintain complete transparency with the customers
- Customers are provided multiple contact avenues to register their Complaints, Inquiry/Query and Requests and also to educate them about the same.
- To formulate the service parameters and turnaround times which includes Policy Issuance, Endorsements, Claims Servicing, Complaints as well as other service requests and to communicate and educate the customers about the same.

4. Policyholders Protection Committee (PHPC)

The Company has constituted a Policyholders Protection Committee with its Board Members with a view to put in place systems for addressing the various issues relating to protection of the interests of the policyholders. The committee shall govern its activities by the Charter of Policy Holder Protection Committee and shall among other things look after the following

Ensuring Fair Business Practices to safeguard the policy holders interests throughout the policy life-cycle from prospecting (point of sale and associated literature), policy issuance and associated policy documents / contracts, policy servicing and claims servicing amongst others. The committee shall help ensure compliance with the statutory requirements as laid down in the regulatory framework.

Driving Insurance Awareness & Consumer Education Initiatives by providing directions for the same and reviewing the implementation of the initiatives planned. It shall also guide the Nodal Officer for Insurance Awareness and other key stakeholders.

Ensuring a robust Grievance Redressal Mechanism for complaint handling to ensure that policyholders have access to redressal mechanisms and establish policies and procedures, to deal with customer complaints and resolve disputes expeditiously. Provide directions to the Company GRO and other key stakeholders. Amongst other matters it shall:

The committee shall review and assess at periodic intervals the governance and market conduct issues, status of complaints, insurance awareness activities undertaken by the company and further report it to the Board of Directors.

5. Insurance Awareness & Consumer Education

5.1 Guiding Principles:

While striving to reach out to customers, partners & society for promoting Insurance Awareness as well as educating our customers, we shall be guided by the following principles.

- Creating Insurance Awareness is the key to our Sustainable Growth as a company.
- We believe that consumer education is a matter of his / her right.
- We shall empower our customers to make informed and suitable decisions.
- Through Education it shall be our effort to win the trust of our customers, partners, society as well as trust in their circles of influence.

5.2 Nodal Officer for Insurance Awareness

- The Head of Customer Service shall act as the Nodal Officer for Insurance Awareness & Consumer Education.
- The Company's Nodal Officer for Insurance Awareness shall engage the stakeholders and various agencies and maintain the records of the actions planned and undertaken.
- The Nodal Officer shall follow-up with the members and other stakeholders for tracking the progress of the initiatives agreed and report it to the PHPC and subsequently the regulatory authority (IRDA)
- He shall support the overall initiatives for Insurance Awareness & Consumer Education by way of information dissemination and resource allocation.

5.3 Objectives

- We shall create Financial Awareness for our customers as well as society on the need for protection (insurance).
- Our education shall not only be limited to insurance, but we shall naturally undertake to educate customers on various risk exposures & their effective management.
- Consumer education is a part of our philosophy for service excellence and part of our organization's ethos & philosophy.
- As a socially responsible organization we shall specially undertake to:
 - Make adequate public disclosures
 - Have special programs for the underprivileged sections of the society
- While endeavoring to proactively educate and reach out to our consumers, we shall adopt appropriate media for the appropriate segment and use technology to leverage consumer education.

6. Fair Business Practice

One of our corporate value mentions “Deliver on the Promise”. With an aim to live up to its core value Future Generali India Insurance Company Limited has designed its quality objectives which ensure that all our products and processes are highly customer focused. All our policies, procedures, products & processes are in accordance as per the directives and guidelines stated in the Policy for Protection of Policyholders’ Interest, regulations, 2017.

We undertake to educate the customer of his rights & duties throughout the policy lifecycle. This shall encompass (but not limited to)

- Service avenues, procedure & timelines
- Claims Procedures
- Grievance Redressal Procedures
- Diligence to be adopted while making Proposal Declarations

6.1 Point of Sale

- We shall ensure that our prospectus of insurance product clearly state the scope of benefits, coverage, exclusions, limitations, conditions, description of contingency etc. in an easy to understand language by a layman.
- We shall ensure that the distributors also known as Intermediaries who are authorized to sell an insurance product to our prospect customers are well trained with the product knowledge and equipped to handle customer queries and concerns in an efficient and just manner. Further, our distributors would be bounded by a contract to do right selling to ensure that no customer or prospect customer is misguided or miss-communicated about the product benefits and features. In case of any non-adherence we shall coach and train the respective distributor/intermediary and further keep monitoring the complaints of repetitive nature which is highlighted to the management to take further disciplinary action.
- The brochures, policy wordings, claim forms, endorsement forms, complaint form and all other information which is required for educating our customers and prospect customers are made easily available for our customer in the policy kit as well as available on our website. The product features, benefits, coverage, exclusions, conditions, limitation etc. are published on our website

6.2 Issuance of policy

- All our products are sourced after a duly filled and signed proposal form either in written or electronic form is obtained from the insured post the benefits, features, exclusions, limitations, conditions and scope of cover is clearly explained by our distributor/intermediary. A proposal form is not obtained at the point of sale only in case of a Marine Insurance cover considering its nature of business and as per the guidelines laid by the authority. A copy of proposal form is furnished to the insured within 30 days of issuance of policy to maintain transparency.

- All proposals shall be processed with speed and efficiency and the decision on the proposal thereof, is communicated to the proposer within a reasonable time. The turnaround time for processing of proposal is mention in section 7 of this document and all the turnaround times would be published on our website and forms a part of our policy Kit.
- Our schedule of Insurance covers all the information which is mandated under section 11, 12 & 13 of the Policy for Protection of Policyholders' Interest regulations, 2017.

6.3 Claim Procedures

The company shall endeavor to settle all claims in a speedy and fair manner as per the framework of the insurance taken by the customer and shall make all endeavors to keep the policy holder duly informed of the progress of the claim while maintaining complete transparency with regard to the basis of its claim – decisions.

- A copy of detailed policy wording (terms & conditions) is included in the policy kit which provides detailed information related to exclusions, conditions, limitations, scope of coverage etc. pertaining to the claim.
- The claim intimation and documentation process is educated to the customer in the policy wordings as well as published on our website. A copy of claim intimation form is sent along with the policy kit and has been made available on our website in downloadable format.
- The turnaround time for processing of claim is mentioned in section 7 of this document and all the turnaround times are published on our website and shall form a part of our policy Kit.
- Our claim servicing shall adhere to all the guidelines which are mandated under section 15 & 16 of the Policy for Protection of Policyholders' Interest regulations, 2017.

7. Service Parameters and turnaround times

Process / Service action	Prescribed TAT
Processing of Proposal and Communication of decisions O Issuance and dispatch of Policy O Raising of requirements O Communication of declined proposals O Refund of Proposal Deposit (from date of UW decision)	15 Days
Processing Cancellations & Refunds	7 days
Post Policy issue service requests concerning mistakes, endorsements, any Non-Claim related service requests.	7 days
Acknowledgement of Complaint	3 days
Resolution of Complaint	15 Days
Conducting of Survey post reporting of Claim	1 working day
Timeline for Claim settlement/Rejection post receipt of all documents and Survey Report	7 Days for Motor 15 Days for Health
Cashless Claims (Health) - Post receipt of all documents O Initial Authorization O Discharge Approval	3 hours

8. Customer Contact Avenues

CHANNEL	Mode	Details												
Contact Center	Inbound Call	MTNL/BSNL - 1800-220-233 Others - 1860-500-3333 Landline - 022 67837800 7:00 AM to 10:00 PM (7 days as week)												
	Email	fgcare@futuregenerali.in												
	Website & chat: Online Form Submission	www.futuregenerali.in Chat available from Mon to Fri 9:30 AM to 6:30 PM (Except Public Holidays)												
GRO & CSP at Branch	Walk-in to any of our branches and request to meet the Grievance Redressal Officer (GRO) or Customer Service Personnel (CSP)	Visit our website to locate the nearest branch https://general.futuregenerali.in/branch-locator												
Head Office (Customer service Cell)	Visit or write our Head Office	Customer Service Cell Future Generali India Insurance Company Ltd. B Wing 2nd floor Lodha-I Think, Techno Campus, Pokhran Road No.2, Off Eastern Express Highway, Behind TCS, Thane West - 400607.												
SMS	SMS to 9222211100	<table border="1"> <tbody> <tr> <td>SERVE</td> <td>For any service requests</td> </tr> <tr> <td>PRODUCT</td> <td>For any product queries</td> </tr> <tr> <td>MOTORCLAIM</td> <td>To register your claim</td> </tr> <tr> <td>REN</td> <td>To renew your policy</td> </tr> <tr> <td>HAPPY</td> <td>To express your satisfaction</td> </tr> <tr> <td>UNHAPPY</td> <td>If dissatisfied with our services</td> </tr> </tbody> </table>	SERVE	For any service requests	PRODUCT	For any product queries	MOTORCLAIM	To register your claim	REN	To renew your policy	HAPPY	To express your satisfaction	UNHAPPY	If dissatisfied with our services
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9. Grievance Redressal Mechanism

9.1 Grievance Redressal Framework

9.1.1 Grievance Redressal Officer of the Company

The Company has designated the Head of Customer Service as Grievance Redressal Officer of the Company. The Grievance Officer of the Company shall inter alia be responsible for;

- a) Administer a comprehensive Customer Service SOP (Standard Operating Procedures) under the framework of "Policy of Protection of Interest of Policy Holders". This SOP will ensure all customers are treated fairly and incorporate the day to day procedures and operational aspects. The scope of SOP to cover the entire gamut of service activities at an organizational level. The designated GRO is responsible for interpretation, application and revision of Customer Service SOP from time to time
- b) Interaction with Regulators and other bodies for Redressal of Grievances.
- c) Guide the GROs at Operations HO and Branch office from time to time for adopting better Grievance Redressal practices.
- d) Reviewing the Grievances and suggesting the action steps for improving Customer Satisfaction.
- e) Designing Policy and strategy for making the Grievance Procedure and process more competitive and Customer focused.
- f) Representing the Company in various forums & Judicial bodies.
- g) Timely reporting of the Grievance data to the Regulatory authorities and the Board of Directors.
- h) In case the resolution provided by the company is disputed by the complainant, in accordance with the powers conferred upon him as the Grievance Redressal Officer, he can review the complaint and certify that the company has discharged its contractual, statutory and regulatory obligation and therefore close the Complaint.

9.1.2 Branch Grievance Redressal Officers:

The Company has nominated the Head of every office as Grievance Officer to whom a complaint can be made, and who shall immediately record such grievance and make his best endeavors to resolve such grievance. The Grievance officer at branch level shall be inter alia responsible for;

- a) All the grievances received at the office are registered in the system, and addressed appropriately.
- b) All grievances are resolved within the defined TAT
- c) To undertake proactive methods for Customer satisfaction

9.1.3 Customer Service Department

The Customer Service department shall be the overall custodian of all Queries, Requests and complaints received at the Branch/Zone level or the Head office.

The Customer Service Department shall be inter alia responsible;

- a) To ensure timely Redressal of grievances logged in Call Logging system.
- b) To ensure compliance with the processes laid down by organization and regulator from time to time.

- c) To monitor the quality of closure by owners and highlight the gaps on regular basis.
- d) To escalate cases not actioned within set timelines to ensure Customer satisfaction.
- e) To address escalated grievances and undertake steps for timely closure.
- f) To circulate learning's emanating from complaints across the organization for Improved Customer Focus.
- g) To interact with the Grievance Redressal Officer at Corporate office for closure of Customer Grievances.
- h) To maintain record of all customer complaints & provide reports based on Internal compliance & regulator guidelines and share the same in the Policy Holder's Protection Committee.

9.2 Grievance Redressal Procedures

- a) All Grievances shall be registered in the Company's Customer Service System. The Customers can register their grievance through any of the modes enumerated in section 7.
- b) The Turn Around time for each service Category and complaints shall be clearly defined and compliant with the IRDA guidelines in this regard. If the customer grievance relates to a delay in service whereas it is well within the Service level turnaround time, the customer shall be educated of the same.
- c) In such cases, the Grievance shall be registered if the Service Level TAT has been breached.
- d) The Company shall send a written acknowledgement to the complainant within 3 working days of the receipt of the grievance.
- e) The acknowledgement shall contain the name and designation of the officer who will deal with the grievance. It shall also contain the details of the insurer's grievance Redressal procedure and the time taken for resolution of disputes.
- f) The Company shall resolve the grievance within two weeks of its receipt and send a final written response on the resolution.
- g) The written response shall give the details of the resolution. It shall also inform the complainant about how he/she may pursue the complaint, if dissatisfied. It shall inform that it will regard the complaint as closed if it does not receive a reply within 8 weeks from the date of receipt of response by the insured/policyholder. Customer needs to be educated about further escalation avenues (IRDAI & Ombudsman) through the Grievance Redressal Procedure document which is sent as an enclosure with the written resolution response.
- h) All Branch Offices & the Head Office shall adopt the uniform policy and process the complaints as per the Standard Operating Procedure (SOP).

9.3 Escalation Procedures

All the policies carry information about the Service Turnaround times and Grievance Handling procedures of the Company, also the same is published on our website. A complaint, Claim Intimation and Endorsement request form is annexed with all policy documents and also



provided at the Branches. This also contains the contact details of the IRDA & insurance ombudsman offices, where the customer can approach in case he is not satisfied by the Grievance resolution provided by the Company.

10. Administration And Review Of The Policy

The Managing Director shall be responsible for the administration, interpretation, application and revision of this policy. The policy will be reviewed and revised as and when needed.