



Insurance Regulatory and Development Authority  
**GENERAL INSURANCE & HEALTH**  
**POLICY HOLDER COMPLAINTS REGISTRATION FORM**  
(Separate forms to be used for each complaint)

Annexure II

*Please approach your Insurance Company first with the grievance. If you have not received a response or you are not satisfied with the response on your grievance, you may use this form to register the complaint with IRDA.*

*If the complaint is a dispute in regard to premium paid or payable, dispute on policy wording pertaining to claim payment, delay in settlement in claims or non-issue of insurance document the same may be lodged with Insurance Ombudsman. The addresses of the Ombudsmen are available on our website.*

1. Name of the complainant: \_\_\_\_\_

2. Address of the complainant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. E-mail/Telephone/Fax: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Whether Individual /Company:  
(Please tick)

Individual /Company/other entities

5. Name of the Insurance company: \_\_\_\_\_

6. Address of the servicing office/branch with office code (if available):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Policy number/Proposal deposit number:

8. Nature of complaint: (Please tick)

	<b>Policy related</b>
<input type="checkbox"/>	Fire Insurance
<input type="checkbox"/>	Marine Insurance
<input type="checkbox"/>	Motor Insurance



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	Health Insurance
<input type="checkbox"/>	(a) Against company
<input type="checkbox"/>	(b) Against TPA
<input type="checkbox"/>	Other Misc Insurance
	<b>Non-settlement of claim</b>
<input type="checkbox"/>	Fire Insurance
<input type="checkbox"/>	Marine Insurance
<input type="checkbox"/>	Motor Insurance
	Health Insurance
<input type="checkbox"/>	(a) Against company
<input type="checkbox"/>	(b) Against TPA
<input type="checkbox"/>	Other Misc Insurance
	<b>Repudiation of claim/dispute in quantum</b>
<input type="checkbox"/>	Fire Insurance
<input type="checkbox"/>	Marine Insurance
<input type="checkbox"/>	Motor Insurance
	Health Insurance
<input type="checkbox"/>	A) Against Company
<input type="checkbox"/>	B) Against TPA
<input type="checkbox"/>	Other Misc Insurance
<input type="checkbox"/>	Others

**10. Details of complaint** (including details of document copies attached):

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**SIGNATURE:** \_\_\_\_\_

**DATE:**