



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

Annexure I

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. Claim number: _____

9. Is your complaint related to (please tick the appropriate box)

<input type="checkbox"/>	Conventional Life Insurance Policy
<input type="checkbox"/>	Unit Linked Life Insurance Policy
<input type="checkbox"/>	Pension Policy
<input type="checkbox"/>	Health Insurance Policy



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<input type="checkbox"/>	Group Insurance Policy
<input type="checkbox"/>	Others

10. Nature of complaint: (Please tick the appropriate box)

a. Purchase of policy

<input type="checkbox"/>	Plan & Term of the policy differ from what is requested
<input type="checkbox"/>	Mis-sale/Mis-representation/Tampering in proposal

b. Issue of policy

<input type="checkbox"/>	Acceptance of proposal related complaints
<input type="checkbox"/>	Non-refund of excess proposal deposit
<input type="checkbox"/>	Communication of decision on proposals not done within 15 days of receipt
<input type="checkbox"/>	Non-receipt of Policy Bond
<input type="checkbox"/>	Refund on Free-look
<input type="checkbox"/>	Error in Policy Schedule and Documents

c. Policy Servicing

<input type="checkbox"/>	Cancellation of policy other than Free-look
<input type="checkbox"/>	Response for recording Change of address is not sent within 10 days from receipt of communication
<input type="checkbox"/>	Response for noting a new nomination or change of nomination is not done within 10 days from receipt of communication
<input type="checkbox"/>	Response for noting an assignment is not sent within 10 days from receipt of communication
<input type="checkbox"/>	Response for information of current status of policy is not sent within 10 days from the receipt of communication
<input type="checkbox"/>	Response for issuance of an endorsement under the policy (noting a change in sum assured etc.) is not sent within 10 days from the receipt of communication
<input type="checkbox"/>	Response for issuance of duplicate policy is not sent within 10 days from the receipt of the communication
<input type="checkbox"/>	Payment of premium (ECS, Online payment, non-acceptance by company etc.)
<input type="checkbox"/>	Delay in adjustment of premium (causing policy lapse, loss of units)



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	etc.)
<input type="checkbox"/>	Complaints related to improper Allocation of Units
<input type="checkbox"/>	NAV related complaints
<input type="checkbox"/>	Charges deducted are not as per the policy provision
<input type="checkbox"/>	Non-receipt of Premium receipt
<input type="checkbox"/>	Non-receipt of Duplicate policy
<input type="checkbox"/>	Non-receipt of lapse intimation
<input type="checkbox"/>	Complaints related to Revival of lapsed policy
<input type="checkbox"/>	Complaint related to Assignment of Policy
<input type="checkbox"/>	Transfer of policy from one branch to another
<input type="checkbox"/>	Complaint on other benefits under the policy other than policy payment (Automatic Premium loan/ premium redirection/conversion option etc.)
<input type="checkbox"/>	Complaint on alteration in policy (Rider addition or deletion, change in SA, Change in Premium, Change in mode of payment, change in plan & term etc.)
<input type="checkbox"/>	Non-receipt of statement of accounts/ bonus etc.

d. Claim Servicing

<input type="checkbox"/>	Surrender Value not paid
<input type="checkbox"/>	Payment of less surrender value
<input type="checkbox"/>	Queries or requirement of additional document in respect of survival benefit not received within 15 days of receipt of the claim request
<input type="checkbox"/>	Partial withdrawal benefit is not paid
<input type="checkbox"/>	Survival Benefit is not paid within 30 days from the date of receipt of all relevant papers
<input type="checkbox"/>	Queries or requirement of additional document in respect of Maturity Claim not received within 15 days of receipt of the claim request
<input type="checkbox"/>	Maturity claim is not paid within 30 days from the date of receipt of all relevant papers
<input type="checkbox"/>	Queries or requirement of additional document in respect of Death Claim not received within 15 days of receipt of the claim request
<input type="checkbox"/>	Death claim is not paid within 30 days from the date of receipt of all relevant papers
<input type="checkbox"/>	Death claim not paid since investigation is not completed within 6 months from the date of intimation
<input type="checkbox"/>	Repudiation of Claim



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<input type="checkbox"/>	Queries or requirement of additional document for any other claim (Health, Accident Benefit, Disability Benefit or other Riders) is not received within 15 days of the receipt of the claim request
<input type="checkbox"/>	Any other claim (Health, Accident Benefit, Disability Benefit or other Riders) is not paid within 30 days from the date of receipt of all relevant papers
<input type="checkbox"/>	Any other claim (Health, Accident Benefit, Disability Benefit or other Riders) is not paid since investigation is not completed within 6 months from the date of intimation
<input type="checkbox"/>	Complaint related to Payment of Annuity installments
<input type="checkbox"/>	Response for processing and Payment of Policy Loan is not sent within 10 days from receipt of the communication
<input type="checkbox"/>	The amount of claim is not correct (Bonus, Sum Assured etc.)
<input type="checkbox"/>	Non-payment of penal interest for delayed policy payments

e. Other issues

<input type="checkbox"/>	Advertisement related complaint
<input type="checkbox"/>	Complaint against Agent
<input type="checkbox"/>	Malpractices by the employees of the insurer
<input type="checkbox"/>	Repeated and unwanted tele-calls from the company - Do not Call Register
<input type="checkbox"/>	Any other complaint related to Policy (Details of complaint is compulsory)

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

SIGNATURE: _____

DATE: