

Grievance Redressal Policy

IRDA Regulations for Protection of Policyholders Interests provides for insurers to have in place speedy and effective grievance redressal system. Further the IRDA has also issued specific guidelines pertaining to minimum time-frames and uniform definitions and classifications with respect to grievance redressal by insurance companies.

Max Bupa shall have the Grievance Redressal Policy as stated below in line with the said IRDA Guidelines.

1) Definitions

A) 'Grievance/Complaint' - 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.

B) '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.

C) 'Request' - A "Request" is defined as any communication from a customer soliciting a service such as a change or modification in the policy.

D) 'Company' shall mean Max Bupa Health Insurance Company Limited

E) 'Complainant' shall mean any policyholder (including legal heirs, assigns or legal representatives) who reports a Grievance to the Company

2) Grievance Redressal Procedure

Step 1

In case of any Grievance the Complainant can send a written communication to the Company at the following address

Customer Services Department
Max Bupa Health Insurance Company Limited
D- 1, Salcon Ras Vilas
District Centre, Saket
New Delhi – 110 017

JDCCA)
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The Complainant can also write an email to customercare@maxbupa.com . The Complainant can also submit Grievance at any of the Max Bupa Branch locations.

The Grievance should be expressed in writing duly signed by the Complainant or legal heirs, assigns, legal representatives with full details of the complaint and contact details of the complainant

Step 2

In case the Complainant is not satisfied with the response or have not received any response within 10 days, the Complainant can escalate and approach the following official of the Company

Head – Customer Services
Max Bupa Health Insurance Company Limited
D- 1, Salcon Ras Vilas
District Centre, Saket
New Delhi – 110 017

Step – 3

In case the Complainant is still not satisfied with the decision or resolution of the Grievance, the Complainant may approach the Insurance Ombudsman. The details of the Insurance Ombudsman shall be provided in the terms and conditions of the policy sent to the customers with welcome pack and are also available on the website of the Company

As per section 13 (3) of Redressal of Public Grievances Rules, 1998 – No complaint to the Ombudsman shall lie unless

- a) The Complainant had before making a complaint to the Ombudsman made a written representation to the insurer named in the complaint and either the insurer had rejected the complaint or the Complainant had not received any reply within a period of one month after the insurer concerned received his representation or the Complainant is not satisfied with the reply given to him by the insurer
- b) The complaint is made within one year after the insurer had rejected the representation or sent final reply on the representation of the Complainant ; and

The complaint is not on the subject matter, for which any proceedings before any court, or Consumer Forum ,or arbitrator is pending

Turn Around Time (TAT's)

The company shall ensure that the following TAT's are adhered to redress the grievances as prescribed by the IRDA

- 1) The Company shall send a written acknowledgement to a complainant within 3 working days of the receipt of the grievance
- 2) The acknowledgement shall contain the name and designation of the officer who will deal with the grievance.
- 3) It shall also contain the details of the Company's grievance redressal procedure and the time taken for resolution of disputes.
- 4) Where the Company resolves the complaint within 3 days, it will communicate the resolution along with the acknowledgement.
- 5) Where the grievance is not resolved within 3 working days, the Company shall resolve the grievance within 2 weeks of its receipt and send a final letter of resolution.
- 6) Where, within 2 weeks, the company sends the complainant a written response which offers redress or rejects the complaint and gives reasons for doing so,
 - a. The Company shall inform the complainant about how he/she may pursue the complaint, if dissatisfied.
 - b. The Company 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.

3) Closure of Grievance

A complaint shall be considered as disposed of and closed when

- a) The company has acceded to the request of the complainant fully or
- b) Where the complainant has indicated in writing, acceptance of the response of the insurer or
- c) Where the complainant has not responded to the insurer within 8 weeks of the company's 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

4) Categorisation of complaints

The Company shall adopt the categorisation of complaints and associated turnaround times as prescribed by IRDA from time to time and shall incorporate in the system.

5) Reporting

- a) The Company will review on quarterly basis ,the nature of Grievances received and shall take appropriate steps with a view to minimize Grievances
- b) Head – Customer Services will submit a monthly report to Chief Operating Officer & Designated Grievance Officer/s of the Company
- c) Chief Operating Officer or Designated Grievance Officer/s may suggest changes or enhancements in processes to minimize Grievances
- d) The Company will submit reports related to Grievances to Insurance Regulator and Development Authority (IRDA) as required from time to time
- e) The Company will submit quarterly report on Grievances to Policyholders Protection Committee of the Board
- f) The Company shall publicize its grievance redressal procedure and shall be available on its website.

6) Compliance

The Company shall at all times ensure that the Grievance Redressal is in line with

- I. IRDA (Protection of Policyholders Interest) Regulations, 2002
- II. Redressal of Public Grievances Rules , 1998
- III. Any other notifications / circulars issued by IRDA from time to time

The Compliance Officer of the company shall be the designated Grievance Officer at Corporate Office as required under IRDA Guidelines. The respective Branch Service Manager shall be the Grievance Officer of all other Branch offices

The company shall have in place system to receive and deal with all kinds of calls including voice / email relating to grievances from prospects and policyholders' .The system shall enable and facilitate the required interfacing with IRDA's system of handling calls/emails

An automated system for registration and tracking of grievances/ Complaints shall be put in place. Such system shall fulfill all the requirements as prescribed by IRDA from time to time.

7) Role of Policyholders Protection Committee

The Policyholders Protection Committee of the Board shall review and guide the Company on the Grievance Redressal procedures and mechanism. The company may carry out such amendments in processes or systems based on the recommendations of the Committee

8) Review

This policy will be reviewed on yearly basis or as and when required