GRIEVANCE REDRESSAL POLICY

AVIVA INDIA

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1 MANAGEMENT STATEMENT

At Aviva, Complaints Management is viewed as a Feedback Mechanism System, where each complaint is not just a customer’s concern but also:-

1) An opportunity to build credibility by demonstrating commitment and fairness.
2) An opportunity to re-gauge Process Benchmarks basis customer’s expectations.
3) A tool to enhance Customer Relationship Management.

The above aspects, as mentioned, have exponential benefits for the company in terms of enhancing Quality, Efficiency and strengthening relationship.

1.1 NOTE ON CURRENT PROCESS

In order to deliver to the above-mentioned philosophy, we measure our key service delivery metrics as per the industry’s best benchmarks, as suggested by

1) 5X7 Complaints Management Process. See Page No. 6.
2) ISO Certified Process. See Annexure 5
3) TMI’s (Transaction Monitoring Interface) Framework on “A Complaint is a Gift”

These metrics ensure that we are prompt, accurate and ever improving as a single service unit. Our key metrics that we measure include:-

1) Efficiency, measured by On-time Resolution of Complaints and Average TAT.
2) Accuracy, measured by Fatal Error Accuracy.
3) Rate of Complaints, measured though Complaints received per 10,000 policies.

The Complaint Management Process is designed keeping in mind the mandates mentioned in the Grievance Redressal Procedure (Point 5) in IRDA’s Protection of Policy Holders Interest Regulations. The Complaint Management Process ensures that people and systems are aligned to ensure:

1) Complaints under Consumers’ Protection Act are prioritized.
2) A Root Cause Analysis (RCA) is undertaken to rectify the process so as to minimize complaints opportunity. Refer section 5.6 for examples of improvements basis RCA.
3) Responses/ Acknowledgement to complaints are sent within 3 days.
4) All the policy documents carry details of Ombudsman
5) Redressal mechanism is documented, fair and efficiently executed.

1.2 CONSUMERS’ EDUCATION AND TRANSPARENCY

Our implemented framework asserts not only on resolving the complaints but also on Customer Education and Convenience. We extend the same thought through various initiatives, which are dedicatedly executed. These steps are voluntarily embraced and are purely ascended from our principles of customer services. Some of these steps are:-

1) Proposal Stage Calling (On best effort basis), which verifies policy details in recorded environment. This reduces instances of verbal mis-communication at “Point of Sale” and customer feels empowered of his decision. The same initiative has been instrumental even in reducing Freelook Cancellation, Complaints and Return Undelivered Mails from Courier Companies.
2) Orphan Portfolio Management, aligns dedicated staff to policies sourced by Ex-Channels partners. This team is involved in facilitating the customer at various service-points such as premium payments, Endorsements and Receipt requests etc.
3) We also mandate **Need Based Analysis** as part of New Business solicitation process.

4) We follow a **No Tolerance** policy within the Organization for employees / agents / partners involved in non-disclosure / mis-representation of material information to the customer. We have a detailed Sales Compliance Policy to administer the implementation of the same.

5) Customer’s **Right to escalate and redress** is reinforced and promoted by having details of customer escalation matrix readily available on the website and even at our branches apart from having the same available in the policy documents. See Annexure 1 for reference.

**1.3 INITIATIVES TAKEN AND SELF GOVERNANCE STANDARDS**

With the recognized framework, our endeavor is to further **Improve Customer Experience and Delivery Standards**, our plans prepare our people, processes and systems to deliver the following:-

1) **Enhance FCR** (First Contact Resolution) of Complaints.
    
a) Empower Frontline staff to gauge impact (Customer & Resource) and ensure instant resolution.
   
b) Development of knowledge and information portals to centralize all information.

2) **TMI’s (Transaction Monitoring Interface) Framework** on “A Complaint is a Gift” has been institutionalized. The framework builds on Customer Experience, Winback, Customer Handling and Empowerment of Staff in KCRP (Key Customer Related Process) jobs.

3) Adopt the **Principles of Treating Customers Fairly** in the customer service framework.

4) **Simplified Annual Statements** are sent to the customer in order to apprise them of the values and charges in a policy.

5) **Empowering customers** by extending more touchpoints of servicing such as Online payments of premiums on website and Interactive Voice Responses, Extend Online Transactions to majority of endorsements and SMS pull and push service.

6) **Enlarge Customer Education** on Policy terms, benefits and updates on fund movements at every touchpoint e.g. Advisor, Branches, Call Center, Websites and Self Help Options.

7) **Most Important Term** was introduced in May 2009 as a part of our policy document for all customers. In May 2011 the standardized MIT document was customized to each policy and in November 2011 we have now made MIT customized at the proposal stage itself and it is now part of the pre issuance documents signed by the customer.

8) Customer can now track details on his **Complaints online as well**.

9) **Enhance Confidence and Transparency with Regulators**. Since April 2011 we are live on the integrated grievance management system of the Regulator.
10) **Background of IGMS**

IRDA wanted to have a comprehensive Integrated Grievance Management System (IGMS) solution which has not only the ability to provide a centralized and online access to the policy holder but complete access and control to IRDA for monitoring the grievance redressal procedure. Our Customer Relationship Management is aligned to IGMS (IRDA Portal) on real time basis.

**Key Highlights:**

10) To provide IRDA with a tool to monitor the effectiveness of the grievance redressal system of insurers.
11) To provide a gateway to policyholders to register and track their grievances with Insurers with a facility to escalate to IRDA.
12) To facilitate IRDA to have access, monitor and track details of all grievances lodged with all Insurers, along with their disposal status.
13) Mirroring the complaints database of the Insurers to the IRDA portal.
14) Provide MIS reports to IRDA in all aspects of grievance redressal.
15) Provide advice to policyholders regarding referring their complaints to the Ombudsman.
16) To provide a simple, easy to use platform to policyholders to lodge Complaints against brokers and insurers.
2 GRIEVANCE REDRESSAL SYSTEM/PROCEDURE:

Aviva has a system and a procedure for receiving, registering and disposing of grievances in each of its offices. Company ensures that the following minimum time-frames are adopted:

(a) It is mandatory to send a written acknowledgement to a complainant within 3 working days of the receipt of the grievance.

(b) The acknowledgement contains the name and designation of the officer who will deal with the grievance.

(c) It contains the details of the insurer’s grievance redressal procedure and the time taken for resolution of disputes.

(d) Where the complaint gets resolved within 3 days, the resolution is communicated along with the acknowledgement.

(e) Where the grievance is not resolved within 3 working days, it is mandatory to resolve the grievance within 2 weeks of its receipt and send a final letter of resolution.

(f) Within 2 weeks, we send the complainant a written response which offers redress or rejects the complaint and gives reasons for doing so.

(g) We inform the complainant about how he/she may pursue the complaint, if dissatisfied.

(h) We inform the complainant that we will regard the complaint as closed if we do not receive a reply within 8 weeks from the receipt of response by the insured/policyholder.

(i) Grievance Redressal Procedure is also publicized on the company’s website i.e www.avivaindia.com for easy approach by the customers.

2.1 TURNAROUND TIMES:

There are two types of turnaround times involved.

(i) The service level turnaround times, which are mapped to each classification of complaint (which is itself based on the service aspect involved).

(ii) The turnaround time involved for the grievance redressal.

As to (i), the TATs are as mapped to the classification and prescribed by the Authority to insurers. These TATs reflect the time-frames as already laid down in the IRDA Regulations for Protection of Policyholders Interests and more, as, wherever considered necessary (for certain service aspects not getting specifically reflected in the Regulations), specific TATs are indicated in the classification and mapping provided by the Authority.

As regards (ii) above, the minimum TATs required to be followed shall be as prescribed in guideline 4 (a) to (g) as prescribed above. Refer Annexure 3 for details.
2.2 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.

(b) where the complainant has indicated in writing, acceptance of the response.

(c) where the complainant has not responded within 8 weeks of the company’s written response.

(d) where the Grievance Redressal Officer has certified that the company has discharged its contractual, statutory and regulatory obligations and therefore closes the complaint.

2.3 DEFINITION

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.

2.4 ELEMENTS IN EFFECTIVE COMPLAINT MANAGEMENT

1) Commitment of all, at any level, to ensure/facilitate assured service to our customers.
   a) Complaints Management is a Companywide initiative and lists all departments in their areas of influence or opportunity.
   b) Each process owners is accountable in driving to reduce Complaints Rate and Resolution TAT.

2) Fairness to the contract needs to be exhibited at all times.
   a) Customers are informed of Turnaround Time, basis the nature of their complaint, immediately.
   b) Written Acknowledgement being sent to the customer with details of the officer handling customer’s case and expected Turnaround times for resolution.
   c) Customers are educated and empowered to escalate basis resolution.

3) Resources’ (Man/Machine) adequacy with appropriate empowerment.
   a) A highly skilled centralized team dedicatedly redresses each complaint.
   b) Robust Communication channel and Best in Class CRM Support is in place to secure each customer’s interaction and it’s tracking.

4) Responsiveness i.e. dealing promptly, courteously and in accordance to its urgency.
   a) Each complaint is responded and provided with unique identity for closer tracking.
   b) We have a well-defined Turnaround Timelines for resolution, which are adhered to.

5) Complaint Classification to facilitate concentrated management.
   a) The trend allows faster resolution, facilitates resolution basis criticality.
   b) Classification is key to understand complaints opportunities and improvement needs.

6. Voice of Customer – On our Key Processes we conduct monthly survey to track satisfaction score from our end users. The observations/finding from the survey are looped back to each process and corrective / Preventive measure are identified and executed.
2.5 **Grievance Redressal Officers.**

1. Every Branch has Local Grievance Redressal Officers whose responsibility is as under.
   - Take the Complaint from the customer
   - Understand the Query
   - 100% check of all the documents required to be submitted by the customer
   - Explain to the customer the complete grievance redressal procedure and TAT’s. (Inform complainant that our systems are in place to receive and deal with all kinds of calls including voice/e-mail, relating to grievances, from prospects and policyholders)\(<\text{we need not get into so much detail since a lay person might not understand this}\>)

2. Grievance Officer from senior management level who certifies that the Customer Redressal desk has discharged its contractual, statutory and regulatory obligations and therefore approves the closure of the complaint. This officer is of senior management level which will be appointed by the Board from time to time and will report to the Board with regard to Grievance redressal issues

3. Official Complaint Redressal Officer as company’s representative.

4. Policyholder Protection Committee (PPC), as stipulated in the guidelines for Corporate Governance issued by the Authority, is in place and is receiving and analyzing the required reports from the management and is carrying out all other requisite monitoring activities.
FRAMEWORK (5 X 7 – COMPLAINTS MANAGEMENT SYSTEM)

PROCESS: 5 X 7 Complaint Management:

This refers to media types through which a complaint can be registered i.e. eMail, Voice, Letter and Fax. IRDA (IGMS)

7 step processes to track the registration of the complaint, its resolution and finally elimination of the very cause of the complaint to ensure it does not reoccur. These steps are:-

1) **Identification and Documentation** - the recording of information about a specific problem to facilitate classification, coordination, cause determination, resolution, and management review.

2) **Escalation and Notification** - the severity-based, systematic reporting of information about a problem and its impact to the appropriate parties.

3) **Determination** - the collection and analysis of information to isolate and identify the cause of a problem.

4) **Bypass and Recovery** - the temporary resolution of a problem and the prompt restoration of the affected production process.

5) **Resolution** - the permanent repair of the problem and elimination of its cause.

6) **Prevention and Continuous Improvement** - the analysis of trend information to isolate and identify potential problems and to facilitate proactive steps to prevent the recurrence of previously identified problems.

7) **Coordination** - the tracking and controlling of problem status through the problem management process to assure the timely movement and handoff of the problem from one activity to the next.
4 CONCEPT REPLICATION

The following matrix maps the concept of the process with our corresponding steps and also lists the MIS periodicity in order to be in control of the trends.

<table>
<thead>
<tr>
<th>SNO</th>
<th>DEFINED STEPS</th>
<th>STEPS INCORPORATED</th>
<th>PERIODICITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Identification and Documentation</strong> - the recording of information about a specific problem to facilitate classification, coordination, cause determination, resolution, and management review.</td>
<td>1. Classify Complaint and define its granularity.</td>
<td>Daily</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Assign the severity level to the complaint.</td>
<td>Daily</td>
</tr>
<tr>
<td>2</td>
<td><strong>Escalation and Notification</strong> - the severity-based, systematic reporting of information about a problem and its impact to the appropriate parties</td>
<td>Escalation metrics to ensure timely escalation and TAT at various level on revert</td>
<td>Daily</td>
</tr>
<tr>
<td>3</td>
<td><strong>Determination</strong> - the collection and analysis of information to isolate and identify the cause of a problem.</td>
<td>Classify concern area &amp; prepare MIS on Concerns (Desk-wise)</td>
<td>Post revert from desk</td>
</tr>
<tr>
<td>4</td>
<td><strong>Bypass and Recovery</strong> - the temporary resolution of a problem and the prompt restoration of the affected production process.</td>
<td>Currently, can be offered though white mails such as notices and written communications.</td>
<td>Daily</td>
</tr>
<tr>
<td>5</td>
<td><strong>Resolution</strong> - the permanent repair of the problem and elimination of its cause.</td>
<td>Report the Determinations Dashboard to all concerned departments and seek revert with POA on identified Concerns</td>
<td>Daily</td>
</tr>
<tr>
<td>6</td>
<td><strong>Prevention and Continuous Improvement</strong> - the analysis of trend information to isolate and identify potential problems and to facilitate proactive steps to prevent the recurrence of previously identified problems.</td>
<td>Prepare comparative Dashboards to track trends and highlight anomalies in the trends in the subsequent Dashboards.</td>
<td>Monthly</td>
</tr>
<tr>
<td>7</td>
<td><strong>Co-ordination</strong> - the tracking and controlling of problem status through the problem management process to assure the timely movement and handoff of the problem from one activity to the next.</td>
<td>Report Wing-To-Wing Turnaround Time of each sub-activity while resolving a problem statement.</td>
<td>Monthly</td>
</tr>
</tbody>
</table>
5 DETAILED APPROACH

5.1a IDENTIFICATION AND DOCUMENTATION (Complaint Classification)

Complaint Classifications is instituted to understand the nature, type and the origin of the complaint. A complaint is classified as per the understanding given by the customer regarding a complaint.

A complaint is classified on the basis of:

1) Source of Communication (Email, Call, Letter or a Visit at Touchpoint)
2) Type of Communication (Query, Request, Feedback, Complaint and Notices which include communication from Ombudsman, Consumer Forum, Legal Bodies etc.)
3) Severity of a Complaint (Defined beneath)
4) Nature of a complaint.

Nature of a Complaint gets further classified under following headers.

1) Sales Related.
2) Non Sales Related.

These complaints are further branched into specific concern and the process/sub-processes. Refer Annexure-3.

5.1b IDENTIFICATION AND DOCUMENTATION (Assigning Severity)

Severity of a complaint indicates the criticality and urgency for resolution.

A complaint, post classification, is assigned with its severity in order to assist prioritization of sensitive cases. All complaints are bifurcated into:

1) Severity 1 - A complaint that has immediate and higher than the perceived impact on to the business or reputation, unless not resolved within the expected timelines. This is resultant of any long pending case, financial losses or legal issues.
2) Severity 2 - Complaint, as defined in page 5. Resolution as per defined TAT of the process

Example: Severity 1 Complaints would fall under following situations:

1) A communication, which is follow-up to existing complaint with legal authorities, IRDA or regarding Ombudsman, MD office
2) A Complaint where ageing is beyond threshold.

Refer Annexure 4 to view the detailed matrix.

Step 1 of the framework is concluded only once we have acknowledged the receipt of customer’s complaint as per the source of the communication, sharing the unique Interaction Id with customer, to facilitate follow-up and traction.

This guideline ensures that a written acknowledgement is sent to a complainant within 3 working days of the receipt of the grievance which would have details of the redressal officer and the grievance redressal policy overleaf.
5.2 **ESCALATION AND NOTIFICATION**

Escalation to process owners is prerequisite to address corrections and to identify the areas generating Complaints Opportunity.

The Escalation matrix defines the channels/processes and levels of hierarchy that would be involved for the resolution, and it’s promptness. This matrix also indicates the next escalation point in case a situation regarding customer’s complaint is not resolved within the specified Internal Turnaround Time of the process.

Escalation Matrix is more stringent for a Severity 1 complaint and the same is accordingly communicated to all concerned process owners.

5.3 **DETERMINATIONS**

A complaint, after initial classification, is revisited to determine the cause of the concern and classify the concern broadly among following situations:

1) System
2) Process
3) Training / People
4) Customer / Vendor dependency

This becomes the basis to initiate root-cause-analysis on each type of complaint, by the respective desk / department. Each process owner uses the above data of “Determinant Analysis” and target each listed challenges as follows:

1) System - Evaluate current capability and gaps and rework on System Logic.
2) Process - Define ownership and MIS for identified gaps to trigger alarms.
3) People - Retrain / reinforce / take corrective actions.
4) Customer Dependency - Relook at improving customer awareness on situations.
5) Vendor Dependency - Rebuild measurabilities and performance management.

“RCA Forums” are monthly meets where Complaints Redressal Team and Process Owners deliberate on improvements to reduce further complaints opportunities.

5.4 **BYPASS AND RECOVERY**

Currently, the bypass solutions are provided for the complaints categorized under “Non-Receipt/ Delay of Notifications or Communications from the Company” as classified in Annexure 3.

These request arise due to non receipt of documents such as notices, reminders or statements that a customer is due to receive time to time and also when a adhoc request for any document is not fulfilled within the committed time to the customer.

Customer is recovered from these situations by expediting another copy of the requested document or by giving the expected date of delivery for the document, if already dispatched.
5.5 **Error and Omission policy**

We have a detailed Error & Omission Policy (See Annexure 5), which documents Error Opportunities, Impact of Error (Internal and Customer’s) and Approving authorities for each impact. This ensures that every redressal event is compulsorily shared to know the impact of the complaint. This also entails fairness and accountability.

The E&O policy also spells empowerment of Complaints Redressal Desk, in order to remove influences and promote objectivity and consistency in resolution framework.

*The decisions and timelines taken on each Complaint ensure compliance to IRDA's Protection of Policy Holders Interest Regulations.*

5.6: **PREVENTION AND CONTINUOUS IMPROVEMENT**

Prepare month on month comparative dashboards to track trends and impacts on improvements. The same would also facilitate in reflecting and highlighting anomalies in the trends basis the analysis of complaints, VOC (Voice of Customer) and CTQ (Critical to Quality) reports.

The inferences of these reports and root-cause-analysis post “Determinations” report will serve as basic data to initiate process improvements.

These process improvements are of two types:-

1) By Enhancing Customer education or  
2) By Reducing / Eliminating error opportunities by Controlled MIS or Automation.

Certain examples on the improvements are as follows:-

a) Have instituted **RCA Forum** in Complaints Redressal. The forum deliberates to works on opportunity to reduce complaints opportunity.  
b) Dedicated **Portal for Sales Complaints**, which facilitates tracking and faster resolution of Complaints Cases.  
c) Successfully completed the D3 project(Document, Dispatch and Delivery improvement project) to increase the efficiency of dispatch process.  
d) Six Sigma concepts are used to improve the process and to reduce the Non-Value-Adds. In last one year we have initiated 5 green belt / yellow belt projects to improve the Complaints Redressal.

5.7: **COORDINATION**

This step is key in order to standardize and monitor the co-ordination of each point. This step ensures that the Turnaround Time of each process and sub-process is measured.

Such tracking facilitates in identifying the gaps at each sub-process. The same allows the process owner to focus on improving the concerned activity.

The step is key since it also helps in identifying areas of Non-Value Adds and areas where complaints opportunity can be reduced.
6 TEAM

The centralized team is stationed at Aviva Tower, Sector Road, Opp Golf Course, DLF Phase-V, Sector 43, Gurgaon-122003

<table>
<thead>
<tr>
<th>S.No</th>
<th>Designation</th>
<th>Name</th>
<th>Phone No.</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Associate Vice President (Customer Advocacy Team)</td>
<td>Meghna Sharma</td>
<td>95-124-270-9000 Extn – 9885</td>
<td><a href="mailto:meghna.sharma@avivaindia.com">meghna.sharma@avivaindia.com</a></td>
</tr>
<tr>
<td>2.</td>
<td>CRO/Head</td>
<td>Anupam Tyagi</td>
<td>Extn - 9278</td>
<td><a href="mailto:anupam.tyagi@avivaindia.com">anupam.tyagi@avivaindia.com</a></td>
</tr>
<tr>
<td>3.</td>
<td>Senior Vice President–Operations/Grievance Officer from Senior Management</td>
<td>Vijayalakshmi Natarajan</td>
<td>Extn - 9310</td>
<td><a href="mailto:vijayalakshmi.natarajan@avivaindia.com">vijayalakshmi.natarajan@avivaindia.com</a></td>
</tr>
</tbody>
</table>
AVIVA COMPLAINT REDRESSAL PROCESS

At Aviva Life Insurance, we aim to provide our customers with the best service. However, for any problem or to register a complaint, you can reach us through any of the following channels:

A. Regular Access Channels

customerservice@avivaindia.com
1800-180-2266 / 0124-2709046
Aviva Life Insurance Company India Ltd.
Aviva Tower, Sector Road
Opp. Golf Course, DLF-Phase V
Sector-43, Gurgaon – 122003

Visit our branches OR visit our website for details.

B. Escalation of your complaints

If you are not satisfied with the response that you receive from the access channels above or if you do not hear from us within 7 working days, you can escalate your complaint through:

(a) An E-mail to complaints@avivaindia.com explaining the details of the concerned issue.
   You will receive a response within 3 working days of the receipt of your complaint
   OR

(b) You can call us on the toll free numbers 1800-180-2266 (BSNL/MTNL lines) or 0124-2709046 (Non BSNL/MTNL lines).
   Our team of customer service executives will attend to and resolve your issues.

C. Aviva Life Insurance Complaint Redressal Officer (CRO)

If you are not satisfied with the response that you receive or if you do not hear from us within 10 working days of having registered your complaint, please contact our Complaint Redressal Officer (CRO). The CRO for Aviva Life Insurance will examine your issues and provide on impartial resolution and can be reached at:

Complaint Redressal Officer (CRO)
Aviva Life Insurance Company. India Ltd., Aviva Tower, Sector Road, Opp. Golf Course
DLF-Phase V, Sector-43, Gurgaon – 122003, Email: cro@avivaindia.com

D. Insurance Ombudsman Scheme

The Insurance Ombudsman is empowered to receive and consider complaints from any person who has any grievance relating to claims, premium paid or payable, or non issue of policy documents.
The remedy is available only if a complaint has been filed firstly with the insurer and the same has not been resolved satisfactorily.
For a list of Insurance Ombudsman, please visit our website www.avivaindia.com or obtain more details from our nearest branch.
ANNEXURE –2

COMPLAINTS CLASSIFICATION BASIS TYPE, SUB-TYPE

IRDIA IGMS Masters
- For Life Insurance x
## SEVERITY MATRIX

<table>
<thead>
<tr>
<th>COMPLAINT TYPE</th>
<th>SEVERITY DEFINITION</th>
<th>LEVEL 1</th>
<th>LEVEL 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal</td>
<td>Existing Legal Complaint</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Existing Complaint Reg. Ombudsman</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Existing Complaint with ref. To IRDA</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Company out of Funds</td>
<td>Additonal out-flow of money</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Error in Processing</td>
<td>Accounting Errors</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Incorrect Data capture</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Breach of TAT</td>
<td>Pol Servicing request where Ageing has exceeded TAT</td>
<td>Twice of TAT</td>
<td>Exceeding TAT</td>
</tr>
<tr>
<td></td>
<td>Delay/Non-receipt of Notifications, Communications,Policy docs</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Customer is Priority Customer</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Mis Representation of Facts</td>
<td>Customer out of Money</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>In appropriate Product Commitments</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>In appropriate Service Commitments</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Behaviour of Staff</td>
<td>Staff misbehaved with the customer</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Lack of courtesy by the staff</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-Fullfillment of Requests</td>
<td>Adhoc Request (RPR, Annual Statement, Premium Statement)</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>
ANNEXURE: 4

ERROR AND OMISSION (E&O) POLICY

The Policy aims to remove/minimize customers’ financial impact, which they face due either Mis selling or services.

The Chief Executive Officer & Managing Director shall from time to time delegate powers to the Grievance Redressal team to take decisions relating to redressal of grievances of customers including payment of compensation.

Noteworthy is that the company’s impact due to waivers, loss of business and compensation is fed back into system as feedbacks. This policy also links itself to Sales Compliance Policy, which encourages Quality and “First Time Right” Actions.
ANNEXURE 5:
ISO STANDARD

ISO 9001:2008 Model

It has 8 sections (Clauses): Clause 1,2, 3-Introduction AND Clause 4,5,6,7,8