COMPLAINTS HANDLING AND RESOLUTION POLICY

July 2013
I OBJECTIVE

The objective of the Complaints Handling and Resolution Policy is to:

- lay down the guidelines, procedures and best practices for handling and redressal of complaints received by the Company from various sources in an effective, efficient, fair and impartial manner;
- Provide guidance to the individuals who are responsible for handling and resolving complaints within the Company;
- Incorporate the learning’s gained through resolution of the customer complaints in the form of reengineering of the process.
- Grievance Redressal Policy (July 2010 -3/CA/GRV/YPB/10-11) – states that “Every insurer shall have a Board approved Grievance Redressal Policy which shall be filed with IRDA”.

II PREAMBLE

Complaints are one of the most direct and effective ways for the customers to tell the businesses that there is a room for improvement and hence the complaint handling policy is framed to redress the grievances of customers.

As per IRDA circular dated 27th July 2010, the following definition of Grievance shall be adopted:

- **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.
- **Inquiry**: An “Inquiry” is defined as any communication from a customer for the primary purpose of requesting information about a company and/or services.
- **Request**: A “Request” is defined as any communication from a customer soliciting a service such as a change or modification in the policy.

III COMMITMENT

There should be commitment to complaints handling procedures at all levels of the organization, in particular at higher levels. There should be a commitment at the level of the Board, to ensure that the complaints handling procedures are integrated into the culture of the organization.

In this regard:

- All concerned staff (sales & non sales) need to be made aware of and educated about the complaints handling procedures. Adequate resources need to be allocated to complaints handling to ensure that defined TAT is adhered. Management systems and reporting procedures need to be implemented to ensure timely and effective complaints handling and monitoring.
- Reasonable steps should be taken to ensure that customers know about the existence of the complaints handling mechanism and how to lodge a complaint.
IV RESOURCES

- A point of contact should be established for the handling of complaints. Staff nominated should have sufficient training and be adequately qualified to deal with those complaints.
- There should be the inclusion of staff with the necessary authority to settle or resolve a complaint.
- There also needs to be adequate systems and software in place to handle and record complaints promptly, fairly and consistently.

V TYPES OF COMPLAINTS ARE:

- Multiple complaints
- Creeping complaint

1. 'Multiple complaints' means a complaint that can be categorized under more than one complaint category because the customer has more than one complaint in the policy. One complaint number is generated for such cases.

2. 'Creeping complaint' means a complaint repeatedly reported by the same complainant and where the primary issue remains unchanged. A complaint re-lodged by the same complainant for a matter which has been resolved and closed can also be termed as a Creeping complaint. Creeping complaints needs to be evaluated and if required needs to retagged and investigated.

VI TRACK COMPLAINTS

Customers can call at our toll free number or call up the complaints executive to check the status of his/her case

The Regulator has facilitated for online tracking of complaints thru their Integrated Grievance Management System, wherein a customer can lodge complaints thru this web portal as well as track the status of the same.

VII WHERE CAN A COMPLAINT BE RECORDED?

Complainant may lodge a complaint at/with any of the following touch points:

- Contact Center
- Branch Office
- Head Office
- Company’s website
- Regulator (IRDA)/Insurance Ombudsman / Consumer Forum/Policyholder Forum
- Direct reporting via email
- Employee of the Company
- Direct reporting to Compliance/ Grievance Officer at the registered office of the Company.

VIII STEPS TO REDRESS GRIEVANCE:

Customers should follow the below 3 steps to redress his/her grievances. These steps are displayed in our Company Website and branches. The same is also available in our customer
Step 1:
Customers may approach our Grievance Redressal Cell by following mode:

- Lodge complaint at www.bharti-axalife.com
- Call us at our toll free no. 1800 102 4444
- Email us at complaints.unit@bharti-axalife.com
- Write in to our below Head Office address:

Grievance Redressal Cell
Bharti AXA Life Insurance Company Ltd.
Unit No. 601 & 602, 6th floor,
Raheja Titanium, Off Western Express Highway, Goregaon (E), Mumbai-400 063

- They can meet our Grievance Officer at our branch.

Step 2:
In case the customer is not satisfied with the decision of the above office/ officer, they may contact our Grievance Redressal Officer, by the below steps:

- Write in to the Grievance Redressal Officer at:

  Grievance Redressal Cell
  Bharti AXA Life Insurance Company Ltd. Unit No. 601 & 602, 6th floor, Raheja Titanium, Off Western Express Highway, Goregaon (E), Mumbai-400 063

- Email us at cro@bharti-axalife.com

Step 3:
In case you are not satisfied with the decision/resolution of the Company, they may approach the Insurance Ombudsman by logging at www.bharti-axalife.com or www.irdaindia.org/

IX. RESPONSIBILITIES OF GRIEVANCE REDRESSAL CELL:

Grievance Redressal Cell at the Head Office shall be responsible for the following:

- Scrutinize the complaint communication on its receipt and understand customers' grievance
- Grievance Redressal Cell will accurately identify the complaint and classify it to the correct complaint type and subtype to enable effective analysis to be carried out.
- Investigate the complaint with relevant team and provide resolution to the customer.
- If the Grievance Redressal Cell is unable to contact the Complainant where information is pending/required, a response would be sent via letter/email informing complainant to provide alternate contact details. If additional information is required from customer for investigation of his complaint, the same is communicated in writing to the customer.
- Ensure case facts are documented in Complaints Handling System.
- Close each complaint when resolved by sending resolution communication to the customer.
• Undertake reviews to ensure that all complaints are resolved and closed within the standard defined TAT
• As per IRDA circular (July 2010 -3/CA/GRV/YPB/10-11), acknowledgement should be sent to the complainant within 3 working days of the receipt of the grievance.
• Acknowledgement letter 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.
• In case the complaint is resolved within 3 days, resolution to be communicated along with the acknowledgement.
• Where the grievance is not resolved within 3 working days, it shall be resolved within 2 weeks of its receipt and on its resolution a final letter is sent.
• Where, within 2 weeks, written response is sent to the Complainant which offers redress or rejects the complaint and gives reasons for doing so:
  o Company to inform the complainant about how he/she may pursue the complaint, if dissatisfied. (detailed procedure printed on the back side of our letter head i.e. Acknowledgement letter / Closure letter),
  o Communication to mention that the customer can approach the company within 8 weeks of receipt of the response to the company.
• If the customer approaches within 8 weeks of receipt of the decision letter, complaint will be lodged again in the system and it will be reviewed by the Grievance Officer of the company.
• If the customer approaches again after receiving decision letter from Grievance Officer stating his dissatisfaction, final response letter/email will be sent to the customer.
X. CLOSURE OF GRIEVANCE

The complaint shall be considered as closed & disposed off when either of the parameters is met:

- The company has acceded to the request of the complainant fully
- Where the complainant has indicated in writing, acceptance of the response of the insurer
- Where the complainant has not responded to the insurer within 8 weeks of the company's written response
- Where the GRO has certified that the company has discharged its contractual, statutory and regulatory obligations and therefore closes the complaint

The complaint is closed on the final reply sent to the customer, and if the customer approaches again, a fresh complaint is open (this is due to current system functionality).

All new complaints received from IRDA are handled as per the customer complaint handling
XI. ROLE OF GRIEVANCE REDRESSAL OFFICER

(Ref: As per IRDA circular 3/CA/GRV/YPB/10-11 dated July 2010)

"Every insurer shall have a designated Grievance Officer of a senior management level. Senior Management would mean either the CEO or the Compliance Officer of the company. Every office other than the Head/Corporate/Principal officer of an insurer shall also have an officer nominated as the Grievance Officer for that office"

Grievance Officer for Bharti AXA Life is the Compliance Head.

Grievance officer for Branches – Branch Support Executive (BSE) for respective branches

Responsibility of Grievance Officer at branch is appended below.

Grievance Officer at Branches

<table>
<thead>
<tr>
<th>Responsibilities</th>
<th>Grievance redressal cell</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependencies</td>
<td>Contact Center, Branch, CDOPS, Underwriting, Finance, Distribution Channels, Legal, RCU and Compliance, Marketing, Operations</td>
</tr>
</tbody>
</table>

XII RESPONSIBILITIES AND DEPENDENCIES

XIII COMPLAINT CLASSIFICATION AND TURN AROUND TIMES

The Authority prescribes categorization of complaints and Turn around time from time to time.

XIV APPROVAL MATRIX

- All Complaint cases received shall be investigated.
- In case of proven complaint, the policy can be cancelled basis the investigation and views from Legal and RCU if required. Final decision of the complaint will be taken by this unit and RSM/CH needs to be informed of the decision.
- For proven forgery complaints, cancelation to be processed by only intimating Sales.
- For other scenarios on policy bond not received complaints, refer to the attached annexure wherein the approach is proposed

- Formation of Complaints Review Committee, which would cover the below as a part of its scope:
  - Proven Complaints, wherein element of agent instigation
• Cases of complex nature
• Conflicting views towards decisioning on the complaint
• Any other disputed cases, which require a third person intervention

XV RESOLUTIONS, SOLUTIONS AND REMEDY (PENAL INTEREST)
• Resolutions should be fair and may be non-financial or financial. Where a financial remedy is considered, appropriate aim should be to provide fair compensation. At a minimum, compensation should be given for any direct loss or damage caused as a result of a breach of obligations when providing a financial service.

XVI ESCALATION MATRIX
Escalation Matrix needs to be used to resolve complaints as per the defined TAT.

Matrix is developed for all the departments who are party to resolve customer’s issues.

XVII PROCEDURE FOR RECORDING COMPLAINTS AND REPORTS
Complaints can be recorded in the complaint handling system which is accessible Pan India by branches, at contact center and also at other functions like legal, RCU etc. Complaints are currently addressed through the touch points, the final resolution and intermittent steps required for resolution of the complaints is handled in a centralized manner. Tracking of complaints is essential to ensure that every complaint is resolved within the specified TATs. With effect from 1 June 2013, group insurance related complaints will be synchronized with IGMS. These complaints however will not be captured in the complaints handling system and it will be maintained separately in a excel tracker.

XVIII SYSTEM FOR MANAGING COMPLAINTS
Bharti AXA Life has Complaints Handling System for recording and managing complaints process. The same has been integrated with the system of the Regulator for seamless functioning and convenience to customers.

XIX REPORTS
Grievance Redressal Cell shall send all the reports as prescribed by the Regulator, Board, Region and Stake holders.

With effect from 1 June 2013, we shall be reporting complaints as on the date these are reported in the Complaints Handling System.

XX REVIEWING OF THE POLICY
GLOSSARY OF TERMS

BOE - Branch Operations Executive  Company - Bharti AXA Life Insurance  CO - Central
Operations  CRU - Grievance redressal cell  CSE - Customer Service Executive  CUW -
Central Underwriting  DO - Distribution Operations  EOD - End of Day  HO - Head Office
RLS - Regional Life System  SI to CC - Standing Instruction to Credit Card  TAT - Turn
Around Time  FL - Free look