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### **1. About IRDAI**

**Insurance Regulatory and Development Authority (IRDA) was set up as an autonomous body under the IRDA Act, 1999 to protect the interests of policyholders and to regulate, promote and ensure orderly growth of the insurance industry. Redressal of grievances is one of the key components of IRDAI's efforts in protection of interests of proposers and policyholders.**

### **2. Does IRDAI stipulate any turnaround time for services by insurance companies?**

**Yes. The IRDAI has mandated insurers to have in place a board approved policy which shall contain among other matters, the matter pertaining to service parameters including turnaround times for various services rendered. Insurers are also required to have an effective Grievance Redressal Mechanism and IRDAI has issued guidelines for Redressal of grievances so as to ensure that the complaints are resolved in a time bound and efficient manner.**

### **3. Proposer or Policyholder Grievances**

**Grievance/complaint has been specifically defined in Regulation 4(4) of the Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) regulations, 2017 which reads as follows:**

**“Complaint” or “Grievance” means written expression (includes communication in the form of electronic mail or other electronic scripts), of dissatisfaction by a complainant with insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities; Explanation: An inquiry or request would not fall within the definition of the “complaint” or “grievance”.**

**An insurance company is required to resolve a grievance within two weeks of its receipt.**

**If a customer is unhappy with an insurance company or an intermediary associated with the company, he should approach the Grievance Redressal Officer of the company first and give the complaint. Complaint is to be given in writing along with the necessary support documents.**

**4. What is the course of action in case the complaint is not resolved within the prescribed time frame or there is no response from the insurance company?**

**In case the complaint is not resolved within two weeks of its receipt or it is unattended, Or If the insurance company does not resolve the complaint to the satisfaction of the complainant, the complainant can escalate his complaint to IRDAI. IRDAI will take it up with the insurance company concerned and shall facilitate re-examination of the complaint and resolution by the insurance company**

**A complaint can be registered with IRDAI through any of the following modes**

**1. Calling Toll Free Number 155255/1800 425 4732 (i.e. IRDAI Grievance Call Centre) or**

**2. Sending an e -mail to [complaints@irda.gov.in](mailto:complaints@irda.gov.in)**

**3. Registering a complaint on Integrated Grievance Management System at [www.igms.irda.gov.in](http://www.igms.irda.gov.in)**

**4. Fill and send the Complaint Registration Form available in the IRDAI's consumer education web site [policyholder.gov.in](http://policyholder.gov.in) along with any letter or enclosures, if felt necessary, and send by post or courier to:**

**The General Manager,  
Consumer Affairs Department - Grievance Redressal Cell,  
Insurance Regulatory and Development Authority of India  
(IRDAI) 3-5-817/818, United India Towers, 9th Floor,  
Hyderguda, Basheerbagh,  
Hyderabad – 500 029**

**5. What is IRDAI Grievance Call Centre?**

**IRDAI Grievance Call Centre was launched on July 20,2010 as a true alternative channel for prospects and policy holders with comprehensive telefunctionalities. The call centre serves as a toll free, 12 hours X 6 days service platform, from 8 AM to 8 PM, Monday to Saturday. The services are offered not only in Hindi and English but also in other major Indian languages. The toll free number of the call centre is 155255/1800 425 4732 and is serving as an inexpensive, expeditious and simple method of registering complaints, ascertaining their status and escalating them to IRDAI.**

**6. What is Integrated Grievance Management System?**

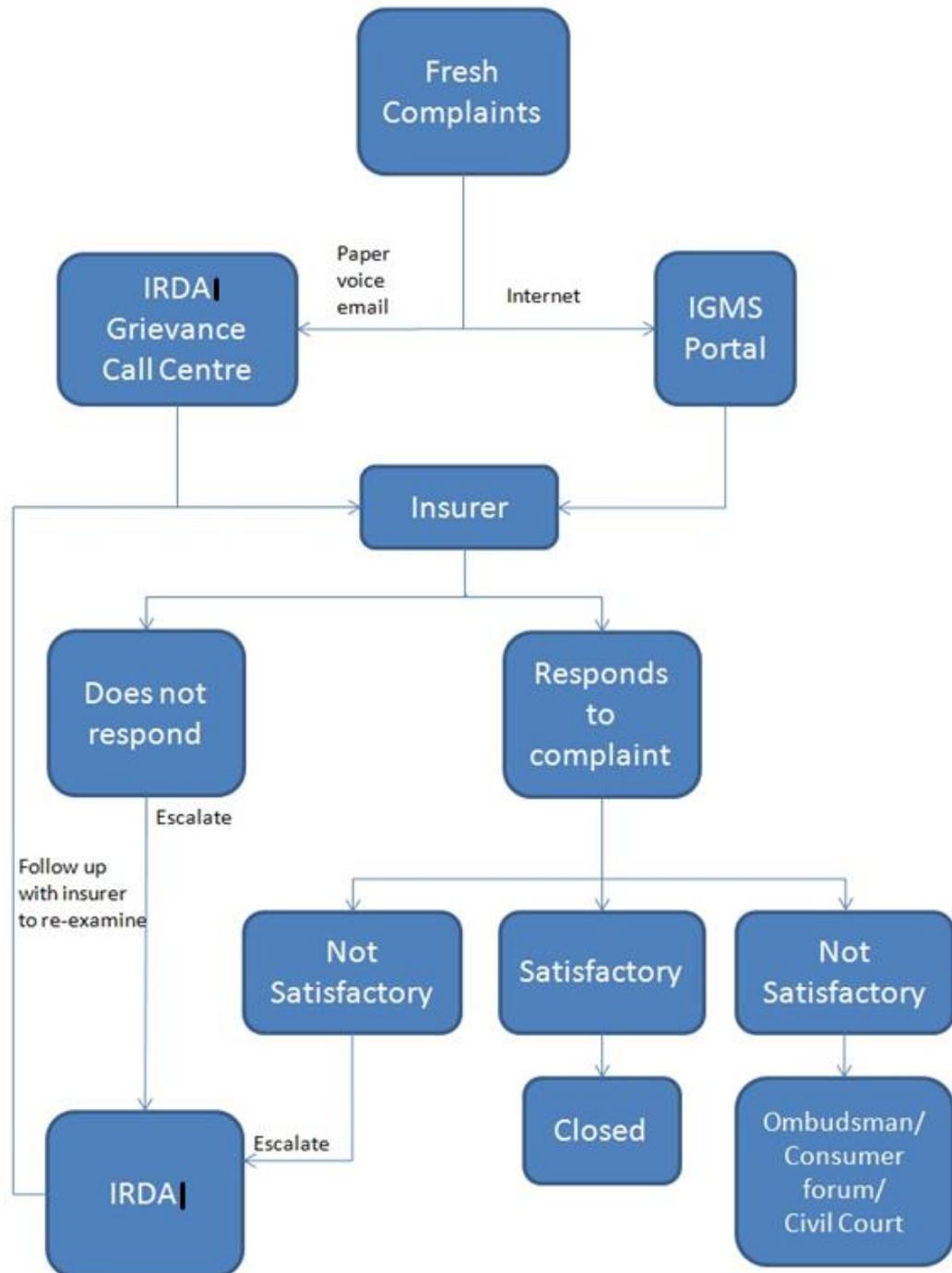
**IRDAI launched the Integrated Grievance Management System (IGMS) in April 2011. IGMS is a comprehensive solution which not only has the ability to provide a centralized and online access to the proposer or policyholder but also provides for complete access and control to IRDAI for monitoring market conduct issues of which proposer or policyholder's grievances are the main indicators. IGMS has the ability to classify different complaint types based on pre-defined rules. The system has the ability to assign, store and track unique complaint IDs. It also sends intimations to various stakeholders as required, within the workflow. The system has defined target Turnaround Times (TATs) and measures the actual TATs on all complaints. IGMS sets up alerts for pending tasks nearing the laid down Turnaround Time. The system automatically triggers activities at the appropriate time through rule based workflows.**

**Proposers or Policyholders who have grievances should register their complaints with the Grievance Redress Channel of the Insurance Company first. If they are not able to access the insurance company directly for any reason, IGMS provides a gateway to register complaints with insurance companies and track their status. A complaint registered through IGMS will flow to the insurance company's system as well as the IRDAI repository. Thus, IGMS provides a standard platform to all insurance companies to resolve proposer or policyholder's grievances and provides IRDAI with a tool to monitor the effectiveness of the grievance redress system of insurance companies. Updating of status will be mirrored in the IRDAI system. Therefore, apart from creating a central repository of industrywide insurance grievance data, IGMS is a grievance redress monitoring tool for IRDAI.**

#### **7. How are grievances handled at IRDAI?**

**The complaint is registered with a unique token number. An acknowledgement of complaint with the complaint token number is sent to the complainant by email or if no email id is registered, by letter to his postal address. A brief description of the grievance is given on the IGMS. The documents relating to the complaint are captured and forwarded to the insurance company for resolution. The insurance company is required to examine the complaint and attend to it within two weeks by responding to the complainant. The action taken on the complaint has to be updated by the insurance company in the IGMS. The status of the complaint and the description of action taken can be checked by the complainant from the IGMS or by calling up the IRDAI Grievance Call Centre by using the token number assigned to the complaint. In case the complainant does not come back within 8 weeks of the insurance company attending to the complaint and recording the action taken, the complaint will be closed by the insurance company. In case the company does not respond even after 15 days or if the complainant is not satisfied with the action taken, he can again escalate the complaint to IRDAI. IRDAI will then take up the complaint with the company for its resolution and responding to the complainant. In case the complainant is not satisfied with the resolution of the insurance company, he may approach the Insurance Ombudsman or the appropriate legal authority.**

8. What is the work flow relating to grievances handled by IRDAI?



## **9. Insurance Ombudsman Rules, 2017**

### **A. Is there a Scheme of Ombudsman for Insurance Sector?**

**Yes. With an objective of providing a forum for resolving disputes and complaints from the aggrieved insured public or their legal heirs against insurance companies, the Government of India, in exercise of the powers conferred by section 24 of the Insurance Regulatory and Development Authority Act, 1999(41 of 1999) and in supersession of the Redressal of Public Grievances Rules,1998, the Central Government framed the Insurance Ombudsman Rules, 2017 which came into force with effect from 27.4.2017.**

### **B. What is the objective of the Insurance Ombudsman Rules, 2017?**

**The objective of the said rules is to resolve all complaints of all personal lines of Insurance, Group Insurance policies, Policies issued to sole proprietorship and micro enterprises on the part of the insurance companies and their agents and intermediaries in a cost effective and impartial manner.**

### **C. What is the meaning of Insurance on Personal Lines?**

**Insurance on personal lines means an insurance policy taken or given in an individual capacity,**

### **D. Who is an Insurance Ombudsman?**

**An Insurance Ombudsman is a person appointed by Government of India under the Insurance Ombudsman Rules, 2017. There are at present 17 Insurance Ombudsman in different locations in India.**

### **E. What is the procedure for lodging a complaint with an insurance Ombudsman?**

**Any person who has a grievance against an insurer may by himself or through his legal heirs, nominee or assignee as the case may be can approach an Insurance Ombudsman for Redressal of any grievance arising out of an insurance policy by making a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the insurer complained against or the residential address or place of residence of the complainant is located.**

**For the information on the various offices of the Insurance Ombudsman across the country, reference may be made to the official web site of the Executive council of Insurers ([www.gbic.co.in](http://www.gbic.co.in))**

**F. What are the complaints that are entertained by the Insurance Ombudsman?**

The Ombudsman shall receive and consider complaints or disputes relating to—

- (a) delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999;**
- (b) any partial or total repudiation of claims by the life insurer, General insurer or the Health insurer;**
- (c) disputes over premium paid or payable in terms of insurance policy;**
- (d) misrepresentation of policy terms and conditions at any time in the policy document or policy contract;**
- (e) legal construction of insurance policies in so far as the dispute relates to claim;**
- (f) policy servicing related grievances against insurers and their agents and intermediaries;**
- (g) issuance of life insurance policy, general insurance policy including health insurance policy which is not in conformity with the proposal form submitted by the proposer;**
- (h) non-issuance of insurance policy after receipt of premium in life insurance and general insurance including health insurance; and**
- (i) any other matter resulting from the violation of provisions of the Insurance Act, 1938 or the regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned at clauses (a) to (f).**

**G. How the complaint is to be lodged?**

The complaint shall be in writing, duly signed by the complainant or through his legal heirs, nominee or assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman.

**H. Is there any time limit to approach the Insurance Ombudsman?**

**Yes. No complaint to the Insurance Ombudsman shall lie unless the complaint is made within one year –**

**From the date of receipt of the order of the insurer rejecting the representation.**

**From the date of receipt of decision of the insurer which is not to**

**the satisfaction of the complainant;**

**After expiry of a period of one month from the date of sending the written representation to the insurer if the insurer named fails to furnish reply to the complainant.**

**I. Is the Insurance Ombudsman empowered to entertain a complaint which is received after the expiry of the specified time limit?**

**Yes, the Insurance Ombudsman, may, if considered necessary, can condone the delay and after calling for objections of the insurer against the proposed condonation and after recording the reasons for condoning the delay, can entertain a complaint which is received after the expiry of the specified time limit. In such cases, the date of condonation is considered as the date of filing of the complaint.**

**J. What is the Financial Jurisdiction of an Insurance Ombudsman?**

**Ombudsman can award any compensation up to the loss suffered by the complainant as a direct consequence of the cause of action or Award compensation not exceeding Rs Thirty lakhs (including relevant expenses, if any).**

**K. Can a complainant, who has already approached Consumer Forum/court on the same subject, approach the Insurance Ombudsman?**

**No. Any complainant, whose complaint on the same subject matter is pending or was disposed of by a Court/Consumer Forum or an Arbitrator, cannot approach an Insurance Ombudsman.**

**L. Under what circumstances a complaint can be considered by an Insurance Ombudsman?**

**No complaint to the Insurance Ombudsman shall lie unless—  
the complainant makes 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 received his representation; or  
the complainant is not satisfied with the reply given to him by the insurer;**

**M. Within what time shall the Ombudsman dispose of the complaint?**

**In case both parties agree for mediation, the Ombudsman gives his Recommendation within 1 month; otherwise, he passes an Award within 3 months from the date of receipt of all requirements from complainant.**

**N. Is there any fee payable for lodging a complaint?**

**No fee is required to be paid.**

**O. Is there any time limit for Compliance of Award by Insurers?**

**The Insurer shall comply with the Award within 30 days from the date receipt of the Award and intimate of its compliance to the Insurance Ombudsman**

**10. What are the important regulations relevant to proposers and policy holders?**

**- IRDA (Protection of Policyholders' Interest) Regulations,**

**2017 - Insurance ombudsman rules, 2017**

**11. For further information please visit**

**IRDAI's Consumer Education Website -**

**[www.policyholder.gov.in](http://www.policyholder.gov.in) IRDAI website - [www.irda.gov.in](http://www.irda.gov.in)**