GRIEVANCE REDRESSAL POLICY

RQBE is committed to deliver the highest standards of service to meet the legitimate expectations of its customers. The Company is committed to the belief that excellence in Customer Service is the most important tool for sustained business growth. The Company expects all its officers and employees to maintain highest standards of integrity and transparency in their transactions with customers, intermediaries and other stakeholders.

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.

OBJECTIVES:

The objectives of the Grievance Redressal Policy are:

a) To develop an organisational framework to resolve Grievances of Customers and other stakeholders.

b) To provide the Customers access to immediate, hassle free recourse for redressal of their Grievances.

c) To enlighten the Customers on their rights and duties to access benefits due under the policies.

d) To institute a monitoring mechanism to oversee the functioning of the Grievance Redressal Policy.

RESPONSIBILITY FOR REDRESSAL:

The final responsibility for Grievance Redressal rests with the Managing Director & Chief Executive Officer of the Company. At Corporate Office, a senior official will be designated the Complaints Officer. He shall report to MD & CEO and be responsible for all grievance matters. The Officers In Charge of other Administrative Units will be responsible for resolution of Grievances relating to their respective territories.

The Company expects that all Grievances will be addressed in a time bound and proactive manner within 2 weeks of registering or receipt of the complaint and shall send a final letter of resolution.

Policy Holders’ Protection Committee (PHPC):

All the grievances and action taken shall be reported to Policy Holders’ Protection Committee. PHPC shall brief to Board of Directors on a quarterly basis relating to the progress of compliance with the relevant IRDA regulations.
DOCUMENTING GRIEVANCES:

Immediately on receipt of a Grievance, the concerned Office shall send a written communication to the complainant stating the following:

a) Acknowledging receipt of the grievance, within 3 working days
b) Informing complainant the name and designation of the officer who shall deal with the grievance.
c) Giving details of Insurer’s grievance redressal procedure and the time required for resolution of dispute.
d) Convey result of review within 2 weeks, giving reasons for acceptance or rejection of complaint.
e) Giving information to complainant about how he/she may pursue the complaint, if dissatisfied.
f) Informing complainant that if insurer doesn’t receive any reply within 8 weeks from the date of receipt of responses, the insurer shall complaint as closed.

CLOSURE OF GRIEVANCE:

A complaint shall be considered as disposed of and closed when

(a). the insurer has acceded to the request of the complainant fully.

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

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

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

CATEGORISATION OF COMPLAINTS

Committee will categorise all complaints in a manner prescribed by IRDA from time to time. Committee shall ensure that complaints can also be registered online by a complainants and status can be tracked. Committee shall send periodical reports on grievances to IRDA in a prescribed format as required.
STRUCTURE OF GRIEVANCE REDRESSAL MECHANISM:

A Grievance Redressal Committee will be constituted in each office comprising of Complaint Officer. This Committee will address those grievances that relate to matters within their Authority. Any grievance or complaint on an issue beyond Authority of Operating Unit will be forwarded to Corporate Office Grievance Committee along with all records relating to the complaint.

At Operating Unit level, if no decision is reached, the matter will be referred to Corporate Office Grievance Committee.

At Corporate Office, the Grievance Redressal Committee will comprise of the following members:

- Chief Underwriting Officer
- Complaints Officer
- Claims Head
- Compliance Officer

The Committee will consider each registered complaint/grievance afresh.

It will call for necessary records or case file and consider any fresh evidence that complainant wishes to place on record.

The decision of the Committee will be preferably by consensus. If Committee cannot reach a decision it will refer the case to the MD & CEO for a final decision.

The decision of the Committee or Managing Director & CEO, as the case may be, will be conveyed in writing to the complainant who will be informed of the decision and also of the fact that in case he is not satisfied with the decision of the Committee, he can approach the Office of the Insurance Ombudsman concerned if his case is covered under the Redressal of Public Grievances Rules, 1998. The address of the Regional Grievance Cell and that of the Insurance Ombudsman shall also be furnished in such communication.

Department of Public Grievance (DPG), IRDA GRIEVANCES:

All coordination with DPG, IRDA, Ministry and other regulatory bodies will be done only by the Compliance Officer at Corporate Office.
POWERS OF INTERPRETATION, MODIFICATION:

The Managing Director & Chief Executive Officer of the company is vested with the powers to lay down guidelines for the implementation of this policy and to modify procedures stated in this policy, within its overall framework.

PUBLICIZING GRIEVANCE REDRESSAL PROCEDURE

The company shall publicize its grievance redressal procedure and ensure that it is specifically made available on its website.

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