Grievance redressal policy

Version no.: 1.1

Owner: Customer Service Function
1. Purpose

At Religare Health Insurance Company Limited ("Company"), customers are accorded the highest degree of importance. It will be ensured that the customer’s perspective and communicated value proposition are incorporated into each aspect of business and service strategy, capability development and execution.

With a focus on customer satisfaction, it will be our consistent endeavor to provide an efficient & effective grievance redressal mechanism for policyholders that enables us to quickly and flawlessly respond to customer needs.

Principal objective for a grievance redressal mechanism is to provide an appropriate procedure / system whereby an individual who believes that he has been wronged by any act of the company is able to communicate & redress his / her grievance. The Company will also analyze data collected as part of the grievance redressal process, to make further improvements to the latter and offer service levels that will satisfy existing customers and even be used as a tool to attract new customers.

For the ease of the policyholders and prospects the Company will provide multi-channel modes of communication. The Company will publicize the detailed grievance redressal procedure and the same shall be available on the Company’s website.

The Company will ensure that the Grievance Redressal is in compliance with:

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

2. Philosophy

With a view to achieve the best in class standards for customer servicing and grievance redressal, our company will hereby adhere to the following guiding principles that form the core of our philosophy.

- All customers will be treated fairly and justly
- Customer complaint will be handled with utmost courtesy, sensitivity and sincerity
- Consistently endeavor to meet the quality service expectations of all customers, existing, prospective and ex-customers.
- Respond to & service all requests swiftly and accurately
• Consider, evaluate and implement value suggestions from customers for improving service delivery.

• Provide customers easy and readily accessible machinery for prompt communication of their grievances.

• Customer to be fully informed of avenues to escalate their complaints / grievances within the organization and their rights to an alternative remedy

3. Scope

• Pre & Post Sales, Complaint processing & resolution
• Interaction with the Regulator & Ombudsman
• Data analysis to build an effective feedback mechanism

4. Customer Communication:

a. Transparency:
Customer shall be provided with the information about the channels he can access in order to service his requirements and resolve his issues. In addition, the Turn-around-time for redressal of the issues and the expectations on investigation and resolution also need to be transparently communicated.

b. Accessibility:
The strategy of the company is to enable customers to avail of services through multiple channels which shall provide uniform service delivery. Customer can use Branch Office, Call centre, Internet, e-mail and regular post for forwarding their requests, Issues or complaints.

c. Escalation:
The customer shall be informed as to how he can escalate his complaint to the next level in case he is not satisfied with the resolution provided by the current level.

5. Process

To ensure robust controls and monitoring, complaints shall be received, tracked, managed, administered and resolved by a dedicated and centralized "Complaint Redressal Unit" (CRU).
The Company’s Customer Service strategy is to enable policyholders avail its services through multiple channels and therefore requisite systems have been put in place to receive, address and resolve any stakeholder’s queries, requests and complaints at all the following touch points.

- **Call Centre:** Policyholders can call the customer service helpline for enquiries or issues.

- **Branch:** Policyholders can visit any Religare Health Insurance Company Branch for any clarification, request or complaint where they would be attended to by trained service professionals.

- **E-mails:** Policyholders can send an e-mail for any clarifications. All incoming emails are managed through an email management software that assigns a reference number to the email received and an acknowledgement containing the reference number is sent to the policyholder. The Customer Service Team resolves the query in a prescribed Turn-Around-Time (TAT) and responds to the customer accordingly.

- **Letters:** Policyholders can send a letter to the centralized Customer Service team. Details are made available on the website and in the policy kit. The Customer Service team resolves the query in a given TAT and thereafter responds to the customer.

- **Website:** The website provides a host of services for policy holders. Policyholders can access their policy information through a secure login and place a query or register a request/complaint. The policyholder receives an acknowledgement on the website followed by an email bearing the reference number. The Customer Service team will resolve the query in a given TAT and respond to the policyholder.

Upon receipt, the grievance will be logged into our Grievance Management system and a unique ticket number will be generated and provided to the complainant.

- An acknowledgement along with the service level adherence for resolution shall be sent to all complainants within 3 working days as defined by regulator for receipt of grievances through electronic mail / Call / Letter.

- The acknowledgement will contain the name and designation of the officer who will process/attend to the grievance and shall also contain Company’s grievance redressal procedure.

- In case the grievance is addressed within 3 working days, the resolution shall be communicated to the complainant along with the acknowledgement.
• In case the grievance is resolved in a period greater than 3 days, the same shall be communicated to the policy holder/complainant through electronic mail/letter/call as per the Turn-around-Time (TAT) prescribed.

• In case the complainant is not satisfied with the response or has not received and response within 2 weeks, the complainant can escalate the said grievance to the Head of Customer Service for the Company.

• A robust escalation matrix shall be designed for each function to ensure that all complaints are resolved within the specified TAT.

Note: Above prescribed timelines may be revised by the company from time to time subject to being within the maximum prescribed limits by the regulator.

6. Insurance Ombudsman Scheme

If the customer is not satisfied with the resolution or response provided by us within the specific timeline, he/she may also file a grievance before the Insurance Ombudsman. Details for the same are available in our policy document and on our website: www.religarehealthinsurance.com

7. Closure / Disposal of Grievance

Grievance can be treated as closed by the company in case of any of the following:

• Where the complainant has indicated in writing or verbally, acceptance of company's redressal of the said grievance.

• The complainant has not re-approached the company with the same grievance within a period of 8 weeks from the date of receipt of final reply from the latter.

• When the company has fully acceded to the request of the complainant.

• Where the grievance redressal officer has certified that the company has discharged its contractual, statutory and regulatory obligations.

8. Proactive steps taken to reduce Complaints

a. Quality of resolution: Standards of what constitutes quality resolution and what is considered as a valid closure.
b. **Responsibility for response:** The responsibility of resolution at every level starting from the business head.

c. **Escalation:** Escalation mechanism to ensure that the issue which are not resolved, are put up to the next level. All channels and functions shall put an internal escalation matrix in place.

d. **Process Improvement:** The Central customer service cell will ensure that the customer complaint information is shared with the senior management team of Religare health insurance and all relevant stake holders within the company at regular intervals.

A root cause analysis shall be done to ensure process fixes are put in place so that similar issues do not re-occur.

9. **Classification of complaints**

For effective complaint trend analysis, tracking and reporting, all complaints shall be broadly categorized under following heads:

- Proposal related
- Scope of cover related
- Policy related
- Premium related
- Coverage related
- Refund related
- Product related
- Claim related
- Others

10. **Customer feedback**

Mechanisms to obtain customer feedback on a regular basis and derive actions from such feedbacks shall be put in place to check the current level of customer service, trends over a period of time and to take appropriate steps towards meeting customer expectations.

11. **Publicity of Grievance Redressal procedure**

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

12. **Ownership**

This policy is owned by the Company’s Customer Service Function.
13. Compliance / Exception management

Exceptions to the policy application must be escalated to, and approved by, the Head of Operations in consultation with Head of Compliance.

14. Authorization and Review

It can be reviewed, jointly by the Head of Operations and Head of Compliance and by the Policyholder’s Protection Committee appointed by the Board, on an annual basis or more frequently, as required.