The following Customer Grievance Redressal System (CGRS) has been evolved for addressing the grievances of insurance customers and taking necessary steps for redressal/disposal of the grievances.

1. The customer grievance redressal system (CGRS) comes into immediate effect.

2. Grievance/complaint for this purpose is defined as "any communication that expresses dissatisfaction about an action or lack of action or about the standard of service/deficiency of service of the insurance Company and/or an intermediary representing the insurance Company".

3. The Company will have a 4-tier grievance redressal machinery with designated Grievance Officer at each level as follows:

   **Branch Office:** Sr. Branch Manager/Branch Manager of the Branch Office would be the Grievance Officer and he/she would attend to all grievances received. However, grievance relating to claims settled/repudiated by that Branch office would be forwarded to the Grievance officer of concerned DO.

   **Divisional Office:** Division-in-charge or any Scale III officer of the Divisional Office would be the Grievance Officer and he/she would attend to all grievances received. However grievance relating to claims settled/repudiated by that Divisional office would be forwarded to the Grievance officer of RO concerned.

   **Regional Office:** Scale IV/III Officer of RO in respect of all grievances received relating to the Region. Grievance relating to claims settled /repudiated by RO/DO/BO would be put up to
Grievance Review Committee of RO if not settled by Grievance Dept concerned.

**Head Office:** Scale V Officer in HO-Grievance Department in respect of all grievances which are not redressed at Regional Office or DO/BO concerned.

4. The designated Grievance Officers of BO/DO/RO will be available at their respective offices for personal interaction with customers on all Mondays between 2.30 PM and 4.30 PM except on holidays. In case of the designated Grievance Officers being on leave/absent on any Monday, some other officer of the same office will attend to customer interaction. All complaints/grievance received during interaction will be registered and numbered for necessary action.

5. Customers can meet grievance officers with prior appointment on any other working day during working hours.

6. The names of the grievance officer will be displayed in English and local language in the Divisional/Regional Office Notice Board along with his mobile number.

7. The Regional Office will periodically publish in local newspapers the names and mobile numbers of grievance officers at ROs and DOs under their control. The Company's corporate web-site will also carry this information prominently.

8. For those customers who are not in a position to meet the grievance officers can send their complaint/grievance in writing by post or drop in the complaint box kept in each office. The contents of the box will be cleared daily and registered and numbered along with complaints received by post or other means.

9. Internet based complaint registration system will be introduced as and when ready.

10. Grievance Review Committees which are functioning in Regional Offices will be further strengthened by including an outside member who is a retired District Court Judge or a retired Chairperson of Consumer Forum, which would help in providing transparency in the decision-making process. The empowered grievance review committees of Regional offices are authorised to consider grievance relating to claims upto Rs.5 lacs in respect of all customers, both
private and corporate. These Committees can also authorise refund of premium wherever charged in excess up to a limit of Rs.20,000/-

11. Case of grievances exceeding the amounts specified in Para 10 above will be initially examined by Regional Review Committee and referred to Head Office Grievance Committee with their observations/recommendations.

HO Grievance Committee will have the following powers:
Refund: Above Rs.20,000/- and up to a limit of Rs.1 lac
Claims: Above Rs.5 lacs and up to a limit of Rs. 20 lacs

12. Any complaint/grievance received by Head Office, Grievance Department directly will be referred to grievance officer of RO concerned who would obtain the full details relating to grievance from the office concerned and furnish the same to HO Grievance Department within 10 working days (In case of grievance referred by DPG/IRDA/Ministry, the replies should be given within 7 days). HO Grievance department would then reply to the complainant within 15 working days of receipt of details from RO.

13. Similar procedure will be followed by Regional Office in respect of complaints/grievances received by them directly. Reply in such cases would be given by RO Grievance department within the same time frame.

14. All efforts should be made to redress/dispose the grievances received within 30 working days by informing the complainant of the action taken on his/her complaint/grievance and the final outcome. Grievance Review Committees of ROs should meet periodically to redress/dispose grievance within the specified time schedule and send returns to HO, Grievance Department.

15. Grievance redressal will be made part of corporate governance and Board of the Company will actively monitor redressal of complaints.
16. Our Company has developed a “Code of Commitment” with regard to customer service and grievance redressal reiterating our commitment to customers and the standards for general procedures and standards for dealing with customers.
17. A copy of the CGRS will be displayed in English and local language in all offices of the Company.
UNITED INDIA INSURANCE COMPANY LIMITED
Regd. & Head Office: 24 Whites Road, Chennai 600 014

CODE OF COMMITMENT

WITH A VIEW TO PROVIDE QUALITY SERVICE TO CUSTOMERS AND SET STANDARDS FOR PROCEDURES INVOLVING ALL ASPECTS OF CUSTOMER SERVICE AND TO REDRESS THE GRIEVANCE OF CUSTOMERS, UNITED INDIA INSURANCE COMPANY HEREBY COMMITS TO STRIVE:

1. To meet the expectation of quality service of all customers, existing, prospective and ex-customers to the maximum possible extent.
2. To explain in detail the provisions of insurance coverage sought by the customer with regard to policy conditions, exclusions, etc., to enable the customer understand fully the nature and scope of insurance cover being provided to them.
3. To issue receipt immediately upon payment of due premium by the insured and to issue policies/documents within 7 working days of receipt of full premium.
4. To issue renewal notices at the discretion of the Company to expiring policies at least 10 days before the date of expiry of policy.
5. To inform the insured promptly about changes in policy conditions, increase in premium, if any, during the currency of policy as may be necessary.
6. To depute a surveyor/investigator to assess the loss within 3 days of the receipt of intimation of loss by the underwriting office.
7. To render all assistance to the insured in submitting his claim in the event of loss and informing the requirements in support of his claim.
8. To inform the insured promptly in the event of need for additional information from the insured while processing the claims.
9. To process all claims up to a finality and offer a settlement of claim to the insured after fulfillment of all requirements by the insured and on receipt of surveyor’s report/investigator’s report in
accordance with the following time-schedule, subject to limits of financial authority.

Fire claims / LOP claims : 16 working days
Marine claims : 16 working days
Miscellaneous claims : 16 working days
Liability claims : 16 working days on completion of process of law

Where financial authority for settlement of claim is vested in an authority in a different office, 6 more working days will be added to the above time-schedule.

10. To inform the insured as early as possible and within 30 days from the receipt of the survey report or the additional survey report, as the case may be about the rejection of his/her claim with reasons in case the claim is found not to be admissible.

11. To issue cheque for payment within 2 working days after receipt of duly signed discharge voucher from the insured by the office concerned.

12. To take up grievances of customer (existing as well as past) immediately on receipt of the same and process the same as per the guidelines of the Customer Grievance Redressal System (CGRS).

13. To take up immediately with intermediaries like Third Party Administrator in health insurance the deficiency or non-delivery of service to the insured by the intermediaries.

14. To be sensitive to the needs of the customers at all times and be willing to listen to the customers regarding suggestions for improving the quality of service, improvements in existing procedures and introduction of new products.