

## COMPLAINTS CLASSIFICATION

Sl. No.	Description	Mapping of PPI Provisions to classification structure	Servicing TATs
<b>(1) PROPOSAL PROCESSING INCLUDING REFUNDS-Proposal (NB) Related issues (from receipt of proposal until results in to policy) including Refunds</b>			
1	Proposal papers submitted but misplaced by Company	4 (6) Proposals shall be processed by the Company with speed and efficiency and all decisions thereof shall be communicated by it writing within areasonable period not exceeding 15 days from receipt of proposals by the Company	15 days
2	Cancellation of proposal & refund of deposit at proposal stage not attended	Refer S. No. 1	15 days
3	After submission of proposal to the insurer no response received regarding acceptance/further requirements/rejections.	Refer S. No. 1	15 days
4	After Submission of all requirements, no communication was received	Refer S. No. 1	15 days
5	Excess Proposal deposit not refunded	Refer S. No. 1	10 days
6	Policy bond not received.	10 (1) Company shall at all times, respond within 10 days of the receipt of any communication from its policyholders in all matters.	10 days
7	Mistake in age.	6 (1) A life insurance policy shall clearly state:	10 days
		(a) The name of the plan governing the policy, its terms and conditions, (b) Whether it is participating in profits or not; (C) The basis of participation in profits such as cash bonus, deferred bonus, simple or compound reversionary bonus;	10 days
		(d) The benefits payable and the contingencies upon which these are payable and the other terms and conditions of the insurance contract; (e) The details of the riders attaching to the main policy; (f) The date of commencement of risk and the date of maturity or date (s) on which the benefits are payable;	10 days
		(g) The premiums payable, periodicity of payment, grace period allowed for payment of the premium, the date the last installment of premium, the implication of discontinuing the payment of an installment (s) of premium and also the provisions of a guaranteed surrender value. (h) The age at entry and whether the same has been admitted.	10 days
		(i) The policy requirements for (a) conversion of the policy into paid up policy, (b) surrender (c) non-forfeiture and (d) revival of lapsed policies; (j) contingencies excluded from the scope of the cover, both in respect of the main policy and the riders;	10 days
		(k) The provisions for nomination, assignment, and loans on security of the policy and a statement that the rate of interest payable on such loan amount shall be as prescribed by the Company the time of taking the loan;	10 days
		(l) Any special clauses or conditions, such as, first pregnancy clause, suicide clause etc.; and	10 days
		(m) The address of the Company to which all communications in respect of the policy shall be sent	10 days
		(n) The documents that are normally required to be submitted by a claimant in support of a claim under the policy.	10 days
8	Mistake in Date of commencement (DOC).	Refer S. No. 6	10 days
9	Mistake in term of the policy.	Refer S. No. 6	10 days
10	Mistake in name of the Nominee/Beneficiary.	Refer S. No. 6	10 days

11	Mistake in Date of Maturity (DOM)/DOLP/others.	Refer S. No. 6	10 days
12	Mistakes in the name and address of the insured.	Refer S. No. 6	10 days
13	Mistakes in any other policy schedule item.	Refer S. No. 6	10 days
14	Mode of payment not shown correctly.	Refer S. No. 6	10 days
15	Next Premium due is not shown correctly.	Refer S. No. 6	10 days
16	Wrong Policy Bond is issued	Refer S. No. 10 (1)	10 days
<b>(2) POLICY SERVICING DELAYS/DENIALS - Policy Servicing issues related to service / delays excluding S.V., S.B., Maturity Claims, and Death Claims</b>			
17	No Response for recording Change of address	10 (1) (a) recording change of address;	10 days
18	No Response for noting nomination/change of nomination	10 (1) (b) noting a new nomination or change of nomination under a policy;	10 days
19	No Response for noting assignment/reassignment	10 (1) (c) noting an assignment on the policy;	10 days
20	Statement of account not received	10 (1) (d) Providing information on the current status of a policy indicating matters, such as accrued bonus surrender value and entitlement to loan;	10 days
21	Premium payment position statement not received	Refer S. No. 20	10 days
22	Response for issuance of duplicate policy is not sent	10 (1) (f) issuance of duplicate policy;	10 days
23	Payment of premium not acted upon or wrongly acted upon including Top up premium / Premium Redirection.	Refer S. No. 20	10 days
24	Reinstatement requirements raised by Insurer not acceptable	Refer S. No. 20	10 days
25	Requirements for revival not communicated or raised	Refer S. No. 20	10 days
26	Non-receipt of Premium receipt	Refer S. No. 20	10 days
27	Non-receipt of Duplicate policy	Refer S. No. 10 (1) (f) issuance of duplicate policy;	10 days
28	Insurer failed to send lapse intimation	Refer S. No. 20	10 days
29	After submission of all reinstatement (revival) requirements, there is no response from the Insurer.	Refer S. No. 20	10 days
30	Request for Servicing Branch transfer is not effected	Refer S. No. 6	10 days
31	Auto Cover continuation option not effected/Applicable for Conventional and ULIP cases.	Refer S. No. 6	10 days
32	Policy Conversion option not effected	10 (1) (g) issuance of an endorsement under the policy; noting a change of interest or sum assured or perils insured, financial interest of a bank and other interests.	10 days
33	Policy Benefit option not effected	Refer S. No. 32	10 days
34	Alteration in policy not effected.	Refer S. No. 32	10 days
35	Dispute concerning statement of account or premium position statement	Refer S. No. 20	10 days
36	Response for processing or payment of policy Loan is not sent	Refer S. No. 20	10 days
37	Reinstatement denied	Refer S. No. 6	10 days
<b>(3) SURVIVAL CLAIMS - S. B. Claims/Maturity Claims/S.V. Payment &amp; connected issues including (Pension) Annuity Payments</b>			
38	Surrender Value not paid	Refer S. No. 20	10 days
39	Disputes concerning correctness of surrender value	Refer S. No. 20	15 days
40	Disputes concerning eligibility of surrender value	Refer S. No. 20	15 days
41	Survival Benefit is not paid	8 (2) Company, upon receiving a claim, shall process the claim without delay. Any queries or requirement of additional documents, to the extent possible, shall be raised all at once and not in a piece-meal manner, within a period of 15 days of the receipt of the claim.	15 days
42	Maturity claim si not paid	Refer S. No. 41	15 days
43	Annuity/pension instalments not paid	Refer S. No. 41	15 days
44	Commutaion value/cash option not paid	Refer S. No. 41	15 days
45	Dispute concerning claim value	Refer S. No. 41	15 days

46	Non-payment of penal interest	8 (4) Subject to the provisions of section 47 of the Act, where a claim is ready for payment but the payment cannot be made due to any reasons of a proper indentification of the payee, the life insurer shall hold the amount for the benefit to the payee and such an amount shall earn interest at the rate applicable to a savings abnk account with a scheduled bank (effective from 30 days following the submission of all papers and information). (5) Where there is a delay on the part of the insurer in processing a claim for a reason other than the one covered by sub-regulation (4), the life insurance company shall pay interest on the claim amount at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.	15 days
<b>(4) DEATH CAIMS -Death Claims &amp; Connected Issues</b>			
47	Reguirement in respect of Death Claim not raised by Company	Refer S. No. 41	15 days
48	Death claim not paid / disputed	8 (3) A claim under a life policy shall be paid or be disputed giving all the relavant reasons, within 30 days from the date of receipt of all relevant papers and clarifications required. However, where the circumstances of a claim warrant an investigation in the opinion of the insurance company, it shall initiate and complete such investigation at the earliest. Where in the opinion of the insurance company the circumstances of a claim warrant an investigation, it shall initiate and complete such investigation at the earliest, in any case not later than 6 month from the time of lodging the claim.	30 days
49	Death claim investigation not completed	Refer S. No. 48	6 months
50	Non-payment of penal interest in case of Death claim	Refer S. No. 46	15 days
51	Repudiation of Claim of communicated after investigation	Refer S. No. 48	10 days
<b>(5) Company ' Unfair Business Pactices/Mis sales/Mis representation/Tampering Records/Forging Signature etc</b>			
52	Product differs from what was requested or disclosed.	3 (1) A Pamphlet of insurance product clearly states the scope of benefits, the extent of insurance cover and in an explicit manner explain the warranties, exceptions and conditions of the insurance cover and, in case of life insurance, whether the product is participating (with-profits) or non-participating (without-profits). The allowable rider or riders on the product shall be clealy spelt out with regard to their scope of benefits, and in no case, the prmium relatable to health related to critical illness riders in the case of term or group products shall exceed 100 percent of premium under the basic product. All other riders put together shall be subject to a ceilling of 30 percent of the premium of the basic product. Any benfit arising under each of the riders shall not exceed the sum assured under the basic product.	10 days
		(2) An insurance or its agent or other intermediary shall provide all material information is respect of a proposal cover to the prospect to enable the prospect to decide on the best cover that would be in his or her interest.	10 days
		(3) Where the prospect depends upon the advice of the insurer or his agent or an insurance intermediary, such a person must advise the prospect dispassionately.	10 days
		(4) Where, for any reason, the proposal and other connected papers are not filled by the prospect, a certificated may be incorporated at the end of proposal form from the prospect that the contents of the form and documents have been fully explained to him and that he has fully understood the significance of the proposed contract.	10 days

		(5) In the process of sale, the insurer or its agent or any intermediary shall act according to the code of conduct prescribed by: i) The Authority ii) The Councils that have been established under section 64C of the Act and iii) The recognized professional body or association of which the agent or intermediary or insurance intermediary is a member.	10 days
53	Term (Period) of the policy is different/alterd without consent	Refer S. No. 52	10 days
54	Mode of premium payment differs from requested or disclosed	Refer S. No. 52	10 days
55	Annuity/Commutation/Cash Option/Rider/Other Options not included as requested	Refer S. No. 52	10 days
56	Proposal Insurance not in the interest of proposer	Refer S. No. 52	10 days
57	Intermediary did not provide material information concerning proposed cover	Refer S. No. 52	10 days
58	Single premium Policy issued as Annual premium policy	Refer S. No. 52	10 days
59	Tampering, Corrections, forgery of proposal or related papers	Refer S. No. 52	10 days
60	Credit/Debit card debited without consent of Consumer	Refer S. No. 52	10 days
61	Premium paying period proposed is different from actual	Refer S. No. 52	10 days
62	False promises made regarding surrender value by intermediaries	Refer S. No. 52	10 days

63	Free-look refund not paid	6 (2) While forwarding the policy to the insured, the insurer shall inform by the letter forwarding the policy that he has a period of 15 days from the date of receipt of the policy document to review the terms and conditions of the policy and where the insured disagrees to any of those terms or conditions, he has the option to return the policy stating the reasons for his objection, when he shall be entitled to a refund of the premium paid, subject only to a deduction of a proportionate risk premium for the period on cover and the expenses incurred by the insurer on medical examination of the proposer and stamp duty charges.	10 days
		(3) In respect of a Unit Linked Policy, in addition to the deductions under sub-regulation (2) of this regulation, the insurer shall also be entitled to repurchase the unit at the price of the units on the date of cancellation.	10 days
64	Cancellation of policy other than Free Look Period not responded.	Refer S. No. 6	10 days
65	Advice concerning Exclusions/limitations of cover not communicated	Refer S. No. 52	10 days
66	Illegitimate inducements offered	Refer S. No. 52	10 days
67	Malpractices or unfair business practices	Refer S. No. 52	10 days
68	Misappropriation of premiums	Refer S. No. 52	10 days
<b>(6) UNIT LIKED POLICIES - Complaints regarding Charged, Improper Allocation of Units, NAV Related Complaints Switching and Partial Withdrawals</b>			
69	Disputes concerning NAV	Refer S. No. 6	10 days
70	Charges recovered in violation of regulations	Refer S. No. 6	10 days
71	Complaints related to improper allocation of Units	Refer S. No. 6	10 days
72	Disputes concerning switching	Refer S. No. 6	10 days
73	Hidden charges not explained to Consumer	Refer S. No. 52	10 days
74	Partial withdrawal benefit not paid	Refer S. No. 41	10 days
75	Poor disclosures of various Charges	Refer S. No. 52	10 days
76	Foreclosure notice not given to policyholder/forefuture of premium not communicated to policy holder.	Refer S. No. 6	10 days
77	Disputes concerning pre-existing illnesses not covered	Refer S. No. 6	10 days
78	Disputes concerning policy privileges denied	Refer S. No. 52	10 days
79	Definitions of eligibility misinterpreted	Refer S. No. 52	10 days
80	Claim benefit excluded due to policy definition	Refer S. No. 52	10 days
	Disputes concerning the limits of expenses including deductible	Refer S. No. 6	10 days
<b>(7) Distant Marketing/Call centre Marketing/Website Marketing</b>			
82	The Company calls for solicitation of business in spite of client registered in DNC (Regulation of TRAI will also apply)	Refer S. No. 52	10 days
83	Insurer making repeated and unsolicited calls	Refer S. No. 52	10 days
84	Mis-selling on distant calling	Refer S. No. 52	10 days
85	Explaining excessive features of a policy to a prospect on calls	Refer S. No. 52	10 days
86	Company debiting the premium on cards arbitrarily	Refer S. No. 52	10 days
87	Company not refunding the money debited arbitrarily on credit cards	Refer S. No. 52	10 days
88	Proposal form not collected by Insurer within stipulated period (case of misselling) through telecall system.	Refer S. No. 52	10 days
89	Issues pertaining to call centers (poor response by call center)	Refer S. No. 52	10 days
<b>(8) OTHERS -Other Issues not covered under headings 1 to 7</b>			
90	Advertisements regulations violation	Refer S. No. 52	10 days
91	Violation of other IRDA regulations	Refer S. No. 52	10 days
92	Complaints raised with Company not addressed	Refer S. No. 6	10 days