

CITIZENS' CHARTER (General) BASIC SERVICE STANDARDS

Service	Maximum Turnaround Time
General	
Processing of proposal and communication of decisions including requirements / issue of policy / cancellations from the date of receipt of additional requirement whichever is later.	7 days
Providing copy of the policy along with proposal form	15 days
Post policy service requests concerning mistakes / corrections in the Policy document including i) Change of Address ii) Change of Nomination iii) Non-claim related changes iv) Cancellation of policy and refund of premium etc. (from the date of receipt of request for the service specified)	7 days
Premium Due Intimation	One month before due date
General Insurance	
Appointment of surveyor	Immediate after intimation (within 24 hrs.)
Submission of final report after receiving Insurer's request	15 days
Communicating acceptance or rejection of claim	7 days from receipt of survey report/last document
General Insurance – Health	
Free look cancellation and refund of deposit from the date of receipt of the request	7 days
Decision on the request for cashless authorization by TPA /Company to Hospital and communicate to Them	1 hour
TPA's offer of final authorization/settlement to the Insurer/Hospital after submission of document	3 hours
Settlement of Claims (other than cashless)	15 days

Claims concluded by the insurer	30 days from the date of last submission of last document by the customer
Claims concluded by the insurer (where investigation conducted by the insurer)	45 days from the date of last submission of last document by the customer
Grievances	
Acknowledging to Complaint	Immediately
Seek and obtain further details, if any, from the complainant (permitted only once)	Within one week
Action on Complaint & Intimation of Decision to the complainant	14 days
If complaint is NOT resolved by the Insurer, communicate the details to the Policyholder of options including referring receipt of the complainant to Insurance Ombudsman */Consumer Court.	14 days from the original date of receipt of complaint.
Closure of grievance on non-receipt of reply from the complainant	Within eight weeks

**(The policyholder may approach the Insurance Ombudsman if his/ her complaint is not resolved within 30 days or if the decision of the company is not acceptable to the policyholder.)*

Expectation from the Policyholder -

1. Immediate intimation of claims in writing.
2. Preservation of Salvage.
3. Filing of first information report with Police Authorities, in case of Fire, Theft and Accidental Death claims
5. Preservation of recovery rights by filing claims with carriers in case of marine claims
6. Intimating the Fire brigade and obtaining Fire brigade report.
7. Preservation of all records for Company's verification.

Note: For detailed information regarding other related documents required for claims, reference may be made for policy document and / or claim procedure available on our website www.zurichkotak.com or may reach out to our Customer support (toll free) at 1800 266 4545.