

**Zurich Kotak General Insurance
Company (India) Limited**

Grievance Redressal Policy

1. GRIEVANCE REDRESSAL POLICY STATEMENT

The Company strives for operational excellence and a consistent, seamless experience for every customer at all interactions. However, when a customer experiences a service failure despite our best efforts, it leads to customer dissatisfaction. We understand this and therefore seek infinite possibilities to leverage our customer service processes by driving an effective Complaints Management Program.

Zurich Kotak General Insurance Company (India) Limited (ZKGI) listens and positively responds to customer complaints.

We ensure all complaints are dealt with fairly and employees have the necessary skills to manage these expressions of dissatisfaction confidently and competently to their resolution. Towards our endeavor to move towards "zero grievances" by adopting consumer friendly processes. The following principles underpin the company's Grievance Redressal Policy:

- Easy access to information and advice for all stakeholders.
- Application of natural justice and provision of avenues for review.
- Protection of confidentiality and complainants respectfully treated.
- Complaints are addressed fairly, reasonably and in a timely manner.
- Complainants are not to suffer reprisal for making a complaint.
- Complaints data is integrated into business improvement processes.
- The complaint management policy and its application is reviewed regularly to ensure it remains an effective and appropriate mechanism for business improvement.

2. OBJECTIVE:

The objective of the company's Grievance Redressal Policy is to encourage the expression of customer dissatisfaction in a positive environment and to have a prompt investigation followed by a fair decision making to redress the grievance. Such expression of customer dissatisfaction will have effective and prompt analysis of the root causes of complaints.

The underlying principles for Grievance Redressal Policy will promote natural justice, avenues for reviewing complaints and customer confidentiality. The Policy and its application shall be reviewed regularly to ensure it remains an effective and appropriate mechanism for business improvement.

3. DEFINITION

“Complaint” or “Grievance” means written expression (includes communication in the form of electronic mail or voice based electronic scripts) of dissatisfaction by a complainant with respect to solicitation or sale or purchase of an insurance policy or related services by insurer and /or by distribution channel.

Explanation: An inquiry or service request would not fall within the definition of the “complaint” or “grievance”.

“Complainant” means a policyholder or prospect or nominee or assignee or any beneficiary of an insurance policy who has filed a complaint or grievance against an insurer and /or distribution channel.

“Distribution Channels” include insurance agents, intermediaries or insurance intermediaries, and any persons or entities authorised by the Authority to involve in sale and service of insurance policies.

“Mis-selling” includes sale or solicitation of policies by the insurer or through distribution channels, directly or indirectly by:

- a. exercising undue influence, use of dominant position or otherwise, or
- b. making a false or misleading statement or misrepresenting the facts or benefits, or
- c. concealing or omitting facts, features, benefits, exclusions with respect to products, or
- d. not taking reasonable care to ensure suitability of the policy to the prospects/policyholders.

4. GRIEVANCE OFFICER/S:

The Company shall have a designated Chief Grievance Officer of a senior management level. The Company shall also nominate grievance redressal officer at the respective branch to address the customer’s complaint.

The details of the Chief Grievance Officer and Designated Grievance Officer(s) for each branch along shall be published on the website of the Company. The Grievance Redressal Team will be responsible for handling, management, and redressal of all Customer complaints received by the Company.

5. GRIEVANCE REDRESSAL SYSTEM/PROCEDURE IN ZKGI:

A. Source of Complaints:

The Company may receive the complaint/grievance from any of the following sources:

- i. ▪ Policyholder
- ii. ▪ Beneficiary under the Policy
- iii. ▪ Claimant/Nominee under the Policy
- iv. ▪ Insurance Regulatory and Development Authority of India
- v. ▪ Ombudsman
- vi. ▪ Government Redressal Portals
- vii. ▪ Distribution channels

B. Intimation of Complaints:

- i) We encourage our customers to report to us any grievance or issue that they face regarding their policies or dealings with us
- ii) Customers can report grievances to the Company by using any of the below mentioned avenues to ensure that their concerns are dealt with quickly and effectively:
 - Call Center (Toll-free helpline) : 1800-266-4545
 - Email – grievanceofficer@zurichkotak.com
 - Designated email ID for Senior Citizen Customers: seniorcitizen@zurichkotak.com
 - Designated Grievance Officer in each branch.
 - Company website www.zurichkotak.com
 - Bima Bharosa portal of IRDAI
 - By sending a written communication.

6. PROCESS/TURNAROUND TIMES FOR GRIEVANCE RESOLUTION:

- The Company shall send a written acknowledgement to a complainant immediately upon receipt of the grievance.
- It shall also contain the details of the insurer's grievance redressal procedure and the time taken for resolution of disputes.
- The Company shall seek and obtain further details, if any, from the complainant (permitted only once) within 7 days from the date of registration of the grievance.
- The Company shall endeavour to provide resolution to the complainant within 14 days along with the reasons for not accepting the complaint with specific reference to the relevant terms and conditions.
- Where, within 14 days, the company sends the complainant a written response which offers redressal or rejection of the complaint and gives reasons for doing so:
 - a) The Company shall inform the complainant about how he/she may pursue the complaint, if dissatisfied.
 - b) The Company shall inform that, it will regard the complaint as closed if it does not receive a reply within 8 weeks from the date of receipt of response by the insured/policyholder.
- In case the complainant is not satisfied with the resolution of grievance provided by the Company, they can escalate the unresolved / partially resolved complaints to Insurance Ombudsman of concerned jurisdiction, in case the claim amount is up to Rs. 50 lakhs. It is also available at <https://cioins.co.in/Complaint/Online>.

7. CLOSURE OF GRIEVANCE:

A complaint shall be considered as disposed off and closed when

- The company has acceded to the request of the complainant fully.
or
- where the complainant has indicated in writing, acceptance of the response of the insurer.
or
- where the complainant has not responded to the insurer within 8 weeks of the company's written response.
or
- where the Grievance Redressal Officer has certified that the company has discharged its contractual, statutory and regulatory obligations and therefore closes the complaint.

The TATs for the Grievance redressal are placed below:

Activity	Timeline (from date of registration of the grievance)
Written acknowledgement of grievance to a complainant	Immediately
Seek and obtain further details, if any, from the complainant (permitted only once)	Within one week
Resolution of grievance and issue of final letter of resolution	Within two weeks
Closure of grievance on non-receipt of reply from the complainant	Within eight weeks

8. CATEGORISATION OF COMPLAINTS:

Categorisation of complaints as prescribed by the IRDAI from time to time shall be adopted by the Company and incorporated in the Grievance Management systems.

9. MINIMUM SOFTWARE REQUIREMENTS:

The Company shall have automated systems that will enable online registration, tracking of status of grievances by complainants and periodical reports as prescribed by IRDAI. The Company shall integrate its grievance portal with the Bima Bharosa portal to facilitate the registering/ tracking of grievance on-line the policyholders. The Company's system must be equipped with a real-time mirroring functionality that ensures their grievance database is consistently synchronized with the Bima Bharosa.

10. CALLS RELATING TO GRIEVANCES:

The Company shall also have in place a system to receive and deal with all kinds of calls including voice/e-mail, relating to grievances, from prospects and policyholders. The system should enable and facilitate the required interfacing with IRDAI's system of handling calls/e-mails.

11. PUBLICIZING GRIEVANCE REDRESSAL PROCEDURE:

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

12. POLICYHOLDER PROTECTION, GRIEVANCE REDRESSAL AND CLAIMS MONITORING COMMITTEE:

The Company shall ensure that the Policyholder Protection, Grievance Redressal and Claims Monitoring Committee, as stipulated in the guidelines for Corporate Governance issued by IRDAI, is in place and is receiving and analysing the required reports from the management and is carrying out all other requisite monitoring activities.

13. REVIEW OF POLICY

This Policy would be reviewed annually or as and when there are changes.

14. LAW TO TAKE PRECEDENCE AND AMENDMENTS

In the event of any variation or inconsistency between the provisions of this Policy and applicable law, the provisions of the applicable law shall prevail over this Policy and the provisions of this Policy shall be deemed to have been amended so as to be read in consonance with such applicable law.