



## **Protection of Policyholders' Interest Policy**

### **IFFCO TOKIO GENERAL INSURANCE COMPANY LIMITED**

**Registered Office: IFFCO Sadan, C1, District Centre, Saket,  
New Delhi 110017.**

**Corporate Office: 4<sup>th</sup> & 5<sup>th</sup> Floors, IFFCO Tower,  
IFFCO Tower, Plot No. 3, Sector - 29,  
Gurgaon — 122001,  
(Haryana)**

## 1.0 Preamble/ Purpose

- 1.1. As per Regulation 7 of IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024, every insurer shall have in place a Board approved Policy to protect policyholders' interests and review it annually.
- 1.2. As per Para 23 of the Master Circular on Operations and Allied Matters of Insurers, every insurer shall have a Board approved Grievance Redressal Policy.
- 1.3. As per Para 43.1 of Master Circular on Operations and Allied Matters of Insurers, every insurer shall actively promote awareness campaigns to the policyholders/prospects and public at large on various aspects of insurance including types of insurance products, services aspects etc.
- 1.4. This Policy endeavors to:
  - (a) establish the Company's philosophy and approach towards Customer Service and ancillary matters as stipulated under the abovementioned Para;
  - (b) set up a guiding principle for its internal/ external stakeholders towards the achievement of fair treatment of policyholders;
  - (c) consolidate its various procedures on the abovementioned subject matters.
- 1.5. This Policy shall be effective from 1<sup>st</sup> October 2024. All amendments to the Policy shall be effective from the date of approval by the Board of Directors.

## 2.0 Applicability

- 2.1. The Policy and procedures described in this Policy will apply to all operating offices of the Company and shall be observed by all concerned officials of the Company who have been assigned with the responsibility of attending to their respective functions.

## 3.0 Definitions

- 3.1. In this Policy, the following terms shall have the following meanings:
  - (a) "Company" shall mean IFFCO TOKIO General Insurance Co. Ltd ("ITGI");
  - (b) "Operations Master Circular" means Master Circular on Operations and Allied Matters of Insurers dated 19<sup>th</sup> June, 2024
  - (c) "Policy" means this "Protection of Policyholders' Interests Policy"
  - (d) "PPI Master Circular" means Master Circular on Protection of Policyholders' Interests, 2024 dated 5<sup>th</sup> September, 2024;
  - (e) "Regulations" means IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024;

Words and expressions used and not defined in this Policy but defined in the Companies Act, 2013 read with the Rules made thereunder, Insurance Act 1938, IRDAI Act, 1999, IRDAI Regulations, and Guidelines shall have the meanings respectively assigned to them in those Acts/ Regulations and Guidelines.

- 3.2. The Company shall strive to achieve the following outcomes through it's various activities:
  - (a) fair treatment of prospects at the stage of solicitation and sale of insurance policies;

- (b) that the interests of policyholders are protected, and the conduct of the insurer and distribution channel is not prejudicial to the interests of policyholders;
- (c) that the insurers and distribution channel fulfil their obligations towards policyholders and have in place standard procedures including best practices for the sale and service of policyholders;
- (d) policyholder-centric governance by insurers and distribution channels, with emphasis on grievance redressal;

3.3. This Policy has been divided into following segments as detailed below:

- Part A - Customer Education & Insurance Awareness;
- Part B - Mis-selling and Unfair Business Practices;
- Part C - Policy Servicing, Service Parameters and Turn around Times;
- Part D - Settlement of Claims;
- Part E - Grievance Redressal Mechanism;
- Part F - Unclaimed Amount of Policyholders;

3.4. Any matter not covered under these segments shall be governed by the Regulation and Operational Master Circular and PPI Master Circular.

#### **Monitoring**

3.5. Policyholders' Protection, Grievance Redressal and Claims Monitoring Committee (PPGR&CM) shall review the Illustrative Parameters as mentioned in the **Annexure - A** from time to time and suggest the necessary action.

#### **4.0 Policy Review**

4.1. Policyholders' Protection, Grievance Redressal and Claims Monitoring Committee (PPGR&CM) shall review this Policy every year and recommend the changes in the Policy to the Board for approval.

**PART- A**  
**CUSTOMER EDUCATION & INSURANCE AWARENESS**

**1.0 Adoption of Annual Program**

- 1.1. Head Branding shall draw up an annual Customer Education and General Insurance Awareness Program to be pursued by the Company during the financial year for the approval of the PPGR&CM Committee.
- 1.2. The Head of the Branding shall act as a Nodal Officer for implementation of the Annual Program on Customer Education and General Insurance Awareness in collaboration with the other concerned departments of the Company.

**2.0 Customer Education and General Insurance Awareness Activities:**

- 2.1. Under the Annual Customer Education and General Insurance Awareness Program, any of the following steps/ measures shall be undertaken to spread awareness/education to the customers:
  - a. participation in the Insurance Awareness Campaign of the National Centre for Financial Education (NCFE) in various parts of the country including the states where the Company is the Lead Insurer;
  - b. District Level/Taluka level Seminar by inviting representatives of Industry & Business Associations, Social Organizations, District Level Cooperative Banks and Societies, Elected Political representatives, Administrative Officials, etc.;
  - c. Participate in PAN INDIA Insurance Awareness campaign initiated and implemented by IRDA and General Insurance Industry through GI Council;
  - d. Adopt certain Districts and Financial Literacy Centers (FLC's) in consultation with GI council and carry out General Insurance awareness campaign;
  - e. Various promotional activities will be undertaken, including placing advertisement and editorial in publications (Offline and Online), setting up hoardings and wall painting, van activity at prominent locations in Taluka and village level, distribution/circulation of branding material to raise awareness about general insurance;
  - f. carry out a General Insurance awareness campaign and Customer Education and General Insurance Awareness activities on its own;
  - g. Allocation and deputation of the resources as per para 6 of Part A.
  - h. any other activity approved by the Board or its committee from time to time.

**3.0 Topics for Annual Program**

- 3.1. Customer Education and General Insurance Awareness Activities undertaken by the Company shall cover the following topics/aspects:
  - a. financial risks present in the ecosystem;
  - b. the General Insurance Products, benefits, rights and responsibilities of the customers and use of General Insurance as a tool for mitigation of financial risks encountered by the general public in their day-to-day life;
  - c. providing the required information that may help customers in making informed decisions about selecting General Insurance covers/ products commensurate with their needs;

- d. Informing insured/policyholders on claim procedures;
- f. advising Do's and Don'ts to be observed while Buying General Insurance covers / Products and claiming benefits
- g. any other relevant topic as may be decided by IRDAI/ GI Council and other authorities;

#### **4.0 Digital Initiative**

- 4.1. The Company shall also take the following steps/ measures for customer education and insurance awareness among the general public:
- a. development and updating of the multilingual website allowing users to know more about the Company and its products and services in their language;
  - b. develop and create posts, and content in Hindi and other regional languages to reach out to the Tier 2 and Tier 3 cities as well as rural areas for insurance awareness and imparting education for Insurance;
  - c. regularly posting informative posts, and updates related to General Insurance, products and services of the Company on a dedicated section at Company's website;
  - d. publish articles related to customer education and insurance awareness in popular media outlets, online news portals, print and other digital media platforms;
  - e. use of Social media platforms (e.g. Facebook, Twitter, Instagram, Youtube, LinkedIn etc.) to connect with the society.

#### **5.0 Use of Vernacular language for Customer Education**

- 5.1. The Company will use the local vernacular language in its brochures, leaflets, hoarding & banner, audio visual content and other programme/training session conducted by the Company while interacting with the customers in the process of spreading insurance awareness.

#### **6.0 Deputation of personnel for activities related to Insurance Awareness Programme.**

- 6.1. Respective State Head/Channel Head shall depute required resources/manpower for providing insurance awareness and consumer education in various parts of the country including allocated states as per State Insurance Plan.
- 6.2. The Trainer/Employee deputed shall co-ordinate with the respective agency for conducting such programme and shall attend those programme as per the program schedules by the NCFE/FLCs and any other statutory body.
- 6.3. Trainer/Employee deputed by the Company under the insurance awareness programme shall fulfill the eligibility conditions and training requirements as may be prescribed by the respective programme coordinator in case programme are organized by any statutory body and shall adhere to the code of conduct as prescribed for such programme.

#### **7.0 Submission of Reports**

- 7.1. Trainer/Employee as deputed by the Company to attend the programme organized by the statutory body shall ensure the compliance and reporting requirements as may be prescribed by such body.
- 7.2. A copy of such compliance/reporting shall be submitted to the Nodal Officer and Compliance team for submission to the regulator.

## **8.0 Collaboration Partners**

- 8.1. In achieving the above objectives and implementation of Policy, the Company may, in addition to the initiatives taken by on its own, also collaborate with IRDA, GI Council, leading banks through Financial Literacy Centres (FLC's).

## **9.0 Monitoring of Annual Program**

- 9.1. A status report shall be presented before the Policyholders' Protection, Grievance Redressal and Claim Monitoring Committee on quarterly basis on the customer education and insurance awareness activities in accordance with the Annual Plan adopted by the Company.

## **PART- B MIS-SELLING AND UNFAIR BUSINESS PRACTICES**

### **1.0 Ethical Standard on Insurance Practice**

- 1.1. The Company will adopt a strict zero tolerance policy with regard to Mis-selling and Unfair Business Practices, unethical conduct by any employee, intermediaries or call centers.
- 1.2. In order to avoid any stance of mis-selling or unfair business practice, following initiatives will be taken:
- a) Training to Employees and Intermediaries
  - b) Customer Education on the products
  - c) Grievance Redressal machinery
  - d) Publication of Do's and Don't for the awareness

### **2.0 Training to Employees and Intermediaries**

- 2.1. All sales agents and marketing workforce of the Company including those in the field as well as those involved in selling through distance marketing mode like call center will undergo necessary training on Product features, coverages and exclusions before they are allowed to solicit any business. All employees, agents and representatives of intermediaries will also be provided periodic refresher trainings.
- 2.2. In the training, emphasis will be made that employees, agents and representatives of intermediaries:
- a) do not make any promise of a benefit/ service/ feature which is not available in the product;
  - b) do not make fraudulent inducement by offering any discount which is not available/ allowed as per Company's guidelines;
  - c) do not make any conversation which may be abusive/ vulgar or result into unprofessional behavior.
  - d) Adhere to the Code of Conduct prescribed under respective rules and regulations and dos and don'ts while interacting with a customer or prospect.

### **3.0 Customer Education on the products**

- 3.1. Company shall educate customers (existing/prospects), about its products and services. This will be done through both online and offline channels.
- 3.2. The customer/proposer will be provided with a copy of the signed proposal form along with the Customer Information Sheet (CIS), which will act as an acknowledgement of information declared by the customer for future references. Further, the Company will provide insurance policy copy, prospectus in the vernacular language on request of the customers.
- 3.3. An electronic copy of the insurance policy shall be delivered at the e-mail id/mobile number given by the customer.

### **4.0 Grievance Redressal machinery**

- 4.1. Any person aggrieved of the mis-selling, unfair business practices or any fraud committed by any employee, intermediary may reach out to the Company and register their grievances through any means of communication.
- 4.2. All such cases shall be handled with high priority with at most seriousness as per the Grievance Redressal Policy of the Company.
- 4.3. All cases of mis-selling and unfair business practices shall be dealt with the Standard Operating Process (SOP) specified by the GI Council and shall be reported to the regulatory authorities.
- 4.4. All cases of mis-selling an unfair business practices shall be reported to the Head (Marketing) with the appropriate action taken and resolution on the complaint and shall also be reported to the PPGR&CM Committee for its review.

### **5.0 Other Updates/Communication on Policyholders Servicing:**

- 5.1. The Company may provide the below mention information on its website for to prevent any fraud and to update its Customer/prospects:
  - a. An updated information regarding nearest branch/ office of the Company;
  - b. A search facility to verify and to locate nearby agent and intermediary of the Company;
  - c. List of products on offer & product withdrawn, prospectus & policy wordings, TAT for policy servicing and procedure for claim settlement for transparency and better understanding of the coverages under the Product, the Company may use other vernacular language in its website where all products offered by the Company and their coverages will be available.

### **6.0 Recording of Distance Marketing calls**

- 6.1. The entire length of discussion for online sales will be recorded irrespective of the number of discussions/calls made.
- 6.2. To prevent any chances of mis-selling, a telecaller/verifier will confirm all the key critical points before the final payment and this line will also be recorded.

## **PART- C**

### **SERVICE PARAMETERS INCLUDING TURNAROUND TIME**

#### **1.0 Accessibility of Insurance**

- 1.1. The Company shall take all the necessary steps to ensure that its products and services are available to all parts of the society and cater their insurance related requirements in accordance with the its Underwriting/Product Management Policy.

#### **2.0 Policyholders Servicing**

- 2.1. The Company aims to offer all its services within the well-defined service parameters and Turnaround Timelines. A copy of the Turnaround Time shall be published on the website of the Company for information of all Customers.
- 2.2. Respective Department shall prepare the Standard Operating Process to :
- (i). serve the policyholders within the turnaround time prescribed under the Annexure-B;
  - (ii). define parameters for monitoring of TAT;

#### **3.0 Monitoring of the TAT**

- 3.1. A Report on the targeted and actual achievement of TAT shall be presented before the PPGR&CM Committee.

## **PART- D**

### **SETTLEMENT OF CLAIM**

#### **1.0 Claim Settlement**

- 1.1. All Claims shall be settled as per the financial authority delegated/ approved by the Board from time to time.
- 1.2. To expedite the claim settlement process, the Company shall adopt Standard Operating Process (SOP)/Claim manual for settlement of claims pertaining to:
- a. Motor OD Claims
  - b. Motor TP Claims
  - c. Health Claims (Retail & Group)
  - d. Non- Motor Claims

#### **2.0 Empanelment of Hospital and Healthcare providers**

- 2.1. The Company shall empanel Hospital and Healthcare providers as per Board approved Policy on Standards and Benchmarks for the Empanelment of Hospital.



2.2. The Company shall review the performance of the Third-Party Administrator (TPAs) on annual basis as per the Board approved Policy on Standards and Benchmarks for Monitoring the Performance of Third-Party Administrator. Result of such review shall be presented on half yearly basis to the PPGR&CM Committee.

### **3.0 Time Limits for settlement of Claims:**

3.1. All claims shall be settled within the timelines given in Annexure-B.

### **4.0 Appointment of Surveyors**

4.1. The Appointment of Surveyors will be done in accordance with the Surveyor Management Policy of the Company approved by the Board. Surveyors appointed by the Company shall follow the code of conduct and timelines as specified by the Company under its Surveyor Management Policy.

### **5.0 Repudiation of Claims (Retail Products only)**

5.1. The Company will not repudiate the claim in full or part:  
a) where the breach of warranty or condition is not relevant to nature or circumstances of loss;  
b) on account of any delay on part of the policyholder, where such delay has not resulted in the amount of assessed loss being increased.

5.2. The Company shall not repudiate any health claim on any ground of non-disclosure and/or misrepresentation except for established fraud, after the completion of the 60 months of continuous coverage.

5.3. The Company shall not repudiate Health claim without the approval of Claims Review Committee (CRC).

### **6.0 Communication of Repudiation of Claims**

6.1. In case claim is repudiated or rejected or disallowed partially, details shall be communicated to the claimant along with full details giving reference to the specific terms and conditions of the policy documents.

6.2. Details of all the claims reviewed by the CRC shall be presented to PPGR&CM Committee on quarterly basis.

## **PART- E GRIEVANCE REDRESSAL MECHANISM**

### **1.0 Definitions**

1.1. In this Part, the following terms shall have the following meanings:

(a) “**Chief Grievance Officer**” shall mean an Officer of the Company or such other person as may be appointed by the Appropriate Authority as Chief Grievance Officer to address the

Customer's Grievances on behalf of the Company. The Chief Grievance Officer will head the team of Grievance officers appointed across different operating offices of the Company and shall be posted at the corporate office of the Company.

- (b) **"Grievance / Complaint"** shall mean written expression (includes communication in the form of electronic mail or other electronic scripts) of dissatisfaction by a complainant with respect to solicitation or sale 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 a "grievance" or "complaint". However, a service request that have not been attended within 7 days of registration, shall be a grievance.

- (c) **"Grievance Officer"** shall be the Head of each operating office(s) of the Company and may include any person appointed by the Chief Grievance Officer to address the Customer's Grievances on behalf of the Company.
- (d) **"Inquiry"** shall mean any communication from the customer for the primary purpose of requesting information about the Company and/or its services or products.
- (e) **"Service Request"** shall mean any communication from a customer soliciting a service such as a change or modification in the policy.

## 2.0 Grievance Redressal System

- 2.1. The Company will establish and use a dedicated system called "Grievance Redressal System" for registration, management and resolution of grievance from all channels centrally in one place and to track unresolved, prolonged and un-actioned complaints along with the time taken to resolve complaints.
- 2.2. All Complaints received by the Company shall be classified based on the parameters such as:
- Claim Service Centre/ Branch/ Distribution Channel/ Intermediary/ Service Provider Type;
  - Channel and Line of Business LOB wise (Motor/ Health/ Crop and other LOBs);
  - Source wise (different social media, CGO, GRO and other consumer forum channels like Centralized Public Grievance Redress and Monitoring System ("CPGRAMS" hosted at <https://pgportal.gov.in>) and National Consumer Helpline (NCH), Compliant received by MD, Complaints forwarded by Regulatory Authorities etc.
  - Complaint type (i.e. Proposal/Cover-Note/Non-Receipt of insurance policy/ Premium & Refund related/Coverage & Product related/ Claim Related etc.)
  - Service Type (policy renewal, endorsement, nomination, portability related, change of particulars (address, mobile, email ID) etc.
- 2.3. The Grievance Redressal System shall be synced with the following systems to provide two-way communication and updates on the status of the complaint to the Complainant:

- (a) Bima Bharosa Portal of IRDAI (hosted on <https://bimabharosa.irdai.gov.in>);
- (b) Toll-Free Number (1800-103-5499)/ 0124-4285499 and Email Support ([chiefgrievanceofficer@iffcotokio.co.in](mailto:chiefgrievanceofficer@iffcotokio.co.in) and/or [support@iffcotokio.co.in](mailto:support@iffcotokio.co.in));
- (c) Website, Customer Service Application and different social media channels of the Company;

2.4. This system will be used as the first point of contact by the Customer Service Team/ Branches and CSC while interacting with the customers.

### **3.0 Grievance Registration**

3.1. In case a customer is aggrieved with the service of the Company or with any of its representatives/employees for any reason whatsoever he/she may register a grievance for expeditious resolution of complaints through any of the modes mention in Para 3.2 below.

3.2. For the convenience of customers/policyholders, grievances can be registered in any of the following ways:

- (a) 24-hour contact centre at 1-800-103-5499 (toll-free) & 0124- 428 5499 (local call charges apply);
- (b) Email: [support@iffcotokio.co.in](mailto:support@iffcotokio.co.in)
- (c) Contact the Grievance Officer at the nearest branch of the Company;
- (d) Send an email to the Chief Grievance officer Officer at [chiefgrievanceofficer@iffcotokio.co.in](mailto:chiefgrievanceofficer@iffcotokio.co.in) or write to the Chief Grievance Officer at the address mentioned below:  
IFFCO TOKIO General Insurance Company Limited  
4<sup>th</sup> Floor, IFFCO Tower-II, Plot No 3,  
Sector – 29 Gurgaon -22001, Haryana, India
- (e) Register Grievance on the Company's website at [www.iffcotokio.co.in](http://www.iffcotokio.co.in) under primary head Customer Services and sub-head GRIEVANCE REDRESSAL. The link is <https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal>.

3.3. Grievances registered on following portals shall be downloaded and redressed within the prescribed TAT:

- (a) Centralized Public Grievance Redress and Monitoring System;
- (b) National Consumer Helpline;
- (c) Other system as may be required by Regulatory Authority (ies)

### **4.0 Acknowledgement**

4.1. The Company shall send automated IT system-driven acknowledgement to the Customer through the Grievance Redressal Module through email to the complainant immediately (within 8 working hours) after registration of the grievance/complaint and service request (endorsement related requests).

4.2. The acknowledgement shall contain the following information:

- (a) unique system-generated reference no. which can be used for all future communication regarding that particular grievance;
- (b) the details of the Grievance officer and details of the operating office that will be dealing with the grievance;

- (c) the grievance redressed procedure of the Company including the escalation matrix;
- (d) Turn Around Time for resolution of grievance;

- 4.3. The aggrieved customer/complainant shall be required to quote his unique grievance number in all his future correspondences with the Company till a resolution is received for this grievance/complaint.
- 4.4. Once registered, the Grievance Redressal Module shall sync the complaint to the Bima-Bharosa Portal of IRDAI.

## **5.0 Resolution of Complaints**

- 5.1. On successful registration, the grievance/complaint will be routed to the relevant operating office mapped to the policy/ claim and will rest in the queue of the concerned grievance officer of that office. Head of any operating office/claim office shall be designated Grievance Redressal Officer ("GRO") of that particular office and details of such GRO shall be published on the website of the Company.
- 5.2. The respective GRO shall resolve the Grievance within the Turnaround Time mentioned in **Annexure-B** of the Policy.
- 5.3. Where the grievance is resolved within Turn Around Time (Annexure-B), information regarding the resolution will be communicated along with the acknowledgement of the grievance/complaint
- 5.4. The Grievance Officer of the respective operating office shall resolve the grievance within 2 weeks of its receipt and send a final letter of resolution that offers redress or rejects the complaint and gives reasons for doing so.
- 5.5. The complainant can track the status of the complaint by logging- in to the Bima Bharosa or to the Insurer's grievance portal.

## **6.0 Resolution and Closure of Grievance and Service Request**

- 6.1. A Grievance shall be considered as disposed of and closed when:-
  - (a) The grievance officer has acceded to the request of the complainant fully.
  - (b) Where the complainant has indicated in writing, acceptance of the response of the Grievance officer.
  - (c) Where the complainant has not responded within 8 weeks from the date of sending the communication of final resolution.
- 6.2. Where the grievance is not resolved in favour of the policyholder or partially resolved in favour of the policyholder, the Grievance Officer shall inform the complainant of the option available to him/ her to take up the matter before the insurance ombudsman giving details of the name and address of the Ombudsman of competent jurisdiction.
- 6.3. The Grievance officer will inform the complainant about how he/she may pursue the complaint if dissatisfied.

6.4. The Grievance officer shall inform the complainant/Insurer that the complaint stands closed if they do not receive reply within 8 weeks from date of sending letter of final resolution.

## **7.0 Escalation Matrix**

7.1. Where the final letter of resolution is not sent to the complainant within 2 weeks of receipt of the Grievance, that Grievance will be escalated to the Chief Grievance Officer who will ensure the Grievance is resolved on priority.

7.2. In the event the complainant is not satisfied with the response received, they can make a reference to the Chief Grievance Officer at [chiefgrievanceofficer@iffcotokio.co.in](mailto:chiefgrievanceofficer@iffcotokio.co.in) or write to the Chief Grievance Officer at the Corporate Office.

7.3. A daily system-generated report on grievances/complaints that are more than 14 days old, will be distributed to all Grievance officers with a copy to the Chief Grievance Officer and the Appropriate Authority.

## **8.0 Feedback**

8.1. The Grievance Redressal System shall have to obtain customers' feedback, particularly post-resolution of the grievance(s). The feedback may also cover the policyholders' experience with the grievance redressal process and the level of their satisfaction.

## **9.0 Publication/ Notification**

9.1. Details of the Grievance Officer/ Chief Grievance Officer shall be published on the website of the Company.

## **Part - F Unclaimed Amount of Policyholders**

### **1.0 Definition**

1.1. In this part, the following terms shall have the following meanings:

- a) "Unclaimed Amount" shall include any amount held by the Company, but payable to consumer, including income accrued thereon, on account of their non-contactability through any means and remaining unpaid beyond twelve months from the due date of such payment.

Provided that the following pending amount shall be held under separate sub heading "Litigation and others" under unclaimed amounts till such time the payments are made, irrespective of the status of the contactability:

- i. Due to any litigation under an insurance policy;
- ii. Due to rival claims or open title;
- iii. Due to freezing/blocking of insurance policies by any government agency.

Provided further that the amounts payable in respect of claims initiated by consumer shall not be considered as unclaimed amounts.

**Explanation 1:** A consumer shall be termed non-contactable when such consumer has not responded to any of the Company's repeated communications for a period of twelve months.

**Explanation 2:** All amounts, where the consumer is not traceable, shall continue to be part of the unclaimed amounts.

## **2.0 Measures for reduction of Unclaimed Amount**

- 2.1. The Company shall adopt following measures for reduction of unclaimed amount:
- a. Prompt existing policyholders at the time of payment of renewal premium (online/offline) to update their mobile number, email address, current address, bank account details, nominee details etc. by flashing existing details and send intimations accordingly;
  - b. Undertake ongoing KYC for existing policies, Re-KYC of minors on immediately attaining majority;
  - c. Advertise in Print/Digital media to reach out to consumers who are not traceable;
  - d. Any others measure as may be appropriate or required by the authority to reduce the unclaimed amount.

## **3.0 Publication of details of Unclaimed Amount**

- 3.1. The Company shall provide the facility to the customers to search for unclaimed amount at its website which will be periodically (half yearly) updated.
- 3.2. Customers may search unclaimed amount, if any, based on the following parameters as defined by the IRDAI.
- a) Policy number
  - b) PAN of the policyholder
  - c) Name of the policyholder
  - d) Date of Birth/date of incorporation of the policyholder

## **4.0 Claim procedure for unclaimed amount**

- 4.1. Any amount that remained unclaimed may be claimed from the Company by following the process as mentioned hereunder:
- a) **Individual claim by Insured / Claimant**  
Customer may visit nearest branch of the Company with the request letter and submit valid required documents.
  - b) **Claim by Legal Heir / Nominee**  
The Legal Heir / Nominee may visit ITGI Branch and submit the required documents.
  - c) **Claim by Non-Individual**  
The Authorized Representative of Legal Entity may submit the Claim Form on the Company's/ Firm's / Institution's letterhead duly signed by the authorized signatories along with their valid required documents.  
The customer may also be required to submit additional documents as required by the insurer.  
Customer may download the format of request letter from the website of the Company.

- 4.2. Details of branches may be checked on the Company's website hosted on <https://www.iffcotokio.co.in/contact-us?tab=branch>.
- 4.3. All request letter for claiming the unclaimed amount shall be supported by the following documents:  
a) Identity Proof, Address Proof and Photograph of Insured/ Claimant/ Legal Heir/ Nominee;  
b) Banking details;  
c) In case of Nominee, death certificate of insured / claimant.
- 4.4. On verification of the same, payment shall be made by the Company.

#### **Annexure -A**

##### **Illustrative list of the items to be places before the PPGR&CM**

- (a) Analysis of Motor OD, Motor TP Claim, Health & Non-Motor & Crop Business;
- (b) Analysis of Grievance Redressal;
- (c) Grievance Disposal - Report (From NL-45);
- (d) IRDAI Circular on Grievance Redressal Procedures - Compliance thereof;
- (e) IRDAI Circular on Review of Grievances by MD & CEO;
- (f) Payment of dues to policyholders & disclosure of Unclaimed Amount & IRDAI Return thereon
- (g) Details of Legal Cases;
- (h) Compliance of Awards of Insurance Ombudsman;
- (i) Relocation/ Closure of Office;
- (j) Monitoring of TAT as mentioned in the Citizen Charter
- (k) Initiative Taken by the Company on Customer Education and Insurance Awareness
- (l) Achievement of the Obligations of the Company under IRDAI (RUSO) Regulations,2024
- (m) Details of Advertisement Approved by the Advertisement Committee during the Quarter
- (n) Details of Health Claims Reviewed by the Claims Review Committee
- (o) Any other item as may be decided by the Committee/management as per the requirement.

**Citizen Charter**

<b>S. no.</b>	<b>Service</b>	<b>Description of item of Service</b>	<b>Turn Around Timelines</b>	<b>Owner Department</b>
1	New Business Proposal Processing	Processing of Insurance Proposal and seeking further requirements for consideration of the proposal.	7 days	Underwriting
		Decision on the proposal from the date of receipt of the proposal or from the date of receipt of additional requirement whichever is later		Underwriting
		Providing a Copy of the Policy along with the proposal form	15 days	Operations
		Decide and communicate on the Port-in policies (from receipt of information from existing insurer)	5 days	Health Underwriting
		Providing data to IIB on port-out policies (from receipt of port-out request from acquiring insurer)	72 hours	Health Underwriting
		Free look cancellation and refund of deposit from the date of receipt of the request	7 days	Operations and F&A
2	Post Policy Service Request	Post Policy Service Request concerning mistakes / corrections in the policy documents	7 days	Operations
3	Policy Servicing  (from the date of receipt of the request for the service specified)	Change of Address (KYC Norms to be complied)		Operations
		Registration/Change of Nomination, Assignment		Operations
		Alteration in the original Policy document (where applicable)		Operations
		Change in location of risk		Operations
		Inclusion of new members in case of group policies		Operations
		Any other non-claim-related changes		Operations
		Cancellation of policy and refund of premium		Operations
		Issuance of duplicate Policy		Operations
		Appointment of Surveyors (through tech-based solution)		24 hours
4	Claims	Submission of final report after receiving Insurer's request	15 days	Claims
		Communicating acceptance or rejection of the claim	7 days	Claims



		Acceptance of cashless claims by TPA/Company to Hospital and communicate to them	1 hour	Claims
		TPA's offer of settlement to the Insurer/Hospital after submission of document	3 hours	Claims
		Settlement of Health claims (other than cashless)	15 days	Claims
5	Auto Action by the Insurer	Premium Due Intimation	One month before due date	Digital Marketing
6	Complaints	Acknowledgement to complainant	Immediately	Grievance
		Action on Complaint & Intimation of Decision to the Complainant	14 days	Grievance
		If the Complaint is NOT resolved by the Insurer, communicate the details to the Policyholders of options including referring the complainant to the Insurance Ombudsman/ Consumer Court	14 days from the original date of receipt of the complaint	