



HDFC ERGO GENERAL INSURANCE COMPANY LIMITED

POLICY ON PROTECTION OF INTERESTS OF POLICYHOLDERS

Created by	Compliance			
Concurred by	Customer Experience Management			
Review Period	Annual			
Version	Version 1.0	Version 1.1		
Approved by Board of Directors on	October 25, 2017	October 22, 2018		
Effective From	October 25, 2017	October 22, 2018		



1. BACKGROUND

With the objective of protecting the interests of the policyholders the Regulator, Insurance Regulatory and Development Authority of India has framed IRDAI (Protection of Policyholders' Interests) Regulations, 2017 (the Regulations) superseding Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2002. The main objective of amending the Regulation was to consolidate all the requirements stipulated by the Authority under various Circulars and Guidelines within the ambit of one single Regulation. The Regulation also aims to provide ease to insurance companies by introducing digitalization.

The Regulations requires insurance companies to put in place Board approved policy for protecting the interest of the Policyholders *inter alia* covering the following:

- a) Steps to be taken for enhancing Insurance Awareness;
- b) Service parameters including turnaround times for service rendered;
- c) Procedure for expeditious resolution of complaints;
- d) Steps taken to prevent mis-selling and unfair practices at the time of solicitation; and
- e) Steps taken to ensure that during policy solicitation and sale stage prospects are informed of the benefits of the product, features and terms and conditions of the product so the benefits are not misstated or misrepresented.

2. EFFECTIVE DATE FOR IMPLEMENTATION OF THE POLICY

The Policy shall be effective from October 25, 2017. The Company shall periodically review the Policy based on the inputs received from the Policyholders, IRDAI, Statutory Authorities and other sources.

3. OBJECTIVE OF THE POLICY

The key objective of the Policy is to provide for a mechanism to address all the requirements of the Policyholders and speedy resolution for the grievance and complaints of the Policyholders to their satisfaction and in accordance with the regulatory framework.

4. DEFINITIONS & ABBREVIATIONS

1. **Authority** shall mean the Insurance Regulatory and Development Authority of India (IRDAI) established under the provisions of Section 3 of the IRDA Act, 1999.
2. **Company** means HDFC ERGO General Insurance Company Limited, incorporated under the provisions of the Companies Act, 1956 and registered with the Authority as a General Insurer under Registration No. 146.
3. **Complainant** means a Policyholder or prospect or any beneficiary of an insurance policy who has filed a complaint or grievance against the Company or distribution channel of the Company.
4. **Complaint/Grievance** means written expression (includes communication in the form of electronic mail or other electronic scripts), of dissatisfaction by a complainant with the Company, distribution channels, intermediaries, insurance intermediaries or other regulated entities of the Company about an action or lack of action about the standard of service or deficiency of service of the Company, distribution channels, intermediaries, insurance intermediaries or other regulated entities;
5. **Cover** means an insurance contract whether in the form of a policy or a cover note or a Certificate of Insurance or any other form as approved by the Authority to evidence the existence of an insurance contract;
6. **Designated Grievance Officer (DGO)** shall mean the official appointed by the Company in each Place of Business to redress the grievance of the Complainant. In case of non-availability of DGO at any Place of Business the DGO of the nearest place of business shall be deemed to be the DGO for that place of business also.
7. **Grievance Redressal Officer (GRO)** shall be an official at a senior level at the corporate office of the Company who would be the contact person for the Authority.
8. **Proposal form** means a form to be filled in by the prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the Company in respect of a risk, in order to enable the Company to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.



9. Prospect means any person who is a potential customer of the Company and likely to enter into an insurance contract either directly with the Company or through a distribution channel of the Company.

10. Prospectus means a document either in physical or electronic or any other format issued by the Company to sell or promote insurance products of the Company.

5. INSURANCE AWARENESS

The Company recognizes that insurance awareness plays an important role in overall penetration of insurance in the Country. A better understanding of insurance products will ensure protection of consumer's interests with appropriate and sufficient cover. The Company has taken conscious efforts in driving a host of campaigns aimed at spreading insurance awareness in rural and urban areas and the Company intends to continue its efforts in this direction.

There would be specific campaigns targeted for corporate customers as well as intermediaries like brokers and agents who play a vital role in enhancing consumer awareness. The Company would use various modes to create awareness amongst the general public at large, in urban and rural areas which would include one or more of the following:

- a) Workshops/seminars and Road shows;
- b) Participation in Fairs and other rural events;
- c) Advertisements via Radio;
- d) Promotion through Outdoor Advertisements;
- e) Articles in Print Media;
- f) Company website;
- g) Insurance portfolio organizer (IPO);
- h) Customer education mailers;
- i) Social media;
- j) Knowledge series for corporate customers;
- k) Seminar for Corporates / SME / Intermediaries;
- l) HDFC ERGO Community on Website; and
- m) Training at HDFC ERGO branches for intermediaries



6. SERVICE PARAMETERS/ TURNAROUND TIME

The Company is committed towards its Policyholders in respect of its operating and servicing standards, in such a manner so as protect the interests of the policyholder and to simultaneously ensure compliance with various regulatory requirements of IRDAI and other regulatory bodies

The Company would:

- Provide customer's access to the Company's toll free number 24x7 with the exception of national holidays.
- Ensure that, the policy document provides complete information about the product opted and the Company's services.
- Ensure that, dealings with the customers are on ethical principles of integrity and transparency.
- Continue to develop a dedicated, sensitized and professional workforce for efficient execution of roles assigned to them.
- Regularly monitor all service providers to ensure delivery of promised services to the customers.
- Ensure that, customers are fully informed of avenues to escalate their complaints/grievances within the organization and their rights to alternative remedy, if they are not fully satisfied with the response of the organization, educating the customer about grievance redressal mechanism through Ombudsman.
- Endeavour to resolve all complaints/grievances efficiently and fairly within specified time frame.



Standards for Servicing

Service	Maximum Turn Around Time
a) <u>Proposal Related</u>	
Processing of Proposal and Communication of decisions including requirements/issue of Policy/Cancellations	15 days
Obtaining Copy of Proposal <ul style="list-style-type: none"> - If Proposal form used - If Proposal form not used (record the information obtained orally/in writing/electronically) 	30 days 15 days
Refund of Proposal Deposit, if refundable	15 days
Service Requests received Post Policy issue	10 days
b) <u>Motor Claim</u>	
Surveyor to be appointed from receipt of claim intimation	72 hours
Raising Claim Requirements from receipt of Claim Intimation	7 days
Interim Survey Report	15 days
Final Survey Report Submission <ul style="list-style-type: none"> - Retail Claims - Commercial /Large Risks 	30 days 90 days
Additional Survey Report from receipt of Final Survey Report	15 days
Settlement /rejection of Claim after receiving survey report.	30 days
c) <u>Health Claim</u>	
Health Claim Investigation from date of receipt of last necessary document	30 days
Claim settlement from date of receipt of last necessary document <ul style="list-style-type: none"> - Where investigation is not conducted - Where investigation is conducted 	30 days 45 days
d) <u>Grievances</u>	
Acknowledgement of a grievance	3 days
Resolution of complaints	15 days

7. GRIEVANCE/COMPLAINTS

a) Source of Complaints:

The Company may receive complaints/grievances from any of the following sources:

- Policyholder
- Beneficiary under the Policy
- Claimant/Nominee under the Policy
- Business Channels
- Sales team
- Insurance Regulatory and Development Authority of India (IRDAI)
- Government Bodies
- Social Media
- Insurance Councils
- Ombudsman
- National Consumer Helpline (NCH)

b) Lodging of Complaints:

The Complainant can lodge his Complaint/Grievance with any of the following:

- *Fax – 022-66383699*
- Emails – care@hdfcergo.com
- Designated Grievance Officer in each branch
- Mobile App- Insurance Portfolio Organiser
- Company Website – www.hdfcergo.com
- Write to :
Customer Service Desk
HDFC ERGO General Insurance Company Limited
D-301, 3rd Floor,
Eastern Business District (Magnet Mall),
LBS Marg, Bhandup (West).
Mumbai - 400078.
Maharashtra.

c) Process:

1 C&G Cell

The C&G cell will be responsible for handling, management and redressal of all Customer complaints received by the Company. Any complaint received by the Company in writing (including communication in the form of electronic mail or other electronic scripts) shall be referred to the C&G Cell within 24 hours from the time of the receipt of the Complaint. The C&G Cell shall follow the procedures for resolving the complaint as provided in Annexure I.

2 Intimation of complaint

On receipt of a complaint the C&G cell shall take the following steps:

- A written acknowledgement shall be sent to the Complainant within three (3) working days from the date of receipt of any Complaint/Grievance.
- Where the Company resolves the grievance /complaint within 3 days, the C&G Cell shall communicate the resolution along with the acknowledgement.
- The acknowledgement shall mention the unique reference number recorded in the system, name and designation of the grievance officer handling the case, grievance redressal procedure and the time limit for resolution of the same.
- All complaints received by the C&G cell shall be forwarded to the SPOC / Manager of respective functions immediately.
- In case of additional requirements raised, the C&G cell shall interact with the Complainant for the document requirements and upon receipt shall forward the documents to SPOC.

3 Complaint resolution

The Company shall endeavour to resolve the Complaint/Grievance within two (2) weeks from the date of receipt of the Complaint/Grievance. The C&G cell shall communicate the Company's decision and the same would inter-alia contain the following:

- The details of the resolution offered or reasons of rejection.
- Process to pursue further, if the customer is dissatisfied with the resolution.



The Company's **C&G cell** shall treat the Complaint/Grievance as closed if there is no response from the Complainant to the communication sent by the Company, within eight (8) weeks from the date of receipt of the said communication.

4 Customer Escalation Matrix

Level 1

In case the Complainant has not received a response or is not satisfied with the response / resolution given / offered, then the Customer can write to:

The Complaints & Grievance Cell
HDFC ERGO General Insurance Company Limited
D-301, 3rd Floor,
Eastern Business District (Magnet Mall),
LBS Marg, Bhandup(West),
Mumbai – 400078, Maharashtra
e-mail: grievance@hdfcergo.com

Level 2

In case the Complainant has not received a response or is not satisfied with the response / resolution given / offered by the C&G cell, then the Customer can write to the Chief Grievance Officer of the Company at the following address

The Chief Grievance Officer
HDFC ERGO General Insurance Company Limited
D-301, 3rd Floor,
Eastern Business District (Magnet Mall),
LBS Marg, Bhandup (West),
Mumbai – 400078, Maharashtra
e-mail: cgo@hdfcergo.com

5 Office of The Insurance Ombudsman

With the objective of amicable settlement of all complaints relating to settlement of claims arising out of insurance contract, the Central Government had notified the Redressal of Public Grievances Rules, 1998 ('the Rules'). The Rules inter-alia provide for establishment of Insurance Council comprising of representatives of all insurance companies. In terms of Rule 6 of the Rules, the Governing Body of the Insurance Council shall appoint one or more persons as the Ombudsman for achieving the objectives of the Rules.

As per the provisions of Rule 13 of the Rules, any person who has a grievance against an insurer, may himself or through his legal heirs make a complaint in writing to the Ombudsman within whose jurisdiction the branch or office of the insurer complained against is located. Such complaints shall be in writing, duly signed by the complainant or through his legal heirs and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against which the complaint is made, the fact giving rise to complaint supported by documents, if any, relied on by the complainant, the nature and extent of the loss caused to the complainant and the relief sought from the Ombudsman.

Accordingly, in case even after escalating the Grievance / Complaint as provided under Customer Escalation Matrix Level 2 above, if the Customer is not satisfied with the resolution, then he may approach the office of the Insurance Ombudsman for redressal of his Complaint / Grievance.

It is pertinent to note that:

- i. The Ombudsman will not entertain any complaint unless the complainant had, before making a complaint to the Ombudsman, made a written representation to the insurer and either the insurer had rejected the complaint or the complainant had not received any reply within a period of one month after the insurer received his representation or the complainant is not satisfied with the reply given to him by the insurer.
- ii. The complaint to the Ombudsman shall be made within a period of one year after the Company had rejected the representation of the complainant or sent its final reply on the representation of the complainant.
- iii. The complaint is not on the same subject matter, for which any proceedings before any court, or Consumer Forum, or arbitrator is pending.

The name and address of the Insurance Ombudsman is given in Annexure II.

6 Closure of Complaint/Grievance

The Company shall consider the Complaint as disposed of and closed when:

- (a) The Company has acceded to the request of the Complainant fully.
- (b) Where the Complainant has indicated in writing, acceptance of the response of the Company.



(c) Where the Complainant has not responded to the Company within 8 weeks of the Company's written response.

(d) Where the Grievance Redressal Officer has certified that the Company has discharged its contractual, statutory and regulatory obligations and therefore closes the complaint.

7 Categorization of Complaints/Grievances:

The Company shall categorize the complaints / grievances as prescribed by the Authority from time to time.

8 Publicizing Grievance Redressal Procedure

The Company shall adequately publicize its grievance redressal procedure at the branches and shall upload the same on its website *www.hdfcergo.com*

9 Policyholder Protection Committee

The Company has a policyholder protection committee viz. "Policyholder Protection and Grievance Redressal Committee" or PPGRC.

The PPGRC shall be headed by a Non-Executive Director and shall include an expert/representative of customers as an invitee to enable formulation of policies and assess compliance thereof.

The PPGRC comprises seven (7) members – two Independent Directors, two HDFC Nominees, one ERGO Nominee and two Executive Directors of the Company. Further, as required under the Corporate Governance Guidelines issued by IRDAI, the Committee shall include an expert/representative of customers as an invitee. The PPGRC directly reports to the Board of Directors and places report of its activities before the Board on a quarterly basis.

The PPGRC inter-alia reviews the nature of complaints and grievances received from the Customers and takes necessary corrective actions / steps towards identifying & eliminating the core reasons for the complaints / grievances.

The main objectives of the PPGRC are:

- (a) To address various compliance issues relating to protection of the interests of policyholders and keeping policyholders well informed of and educated about insurance products and complaint handling procedures.



- (b) To put in place systems to ensure that policyholders have access to redressal mechanisms and establish policies and procedures to deal with customer complaints and resolve disputes expeditiously.

The functions & responsibilities of the PPGRC include:

- i To protect and safeguard the interests of the Policyholders.
- ii Educating customers about insurance products and complaint handling procedure.
- iii Putting in place proper procedures and effective mechanism to address complaints and grievances of Policyholders.
- iv Ensure compliance with the statutory requirements as laid down in the regulatory framework.
- v Review of the grievance mechanism at periodic intervals.
- vi Ensure adequacy of disclosure of “material information” to the Policyholders.
- vii Review the status of complaints at periodic intervals.
- viii Report the details of grievances at periodic intervals in such formats as may be prescribed by IRDAI.
- ix Provide details of insurance ombudsmen to the Policyholders.
- x Reviewing activities of SC-PPGRC.
- xi Ensure timely payout of dues to Policyholders.
- xii Adopt standard operating procedure to treat the customer fairly including time-frames for policy and claims servicing parameters and monitoring implementation thereof.
- xiii To have in place a frame work for review of all the awards given by Insurance Ombudsman/Consumer Forums and analysing the root cause of customer complaints, identifying market conduct issues and advising the Management appropriately about rectifying systemic issues.



- xiv To review all the awards given by Insurance Ombudsman/Consumer Forums remaining unimplemented for more than three (3) months with reasons therefor and report the same to the Board for initiating remedial action, where necessary.
- xv Review of Claims Report, including status of Outstanding Claims with ageing of outstanding claim and reviewing Repudiated claims with analysis of reasons.
- xvi Such other matters as the Board may delegate / authorize from time to time.

8. STEPS TAKEN TO PREVENT MIS-SELLING AT POINT OF SALE

The Company is committed to protect the interest of their policyholders and aims to promote fair, transparent and cordial liaising with its policyholders and stakeholders. The Company shall appropriately adopt best practices in controlling the instances of mis-selling and unfair business practices at the point of sale and service.

The Company would endeavor to:

- a) Educate its agents and other intermediaries to provide all material information in respect of proposed cover and explain the product features and benefits.
- b) Sale executed over distance-marketing modes shall be undertaken by authorized and qualified sales persons over duly recorded telephone lines. Consent of the prospect would be obtained before canvassing and due care would be exercised to ensure the prospect has clarity as to the identity of the Company, the distribution channel, the product benefits and conditions of the offer.
- c) Conduct various Insurance Awareness activities to educate its customers .
- d) Product brochures provided to the prospect during the sale would detail the policy benefits and terms and conditions.

The Company will follow the Fair Practice Code as provided in Annexure III.



9. STEPS TAKEN TO ENSURE THAT POLICY SOLICITATION AND SALE PROSPECTS ARE INFORMED ABOUT THE BENEFITS OF THE PRODUCTS

The Company would endeavor to:

- a) Policy wordings detailing the policy benefits and terms and conditions would be available on the Company's website
- b) Frequently Asked Questions (FAQ's) specific to the product purchased would be sent along with the policy document to the policyholders
- c) Provide training to channel partners to ensure correct dissemination of information about products
- d) Customer can seek clarification from call center executives on our 24X7 toll free call center or write mail to care@hdfcergo.com

The Company will follow the Fair Practice Code as provided in Annexure III.

10. REVIEW OF POLICY

The Policy shall be reviewed on annual basis by the Policyholder Protection and Grievance Redressal Committee or whenever any changes are to be incorporated in the Policy due to any amendment in the Regulations or as may be felt appropriate by the Policyholder Protection and Grievance Redressal Committee.

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Annexure I

Internal Process followed by C&G Cell for Grievance Redressal

1. PROCESS

1.1 C&G Cell

The C&G cell will be responsible for handling and management of all customer complaints received by the Company.

1.2 Intimation of complaint

On receipt of a complaint through any of the sources defined in the Grievance Redressal Policy, the following steps shall be carried out:

- Enter the details of the complaint in CRM system
- Tag the details in CRM system as a complaint
- Update the relevant tagging within complaint as per Non life classification list

1.3 Handling of complaint

- On tagging of emails as a complaint, the same will be handled end-to-end by the C&G cell
- The complaint is forwarded to the respective functions as per the grid given below:

Function	SPOC (Single Point of Contact)
Claims	Regional Claims Manager
Sales	Respective Sales manager
Operations	Functional manager

- C&G cell will keep a track of all complaints on a 'built-in' filter which shall carry the following details:
 - Interaction ID
 - Policy no
 - Created date & time
 - Type of complaint
 - Assigned to
- All complaints received by the C&G cell will be forwarded to the Manager of respective functions immediately



- Simultaneously, a standard communication will be sent to the customer acknowledging receipt of the complaint in accordance with the Grievance Redressal Policy.
- On confirmation of resolution from the respective function, the same is communicated in writing by the C&G cell to the customer on the same day.
- In case of additional requirements raised, the C&G cell interacts with the customer for the document requirements and forwards the documents to SPOC.
- A separate tracking mechanism is setup to enable adequate follow-up of cases.

1.4 Complaint resolution by functions

On receipt of complaint from the C&G cell, the respective functions shall perform the following set of activities:

- Ensure resolution of the complaint through the concerned personnel
- Revert back to C&G cell in case of additional requirements
- Communicate the final resolution to the C&G cell within defined timelines

1.5 Escalations

The C&G cell will be responsible to keep track of resolutions for all type of complaints. A standard escalation procedure will be followed by the C&G cell in case of non-receipt of resolutions.

2.1 REPORTING

The C&G cell shall provides the MIS showing overall performance as per the prescribed timelines to the Chief Grievance Officer.



Annexure II

LIST OF THE INSURANCE OMBUDSMAN

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
AHMEDABAD Office of the Insurance Ombudsman, 6th floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, Ahmedabad – 380001. Tel.: 079-25501201/02/05/06 Email: bimalokpal.ahmedabad@gbic.co.in	BENGALURU Office of the Insurance Ombudsman, JeevanSoudhaBuilding,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in
BHOPAL Office of the Insurance Ombudsman, JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@gbic.co.in	BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@gbic.co.in
CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@gbic.co.in	CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (Old 312), Anna Salai, Teynampet, Chennai – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@gbic.co.in
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 – 23239611 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@gbic.co.in	GUWAHATI Office of the Insurance Ombudsman, JeevanNivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@gbic.co.in

<p>HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@gbic.co.in</p>	<p>JAIPUR Office of the Insurance Ombudsman, JeevanNidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@gbic.co.in</p>
<p>ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@gbic.co.in</p>	<p>KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, Kolkata - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@gbic.co.in</p>
<p>LUCKNOW Office of the Insurance Ombudsman, 6th Floor, JeevanBhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@gbic.co.in</p>	<p>MUMBAI Office of the Insurance Ombudsman, 3rd Floor, JeevanSevaAnnexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106928 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@gbic.co.in</p>
<p>NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514251 / 2514253 Email: bimalokpal.noida@gbic.co.in</p>	<p>PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Email: bimalokpal.patna@gbic.co.in</p>
<p>PUNE Office of the Insurance Ombudsman, JeevanDarshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 - 32341320 Email: bimalokpal.pune@gbic.co.in</p>	



Annexure III

FAIR PRACTICE CODE

Overview

This code has been formulated by HDFC ERGO General Insurance Co. Ltd. pursuant to the Corporate Governance Guidelines for insurers in India issued by Insurance Regulatory and Development Authority of India (IRDAI) vide Circular No. IRDA/F&A/GDL/CG/100/05/2016 dated May 18, 2016. This code shall be effective from August 18, 2017.

This document embodies the effort of the Company and its commitment towards its policyholders in respect of its operating and servicing standards in such a manner so as protect interest of the policyholder and to promote fair, transparent and cordial liasoning with its policyholders and stakeholders and to simultaneously ensure compliance with various regulatory requirements of IRDAI and other regulatory bodies.

Our Commitments

- To ensure that ethical principles of integrity and transparency are followed while dealings with the customers.
- To provide all material information in respect of a proposed insurance cover to the prospect to enable the prospect to decide on the best suitable cover in his/her interest.
- To ensure that all its policy documents provide complete, legible and clear information about its products and services.
- To continue to develop a dedicated, sensitized and professional workforce for efficient execution of roles assigned to them.
- To set up a regular monitoring mechanism for our service providers to ensure effective and timely delivery of promised services to our customers.
- To provide information to the policyholders on policy issuance, claim registration, claim status updates, renewals etc using electronic mode like email, SMS at various stages, in addition to physical letter as may be required for effective policy servicing.



- To constantly strive and make efforts to enhance the content, frequency and quality of our services to the customer and to keep policyholder interest foremost.
- To ensure that the advertisements and promotion materials of the Company are fair, clear and do not mislead.
- To respect the privacy of the customer and treat customer information strictly confidential and shall not share any information, unless required under the law or waived or permitted by the customer.
- To provide the customer 24x7 access to the Company with the exception of national holidays through our toll free number.
- To provide faster services to senior citizens of Health Insurance products, like registration of claim, claim status etc
- To resolve all grievances efficiently and fairly within the specified time frame
- To ensure that the Grievance Redressal procedure is available on the website including the procedure of Grievance Redressal through Ombudsman.