



बीमा विनियामक और विकास प्राधिकरण
Insurance Regulatory and Development Authority
POLICY HOLDER COMPLAINTS REGISTRATION FORM
(Separate forms to be used for each complaint)

1. Name of the complainant: _____
2. Address of the complainant: _____

3. E-mail/Telephone/Fax: _____

4. Whether Individual /Company:
(Please tick)

Individual ☐ Company/other entities ☐

5. Name of the Insurance company: _____
6. Address of the servicing office/branch with office code (if available):

7. Policy number/Proposal deposit number:
8. Nature of complaint: (Please tick)

Non-life
Policy related
Fire Insurance
Marine Insurance
Motor Insurance
Health Insurance
(a) Against company
(b) Against TPA
Other Misc Insurance
Non-settlement of claim
Fire Insurance
Marine Insurance
Motor Insurance
Health Insurance
(a) Against company
(b) Against TPA
Other Misc Insurance
Repudiation of claim/dispute in quantum
Fire Insurance



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Marine Insurance
Motor Insurance
Health Insurance
A) Against Company
B) Against TPA
Other Misc Insurance
Others

9. Claim No: _____

10. Details of complaint (including details of document copies attached):

SIGNATURE

(FOR OFFICE-USE)

I. REFERRAL/REPLY INFORMATION:

Referral date (to companies): _____

Reply dates (to complainant): _____

II. Status: Pending/Closed/Re-opened.

III. Previous Ref No: _____

(in case reopened)

IV. Remarks: _____

V. Complaint disposed of to the satisfaction of complainant: Yes / No

VI. Complaint justified: Yes / No