

Functional Requirement Specification

Functional Requirement Specification

on



INTEGRATED

GRIEVANCE MANAGEMENT SYSTEM

(IGMS)

Change Control

Version	Date	Comment
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V 5.0	26 March 2010	Diagrams and flowcharts modified as required

Purpose of the document

The purpose of this document is to provide a functional understanding of the IRDA Grievance Management System. The document contains the workflows of grievance management. This document will act as a base while the system is developed. It will also enable the testing team to prepare test scenarios.

Audience

The intended audience for this document are the software development team, testing team, and the support team. This document could also act as a reference for the business/operations team of the IRDA to understand the revised process of grievance management.

Abbreviations & Acronyms

Acronym & Abbreviations	Full Form
IRDA	Insurance Regulatory and Development Authority
FRS	Functional Requirement Specification
SLA	Service Level Agreement
IGMS	Integrated Grievance Management System
TPA	Third Party Administrator
TAT	Turn Around Time
MIS	Management Information System
HUF	Hindu Undivided Family
API	Application Programming Interface
NAV	Net Asset Value
ECS	Electronic Clearing Service
RTI	Right to Information
CPIO	Central Public Information Officer

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1 EXECUTIVE SUMMARY

The Insurance Regulatory and Development Authority (IRDA) is a national agency to protect the interests of the policy holders, to regulate, promote and ensure orderly growth of the insurance industry and for matters connected therewith or incidental thereto.

There are 23 Life Insurance Companies and 23 Non-Life Insurance Companies in India and each has its own process of complaint registration & addressing to the complaints. Once the complaint is filed, mostly the policy holders are unaware about the progress of their complaint or the time frame within which they can expect it to be resolved. At present, IRDA has a web based system in place, but is accessible to IRDA authorized personnel only. As of now, there is no system for the policyholders at large to register and view their grievances online with IRDA. Moreover, in most cases the insurance companies don't report the complaints received by them to IRDA. IRDA currently thus does not have a consolidated view on how well the insurer is following the grievance redressal procedure.

To improve the current grievance redressal procedure in the Insurance sector, IRDA intends to create a new IRDA Integrated Grievance Management System (IGMS).

The functional requirement specifications laid out in this document proposes an online Grievance Management System for IRDA, capable of capturing all the complaints across the registered insurers, allowing policy holders to view and escalate on the complaints made against all the insurance entities. The highlight of the online IGMS is not only the ability to provide a centralized access to the policy holder but access and control to IRDA for monitoring the grievance redressal procedure. The proposed online IGMS would thus cater to IRDA's objective of

- Ensuring fair treatment to policy holders and protecting their interests.
- Ensuring speedy settlement of genuine claims, and putting in place, effective grievance redressal machinery.

This document (**Functional Requirement Specification: FRS**) highlights the underlying goals and objectives for the proposed system based on the current needs and shortcomings. It gives a detailed explanation on the various workflows, processes in detail, interactions with underlying systems and attempts at highlighting some compliance requirements.

Workflow diagram presentation, reviews and walkthroughs were done in collaboration with the IRDA team to come up with in-depth details and explanations.

2 **BACKGROUND**

IRDA would like to have a comprehensive **I**ntegrated **G**rievance **M**anagement **S**ystem (**IGMS**) solution which has not only the ability to provide a centralized and online access to the policy holder but complete access and control to IRDA for monitoring the grievance redressal procedure. The proposed IGMS would be able to solve the current issues being faced by IRDA.

Currently, there is no single point system for policy holders to file, view status of complaint with insurance companies. Often, the policy holder approaches the insurance agent, who in turn takes up the matter with the insurance company. Alternatively the complainant may approach the insurance company directly in person and file a written complaint or use other communication media like telephonic fax, mailers, courier, e-mail etc with the respective Entity. Once the complaint is filed, in most cases the policy holders are unaware about the progress of their complaint or the time frame within which they can expect it to be resolved.

There are many insurance companies in India and each has its own process of complaint registration & addressing to the complaints. Once a complaint is filed, there are many scenarios that can emerge to the policy holders and they do not get clarity on the status due to following points mentioned below:-

- The insurer may delay or not take any action, or the action taken may not be appropriate, or to satisfaction
- The insurer may take their own time to attend to priority complaints
- The policy holder may demand for something, which may be addressed differently by the Entity
- The insurer may ask for more information regarding the claim and keep delaying the process
- For large claims the policy holders need to approach the insurance ombudsman if he has not received any reply within a period of one month after the concerned insurer has received his complaint.
- Policy holders may escalate to the grievance cell of the IRDA, but is limited to information as updated fact data are not available centrally with IRDA

At present, IRDA has a web based system in place, but is accessible by IRDA authorized personnel only. This system is capable of registering complaints; tracking the new complaints; tracking status of the complaints already forwarded to the respective insurance companies; updating the status of the complaint; and tracking the time taken by the insurers to resolve the issues. But as of now, the IRDA users need to input the details of the complaint manually in the system. There is no system for the policy holders at large to register their grievances online with IRDA.

Shortcomings in the current scenario

1. Lack of one point source for consolidated grievances filed data with various Entities at IRDA
2. Lack of real time status of complaints at any given time or at a central location
3. Lack of online visibility to Policy Holders with respect to progress of their registered complaints
4. Lack of Tracking for complaint resolve status with IRDA towards Entities, which may not comply with the prescribed SLA
5. Lack of any system for IRDA to monitor and control on the complaints registered with Entities
6. Lack of MIS on grievances handling performance to IRDA with respect to Entities, category of frequent complaints registered
7. Lack of one window grievance escalation facility for policy holders

Based on these shortcomings and the need for a new online IGMS, following sections cover the goals and objectives and then the workflow and processes in detail.

3 INTEGRATED GREIVANCE MANAGEMENT SYSTEM (IGMS): PURPOSE, OBJECTIVES AND SCOPE

The **Purpose** of the proposed Integrated Grievance Management System (IGMS) is:

- ❖ IGMS is to provide a standard platform to all insurers to resolve policyholders' grievances and to provide IRDA with a tool to monitor the effectiveness of the grievance redressal system of insurers.

The **Objectives** of the proposed Integrated Grievance Management System (IGMS) are:

- ❖ To provide a gateway to policyholders to register and track their grievances with Insurers with a facility to escalate to IRDA.
- ❖ To facilitate IRDA to have access, monitor and track details of all grievances lodged with all Insurers, along with their disposal status.

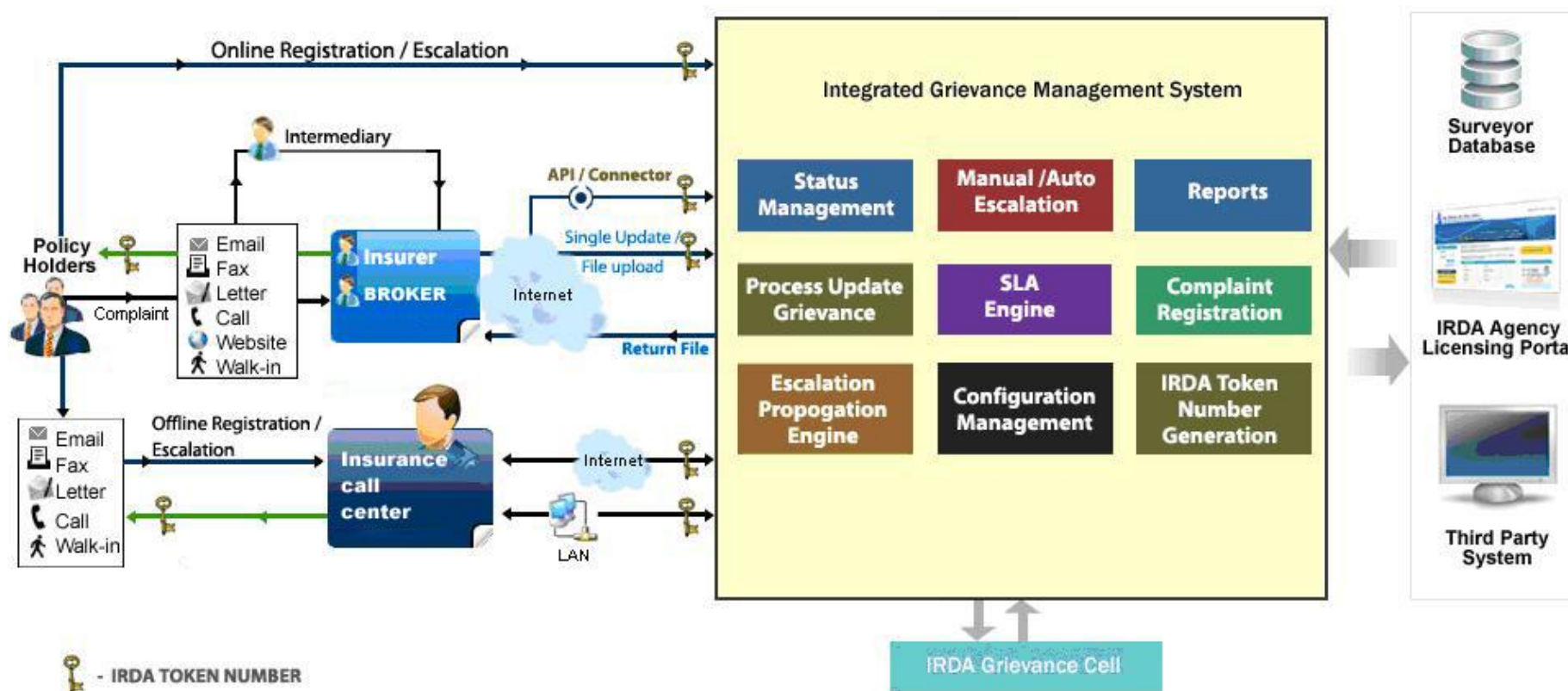
The **Scope** of the proposed Integrated Grievance Management System (IGMS) is:

- ❖ Set up industry wide uniform standards for grievance redressal
- ❖ Mirroring the complaints database of the Insurers to the IRDA portal
- ❖ Provide MIS reports to IRDA in all aspects of grievance redressal
- ❖ Provide advice to policyholders regarding referring their complaints to the Ombudsman
- ❖ To provide a simple ,easy to use platform to policyholders to lodge Complaints against brokers and insurers

4 IGMS FUNCTIONAL OVERVIEW

The proposed Grievance Management System caters to eliminating the current issues. The section below describes the recommended functional architecture highlighting various components of the proposed system and the way the system will interact with different Entities and interfaces.

4.1 Functional Architecture



The IRDA grievance system will act as a centralized database system for all the grievances in the insurance sector. IRDA IGMS system will allow policy holders to approach all the respective Entities through an existing mode of online communication. The system will then allow the Entities to upload the complaint to the IRDA IGMS repository on a regular basis. IRDA IGMS will allow the policy holders to view and escalate the grievances through online access and directly report to IRDA Grievance Cell.

The IRDA Integrated Grievance Management System (IGMS) accepts inputs in the following scenarios:

- Policy Holder lodging the complaint directly into the portal which is downloaded by the entities for further processing.
- Policy Holder lodging a complaint to the Entities which is uploaded to the IRDA IGMS on daily basis.
- Policy Holder lodging the complaint to IRDA which is subsequently entered by IRDA into the portal and then downloaded by the entities.
- Policy Holder escalates complaint through IRDA Grievance Cell via e-mail, fax, letter, call etc will be uploaded to the IRDA IGMS
- Policy Holder visits IRDA IGMS to track the complaint Status.

The main components of IRDA IGMS are:

- **IRDA Token Number Generation:** The IRDA Token number will be generated for all the complaints at every entry point. Entry point could be IGMS or Insurer's system. The token number for complaints against the registered entities will be in the format of MM-YY-999999. E.g. - 03-10-212465. The running serial number shall be reset every month. The complainant has to remember only the running serial number. In case the number of complaints exceeds one lac per month, the running serial number can be increased by 1. Internally, the IRDA Token Number should be distinctly identified by the system based on the following parameters:
 1. Insurance Type
 2. Insurance Co. / Broker / IRDA
 3. Type of Complaint
 4. Policy / Claim No/ Cover note No. / Proposal or other Ref.No.

- **Complaint Registration:** Complaint registration enables the policy holder to register complaints against registered entities, against unregistered or unlicensed entities and against IRDA. Policy holders can lodge the complaints directly into the portal, or through IRDA coordinated call centres or by sending the complaints to the insurers.
- **Status management:** The Status Management component contains a list of status that is relevant to a complaint in the IRDA IGMS. The complaint status will change dynamically both on trigger of a manual process or an automated process.
- **User Roles:** IGMS would have the following user roles who would have access to the system based on specified access permissions
 1. Aggrieved Policy holders / Claimants or Brokers/Agents on behalf of the insured
 2. Insurance Companies
 3. IRDA
 4. Insurance Councils
 5. Insurance call centers can view the complaint status on a real time basis.
 6. Consumer Organizations
- **Manual/Auto Escalation:** Policy holder will manually escalate the complaint via online mode or via e-mail fax call letter to IRDA grievance cell. Automated escalation will be initiated by the IRDA IGMS for a pending complaint exceeding the stipulated time.
- **Reports:** The system allows generating MIS reports on a real time basis. IRDA Grievance Cell and the Insurance Company will be allowed to generate reports.
- **Process & Update Grievance:** All the Entities will receive complaints lodged by the policy holders, process the complaints and will update the status of the complaints on IGMS.
- **SLA Engine:** The SLA engine is an automated process which sends notifications to the IRDA Grievance Cell, against all Entities on breach of defined SLA's
- **Escalation Propagation Engine:** The escalation propagation engine is an automated process which identifies the respective action user to whom the complaint will be escalated.

- **Configuration Management:** Configuration management will enable configuring master activities that helps the users to define the parameters for all the modules of the IRDA IGMS. Configuration includes Product Master, Complaint Master, SLA Definition, Corporate Hierarchy Definition, set escalation days, Complaint closure settings, etc.

The IGMS will interface with internal systems within IRDA (Surveyor Database and the IRDA Licensing Agency Portal) and with external systems (Insurers' and brokers' in house grievance management systems)

- **Surveyor Database:** The surveyor code needs to be validated using the Surveyor database
- **IRDA Licensing Agency Portal:** The Agent code gets validated through the IRDA Licensing portal
- **Third Party System:** Third Party System is the complaint management system with the Entities. Complaints get uploaded from that system to the IGMS and return file will be uploaded to the IGMS. Also API/Connector can be connected between the third party system and IGMS.

4.2 User Profiles for the IGMS

The workflow diagram also depicts the users/actors as part of IGMS. Following table enlists them and their activities:

Users	Activities
Policyholder	1. Lodge complaints 2. Check status of complaints 3. Escalate complaints
Insurance Company (TPA/Surveyor/ Intermediary) and Broker	1. Receive complaints 2. Process complaints 3. Upload complaints 4. Action on escalated complaints

	5. MIS reports (Insurer v/s Industry)
IRDA Grievance Cell	1. Monitor escalated complaints 2. Receive complaints against companies not listed with IRDA 3. Analysis on the grievance registered for each insurer 4. Analysis of grievance management of the insurance industry 5. Analysis of grievance by geography, and classes of grievances 6. View grievance status and details
Consumer Organization	1. Role based access to certain reports in the IGMS portal

4.3 Definitions

1. Entity

The word “Entity” used in this document refers to the entities that receive complaints from the policy holders and send/upload the complaints to the IRDA. In the current scenario, it refers to the Insurance Company (TPA, Surveyor, Agents) and Broker. The intermediaries will receive the complaints from policy holders and will send the complaints to Insurance Company / Broker and these entities on behalf of the intermediary will upload it to IGMS.

2. Intermediary

Insurance Intermediary acts as Interface between the Insurers and the Insured - it includes Agents, Brokers, Corporate Agents and Consultants, etc. Intermediary could be an individual or firm that provides advice on insurance and can arrange policies.

3. Masters

The records entered in the master would act as a reference for the other modules of IGMS. Masters helps the user to configure parameters which will be used in IRDA IGMS. Masters will include Product Master, Entity Master, SLA Definition, and Corporate Hierarchy Definition and so on.

4. Ombudsman

Ombudsman is a government body appointed by the Government of India, with the purpose of handling the grievances of the insured customers and to mitigate their problems involved in redressal of the grievances. This body investigates complaints and

mediates fair settlements, especially between aggrieved parties such as consumers or students and an institution or organization. This institution is of great importance and relevance for the protection of interests of policy holders and also in building their confidence in the system.

5. Policy Holder

Policy Holder is the owner of the insurance policy. It could be an individual or a group. A group may be a corporate, an association or any other set of people who have taken a group insurance policy. An individual will be addressed with the help of the policy number and a member of a group insurance will be addressed with the help of a certificate number.

6. Product/Action User

The user defined in the masters to take action on an escalated complaint is the "Action User". If the complaint is escalated to the Entity, the action user will be defined by the Entity.

7. Surveyor

Insurance surveyors, also known as risk surveyors and risk analysts, who conduct surveys and assess the loss at the point of claim.

8. TPA

A third party administrator (TPA) is an organization that processes insurance claims. This can be viewed as "outsourcing" the administration of the claims processing, since the TPA is performing a task traditionally handled by the company providing the insurance or the company itself.

9. Grievance

A 'grievance / complaint' is defined as any communication that expresses dissatisfaction about an action or lack of action or about the standard of service / deficiency of service of an insurance company and / or an intermediary representing, the insurance company.

10. Inquiry

An 'inquiry' is defined as any communication from a customer for the primary purpose of requesting information about the company and its services.

11. Request

A 'request' is defined as any communication from a customer soliciting a service such as a Change or modification in the policy.

4.4 Modules in IGMS

The users having login access to personal dashboards in the IGMS will be Insurers/ Brokers and IRDA.

Insurers' / Brokers' Dashboard will include following features:

1. Grievance input form
2. To upload grievances to IGMS portal
3. To view and update status and comments of grievances against them
4. To view IRDA's comments on grievances against them
5. MIS Reports

IRDA's Dashboard will include following features:

1. To view grievances entered directly through the portal against insurer, unregistered entities and IRDA.
2. To view grievances uploaded / mirrored from the insurer / broker's database.
3. To escalate the grievances
4. To view and update status and comments of grievances
5. To be able to track and monitor the grievance handling by insurance companies
6. Detailed MIS Reports

Insurance Call Centre Executives:

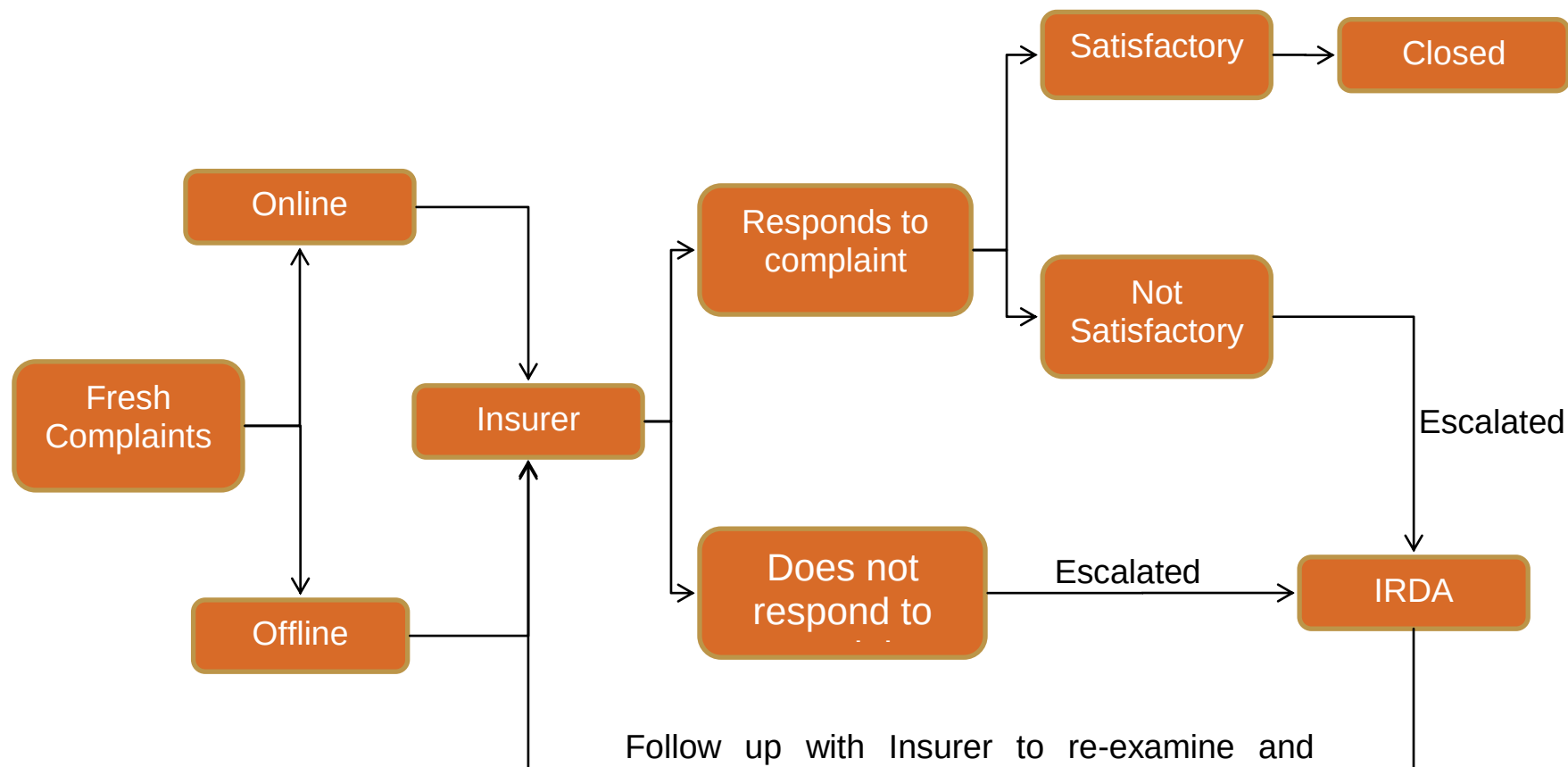
1. To attend to calls on grievances and enter the complaints through the IGMS portal and provide the token number to the complainants.
2. To view status of grievances and inform the complainants accordingly
3. To view the approximate resolution time based on type of complaint and inform complainants accordingly

Policyholders and Others (Agents, TPA, Surveyors, Consumer Organizations)

1. Access to Grievance input form
2. Access to view status of complaints

5 GRIEVANCE RESOLUTION WORKFLOW

Registration to Resolution – Various stages of a complaint



1. The policy holder will initiate a NEW complaint and send the complaint details to the respective Entities.
2. Policy holder will register a NEW complaint directly into the portal and on successful submission, the status will change to OPEN
3. Policy holder will register the complaint with IRDA Grievance Cell and IRDA Grievance Cell will lodge this complaint into the portal on successful submission, the status will change to OPEN
4. These complaints will be downloaded by the entity into their system
5. If the Entity accepts the complaint, the status of the complaint will be PENDING.
6. Once the complaint is resolved, the status will change from PENDING to RESOLVED
7. The complaint with status OPEN, PENDING, RESOLVED and CLOSED will be uploaded to IRDA IGMS by the Entity
8. When the complaint is received by the IRDA IGMS system, an IRDA Token Number will be generated and the status will remain same
9. The system automatically escalates the OPEN / PENDING complaints that have been in the system for over a stipulated time to ESCALATED
10. The policy holder can manually escalate the complaint to IRDA
11. To escalate the complaint to IRDA, the policy holder will be able to search and escalate the complaint on the IRDA IGMS or escalate the complaints through the IRDA Grievance cell:
 - a. If the complaint is against a Non-listed company, the complaint will be registered and marked as NON-LISTED
 - b. If the company exists but complaint is not found, the complaint will be registered and the status of the complaint will be ESCALATED
 - c. If the complaint is found and the policy holder escalates the complaint, the status of the complaint will change from RESOLVED or PENDING to ESCALATED
 - d. The complaints which are open will be automatically escalated and the status will be changed ESCALATED
 - e. If the complaint comes from a higher authority like the ministry of finance, the complaint will be escalated with high priority

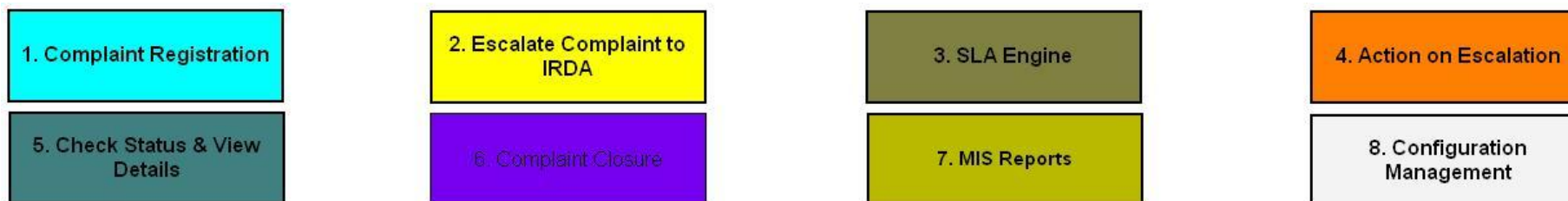
flag on it with the status as IRDA ESCALATED

12. The ESCALATED and IRDA ESCALATED complaints will be sent to the respective Entity
13. The Entity will either accept the ESCALATED complaint or send a request to IRDA for closure of complaint
14. If sent for closure and request accepted by IRDA, the complaint status will change to CLOSED. If the request is rejected, the status will remain ESCALATED
15. The ESCALATED or IRDA-ESCALATED complaint when accepted by the Entity, the status will change to RE-OPEN
16. Eventually, the RE-OPEN complaint will be resolved and the status will change to RESOLVED
17. If no action is taken on a RESOLVED complaint for a stipulated time, IRDA/Insurer will close the complaint manually changing the status to CLOSED
18. If the complaint is taken to the court, the status would become ON-HOLD.
19. The ON-HOLD status will be marked to CLOSED by the insurance company, if the complaint remains ON-HOLD for a long time. The insurance company needs to provide a reason on marking the status as CLOSED. If closed, the complaint status will be CLOSED and the reason for closure will be that the complaint remained on-hold for a long time.

Please refer [Annexure](#) for the table explaining this flow.

6 IGMS PROCESS DETAILS

Following sub sections describe in detail all the processes briefly explained in the previous section, enlisted in the figure below.



6.1 Complaints against Registered Entities

The policy holder will lodge a complaint against the registered entities either directly to the IRDA IGMS, or will send the complaint to IRDA Grievance Cell or will send the complaint to the respective entity. The policy holder can use different modes of communication (e-mail/fax/letter/call/insurer website/walk-In) to approach the Entity. As per the complaint product type, the respective department of the insurer will receive the complaint and initiate the complaint processing. It is mandatory for the Entity to send all the complaints to IRDA. This could be done on a daily basis or an hourly basis or on a real time basis, as per the convenience of the firm. Once the complaints are sent to the IRDA IGMS, the firm will process the complaints and when they update any information on the complaint; it will be a mandate to update the details of the complaint on the IRDA IGMS as well.

Steps included in this module of IRDA IGMS are:

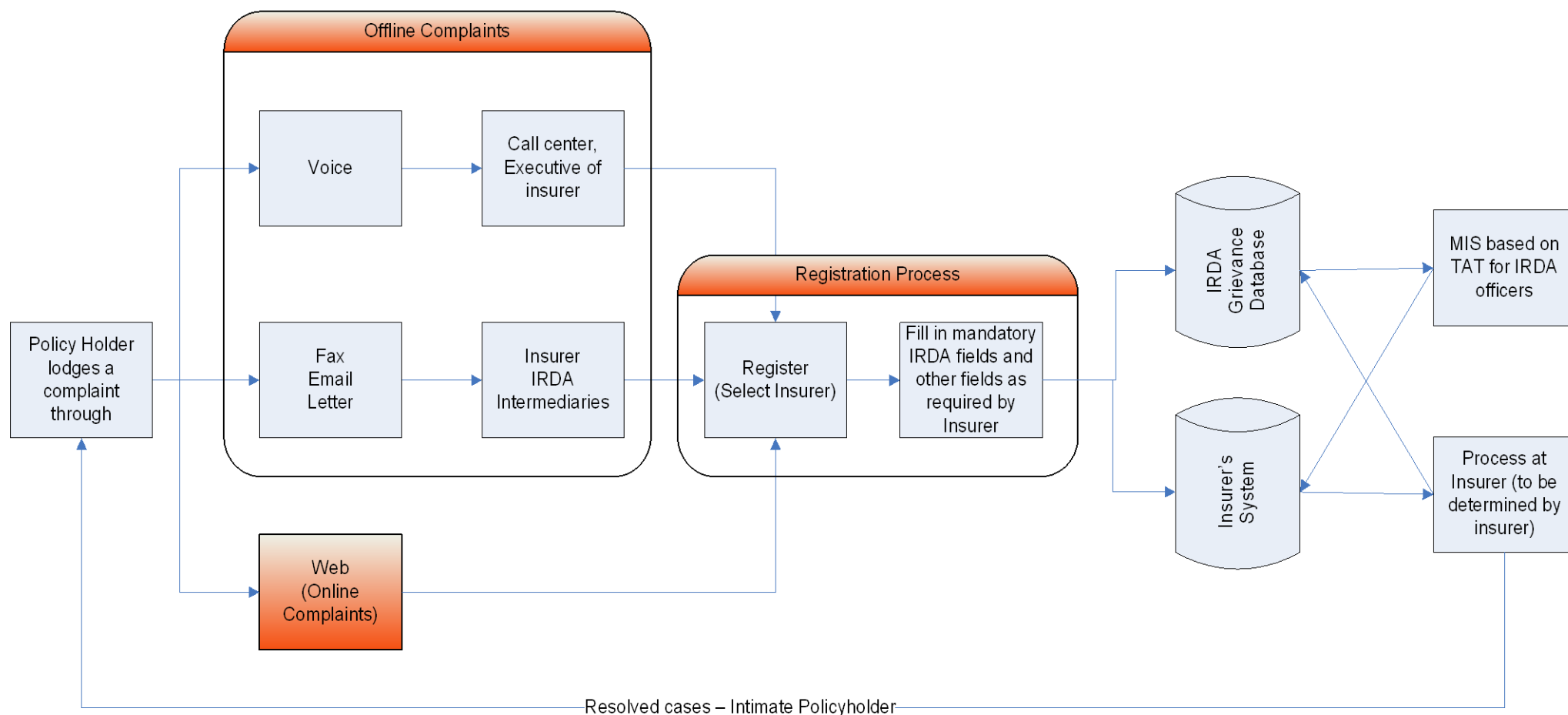
- Policy holder lodges a complaint against registered entities
- Entity will receive and process the complaint
- Entity will send (upload) the complaints to IRDA
- Policy Holder /Insurance company /Broker will update the complaint

Compliance recommendations during this process:

- All complaints received by the entities should be uploaded to the IRDA IGMS and get the IRDA Token Number
- The IGMS will issue a return file which the firm should download. For successful records, the unique IRDA Token number should be mapped to internal reference number maintained by the Entity. These entities will make the respective changes as guided by IRDA for the rejection and upload the file back into the IRDA IGMS

6.1.1 Lodge a complaint

Lodging a complaint is an activity that will be done by the policy holder. The Policy holder can wither lodge the complaint online or offline.



He has the following 3 options to lodge a complaint:-

1. Enter complaint directly into the IRDA IGMS Portal.
2. Enter complaint through the Insurer's portal and then sync it up with the IGMS portal.
3. Send the complaint to IRDA Grievance Cell / Insurer call centre and the call centre personnel at the respective locations will enter the complaint on the IRDA IGMS portal on behalf of the policy holder.

6.1.1.1 Enter complaint directly into Portal

One of the ways to lodge the complaint for the policy holder is to visit the IRDA IGMS portal and lodge the complaint. Grievance registration form shall be in the form questionnaire. Separate interface will be provided to complaint against Intermediaries. The questionnaire may be prepared in consultation with an insurance expert. There would a link provided on the portal to the insurer's website grievance management section. Also, provision for an extensible mechanism for defining criteria to identify duplicate entries should be in place. Following details need to be captured to lodge the complaint:-

1. The complaint will be lodged against the following set of entities:
 - a. Insurance Company (TPA /Surveyor /Corporate agents /agents)
 - b. Brokers
2. Following are the details that need to be provided to lodge a complaint:
 - a. Policy Number
 - b. Certificate Number for group insurance
 - c. Complaint Details (Please refer to the [Annexure](#) to view complete classification of complaints. The classification of complaints is subject to change)
 - i. Product Type
 - ii. Functional Area
 - iii. Complaint Type
 - iv. Complaint Description
 - d. Surveyor Code – In case of lodging a complaint against the surveyor (The entered surveyor code is internally validated by the system. The system is interfaced with an external surveyor code database).
 - e. Agent Code – In case of lodging a complaint against Intermediary (The entered Agent code is internally validated by the system. The system is interfaced with an external agency licensing portal).
 - f. User Details
 - i. Name
 - ii. Address
 - iii. Door No./Bldg.Name / Floor
 - iv. Street / Area
 - v. City/Town/Panchayat/Village
 - vi. Taluk / Tehsil

- vii. District / Mandal
 - viii. State
 - ix. Pin code
 - x. Email
 - xi. Telephone number with STD code
 - xii. Mobile Number
 - xiii. Fax number with STD code
 - xiv. Whether an individual or company
 - xv. Whether Policy holder or claimant
3. On submission of the complaint, IRDA Token number will be generated as per the logic mentioned in the functional overview section.
 4. The complaint status will be NEW and it would be marked for download. Mail will be sent to the product user defined in the entity hierarchy master with the complaint details and the IRDA token number.
 5. The product user will login to the IRDA IGMS portal and an interface will be provided to download the complaints.
 6. Once downloaded, entity will validate the complaint details and generate the internal reference number for the complaint. Same will be updated on the IRDA IGMS portal either through single update, bulk upload or API / Connector.
 7. Mail will be sent to policy holder with complaint status, details, IRDA token number and internal reference number.

Field Name	Use	Type	Description / Validations / Data Source
Complaint Against Entity Type	Mandatory	Drop Down	Insurance Company (TPA, Surveyor, Agents), Broker, IRDA
Entity Name	Mandatory	Drop Down	The drop down field would contain the entities as per the entity type selected
Policy Number	Mandatory	Text	To be entered by the policy holder
Certificate Number	Mandatory if group insurance	Text	To be entered if group insurance
Product Type	Mandatory	Drop Down	To be selected from list of insurance products

Functional Area	Mandatory	Drop Down	To be populated on the basis of Product Type selected
Complaint Type	Mandatory	Drop Down	To be populated on the basis of Functional Area selected
Complaint Sub Type	Mandatory	Drop Down	To be populated on the basis of Complaint Type selected
Complaint Description	Mandatory	Text Area	Description of the complaint
First name	Mandatory	Text	First name of the policy holder
Last name	Mandatory	Text	Last name of the policy holder
Communication Postal Address	Mandatory	Text Area	Address of the policy holder
Email	Mandatory	Text	Email address of the policy holder
Mobile Number	Mandatory	Number	Mobile number of the policy holder

6.1.1.2 Send complaint to IRDA Grievance Cell

Policy holder can send the complaint to the IRDA Grievance Cell and the call centre personnel can lodge the complaint on behalf of the policy holder. The Policy holder can send the complaint to the IRDA Grievance Cell by way of fax, email, letter, walk-in or call. When the complaint is received by the IRDA Grievance Cell, the IRDA product user can lodge the complaint on the IRDA IGMS Portal on behalf of the policy holder. The product user is defined in the user creation module below. The procedure to lodge the complaint will be same as followed in the above section of entering the complaint directly into the portal.

6.1.1.3 Send complaint to Entity

Policy holder can approach the Entity directly or contact the intermediary to file the complaint. The intermediary on the behalf of the policy holder will lodge the complaint with the Entity on behalf of the policy holder. The below process of filing the complaint will be an offline activity carried out at the entity level and not in the purview of the IRDA IGMS.

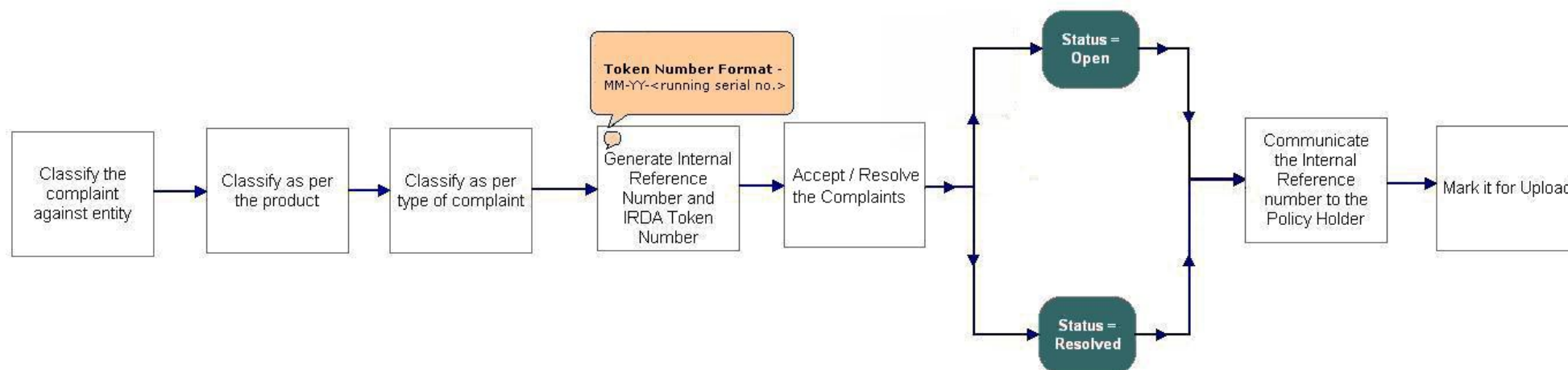
1. The Entities who will receive the complaint are:
 - a. Insurance Company (TPA, Surveyor)
 - b. Broker
2. Policy Holder will be using the following mode to lodge a complaint:
 - a. Fax
 - b. E-mail
 - c. Letter
 - d. Call
 - e. Insurer's website
 - f. Walk-in complaints
3. The complaint will be lodged against the following set of entities:
 - a. Insurance Company (TPA /Surveyor /Corporate agents/ Agents)
 - b. Brokers
4. Following are the details that need to be provided to lodge a complaint:
 - a. Policy Number
 - b. Certificate Number for group insurance
 - c. Complaint Details (Please refer to the [Annexure](#) to view complete classification of complaints. The classification of complaints is subject to change)
 - i. Product Type
 - ii. Functional Area
 - iii. Complaint Type
 - iv. Complaint Description

- d. Surveyor Code – In case of lodging a complaint against the surveyor (The entered surveyor code is internally validated by the system. The system is interfaced with an external surveyor code database).
- e. Agent Code – In case of lodging a complaint against Intermediary (The entered Agent code is internally validated by the system. The system is interfaced with an external agency licensing portal).
- f. User Details
 - i. Name
 - ii. Address
 - iii. Door No./Bldg.Name / Floor
 - iv. Street / Area
 - v. City/Town/Panchayat/Village
 - vi. Taluk / Tezhil
 - vii. District / Mandal
 - viii. State
 - ix. Pin code
 - x. Email
 - xi. Telephone number with STD code
 - xii. Mobile Number
 - xiii. Fax number with STD code
 - xiv. Whether an individual or company
 - xv. Whether Policy holder or claimant

6.1.2 Process Complaint

6.1.2.1 Process at Insurance Company / Brokers' Office

Process complaint is an offline activity which is carried out by the Entity on receiving the complaint from the policy holder. The following workflow explains the flow of processing a complaint.



1. The complaints will be processed by the Insurance Company (TPA / Surveyor / Agents) or Broker as an offline activity.
2. The Entity will classify the complaint on the basis of the product and functional area. The respective department of the Entity will receive the complaint and will then work on the complaint.

3. On receiving the complaint, the Entity will have to generate an Internal Reference Number and IRDA token number. The generation of IRDA Token Number should be as per the logic shared. Both the numbers will be communicated to the policy holder for further reference.
4. If the Entity requires additional information to process the complaint, it will contact the policy holder to seek more information.
5. The Entity will be allowed to accept the complaint. On acceptance of the complaint, the Entity will mark the status of the complaint as "PENDING". For all the complaints with status PENDING, the Entity will take respective action to resolve the complaints
6. On successful resolution of the complaint, the Entity will mark the status of the Complaint as RESOLVED.
7. All the complaints following the below criteria will be marked for upload
 - New Complaints
 - Complaints on which any additional information is received from the policy holder
 - Complaints on which any additional information is provided by the Insurance Company

6.1.2.2 Process at IRDA

The following actions will be taken against the complaints received by IRDA.

1. Complaints that need to be referred to insurers will be forwarded to insurers.
2. Complaints that need to be referred to brokers will be referred to the respective brokers.
3. Complaints against unregistered entities, there will be a facility to forward such complaints to the respective department for examination/disposal. It could be the respective technical (life and non-life) and/or legal department.
4. Complaints falling within the purview of the Ombudsman, the complainant will be informed that he could opt to go to the Insurance Ombudsman.

5. Complaints which need to be examined /enquired into by IRDA (either by calling for inputs from other departments within IRDA or by calling for information from another entity /organization) need to be processed differently and the same needs to be provided for.

In case (1) and (2) above, the scenarios and the actions thereby will be as follows:-

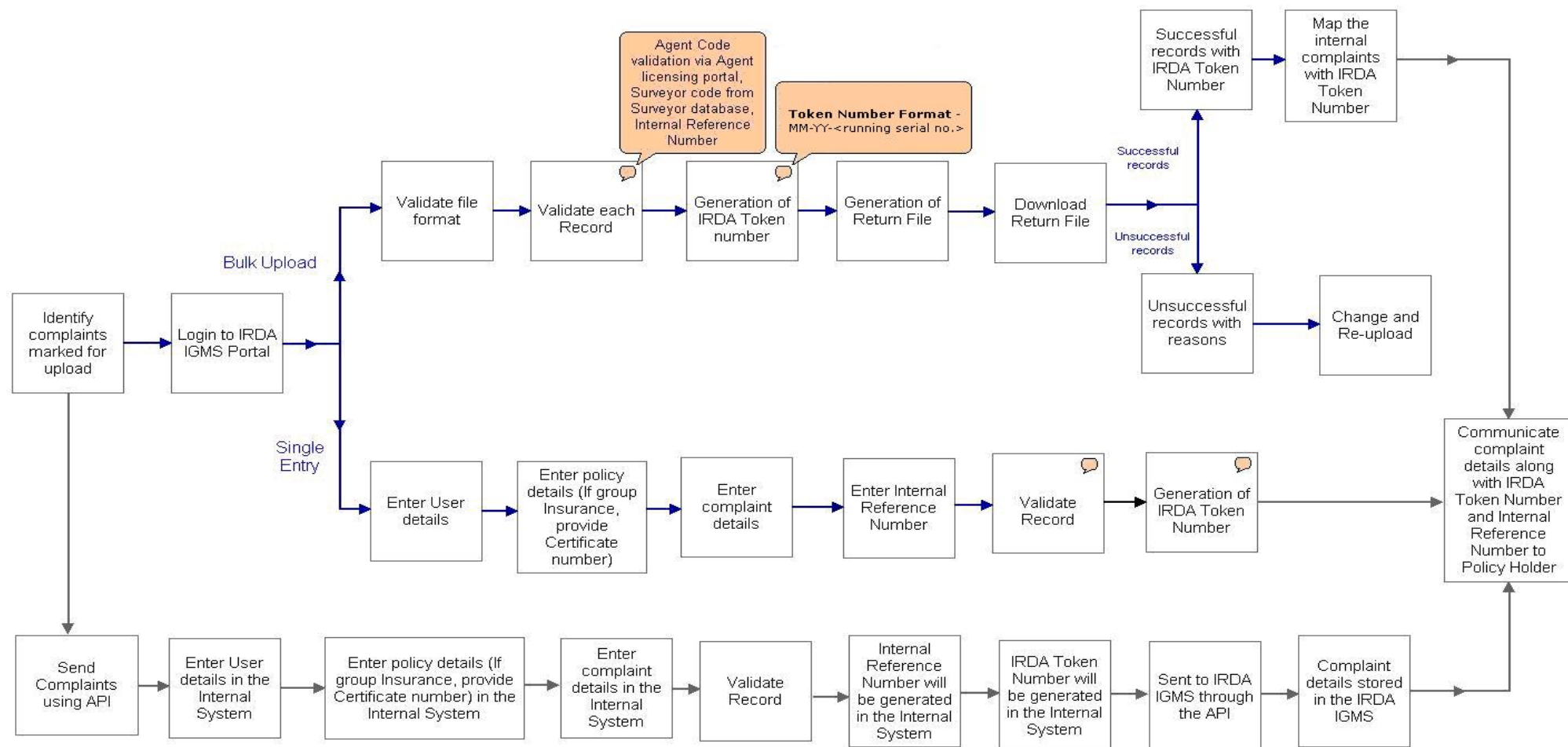
1. Complaints filed for the first time without approaching the insurer /broker will be forwarded to the insurer /broker for action at their end.
2. Complaints against which the insurer has replied for the first time and policyholder is not satisfied with the response /comments of the insurer, IRDA will ask insurer to act on their comments and continue to monitor the response from the insurer.
3. If the policyholder provides additional information on the complaint, the same will be referred to the insurer by IRDA.
4. If no further information is received, the complaint will be closed and the insured will be duly informed.

In case (5) above, IRDA should be able to identify complaints and mark them for enquiry / investigation with inputs from other departments within IRDA or from any other entity. It should also be able to escalate the complaint internally to senior officials.

These complaints, if registered through IGMS, should not be part of the downloadable complaints for the insurer. IRDA may want to investigate these complaints without the knowledge of the insurer, initially and subsequently, may transfer the complaint to the insurer for action.

6.1.3 Send (Upload) to IRDA

Once the complaint is received by the Entity or if there is any update on an existing complaint, it will be uploaded on the IRDA IGMS. The complaints against all the Entities will be collected and displayed on the IRDA IGMS. The following diagram explains the workflow in detail:



Steps involved in Send (Upload) to IRDA

1. The Entity will identify all the complaints which are marked for upload to the IRDA IGMS.
2. The product user (defined in the master) will log on to the IRDA IGMS.
3. The user will have 3 options to upload the complaints to the IRDA IGMS :
 - a. **Bulk Upload**
 - b. **Single file entry**
 - c. **API / Connector**
4. The complaints uploaded will be in the status OPEN, PENDING or RESOLVED.
5. Through the bulk upload feature, the following rules would be applied:-
 - a. The file format will be validated at the initial level.
 - b. The records of the file will be validated on a record by record basis.
 - c. If the complaint is against an insurance intermediary, the agent code specified will be validated against the agent licensing portal.
 - d. If the complaint is against the surveyor, the surveyor code will be validated against through the surveyor database.
 - e. Internal reference number will be a mandatory field while uploading the complaint to IRDA.
 - f. Validation will occur on the product type, functional area and complaint type. It should match the one on the IRDA IGMS.
 - g. The IRDA Token number would be uploaded along with each record if it is generated by the insurer's system.
 - h. If the IRDA Token Number is not generated by the insurer, the IGMS portal would generate the same on upload.
 - i. After validation of all records, a return file will be generated which will contain the IRDA Token Number for successful records and Rejection code/reason for unsuccessful records.
 - j. The product user will download the return file and update the records at the Entity end. The unique IRDA Token number will be mapped to internal reference number maintained by the Entity. The user will make the respective changes as guided by IRDA for the rejection and upload the file back into the IRDA IGMS till successfully accepted by the IRDA IGMS.
6. In a single entry, the user will enter the following details on the IRDA IGMS:
 - a. Policy Number

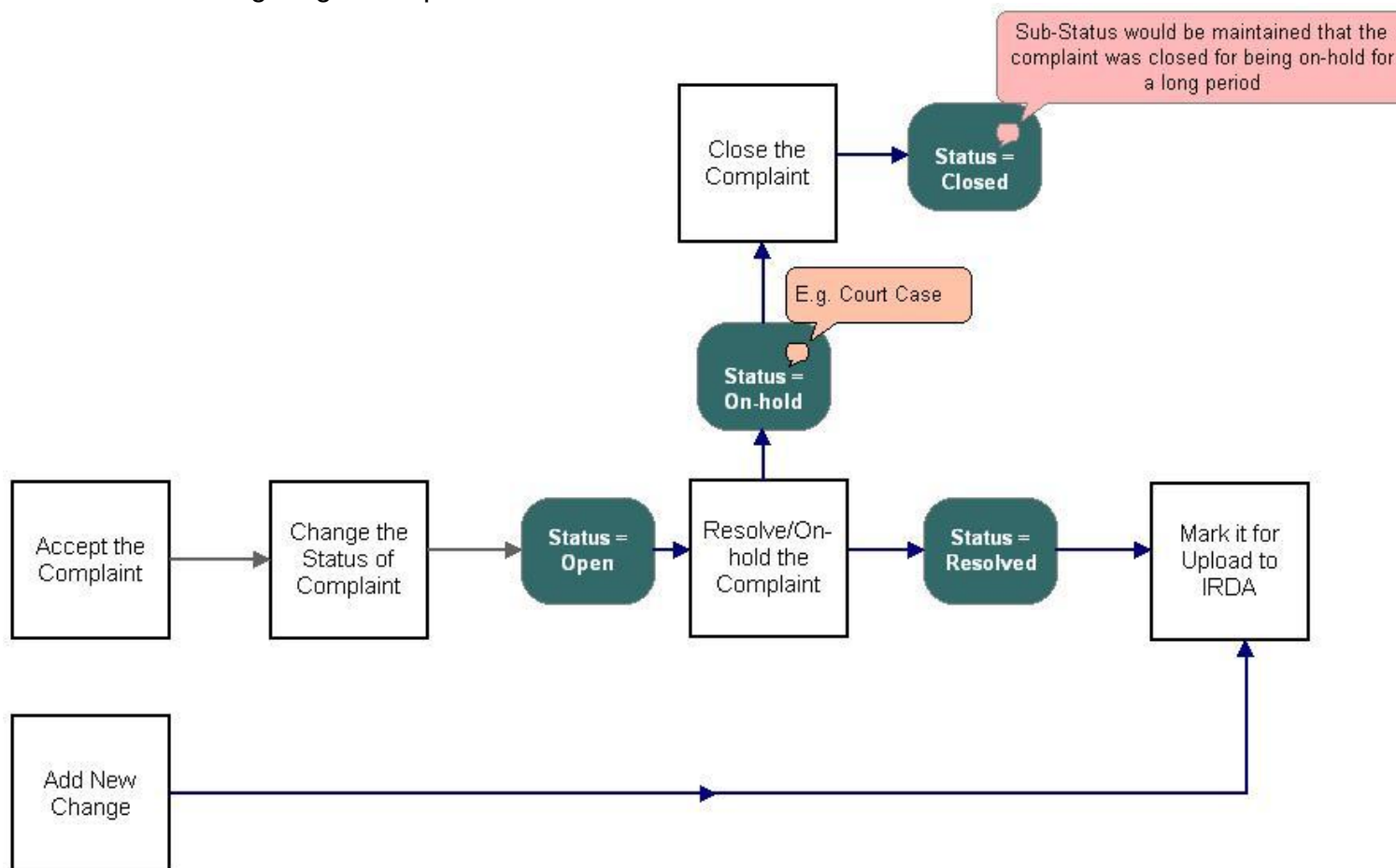
- b. Certificate Number in case of group insurance
 - c. Internal Reference Number (mandatory for all Entity to maintain an internal reference number)
 - d. Complaint Details
 - i. Product Type
 - ii. Functional Area
 - iii. Complaint Type
 - iv. Complaint Description
 - e. Surveyor Code for complaints against Surveyors. It will be validated against the surveyor database.
 - f. Agent Code for complaints against intermediaries. It will be validated against the agent licensing portal.
 - g. User Details
 - i. Name
 - ii. Address
 - iii. Door No./Bldg.Name / Floor
 - iv. Street / Area
 - v. City/Town/Panchayat/Village
 - vi. Taluk / Tezhil
 - vii. District / Mandal
 - viii. State
 - ix. Pin code
 - x. Email
 - xi. Telephone number with STD code
 - xii. Mobile Number
 - xiii. Fax number with STD code
 - xiv. Whether an individual or company
 - xv. Whether Policy holder or claimant
 - h. Complaint Status (OPEN/PENDING/RESOLVED)
 - i. On submission of the complaint, the system will validate the fields and generate the IRDA Token Number.
7. If a connector is available between the entity system and IRDA IGMS, the complaint when registered in the entity system, a real time update of the complaint would be made to IRDA IGMS. The registration will involve entering user details, policy details and complaint details. When the complaint is submitted, the record will be validated and IRDA token number will be generated in entity

system along with the internal reference number. All the details are sent to IRDA IGMS through the connector and then stored in IRDA IGMS database.

8. The generated IRDA Token number and internal reference number will be communicated to Policy Holder by the system and by the entity through the offline mode.

6.1.4 Update Complaint

The Update Complaint feature allows the Entity to add/edit information of the complaint in the IRDA IGMS. The Entity is allowed to change the status of the complaint based on the action. In case any additional information is provided by the policy holder with respect to the complaint, the complaint is updated with the changes. The complaints that are updated during this process need to be uploaded to the IRDA. The following diagram explains the workflow in details:



1. During the Grievance workflow, the Policy Holder is allowed to revisit or update the complaint. The policy holder will update the complaint by sending the details through e-mail, fax, letter or call or walk in to the respective Entity office location.
2. Update complaint feature will allow the Entity to add changes to the complaint or modify an existing complaint or change the status of the complaint.
3. The new complaints accepted by the Entity will be marked as PENDING.
4. If the Entity is able to resolve the complaint successfully, then the complaint status will be marked as RESOLVED.
5. If the complaint is taken to the court or the complaint goes into a pending state, the status would become ON-HOLD.
6. The ON-HOLD status will be marked to CLOSED by the insurance company, if the complaint remains ON-HOLD for a long time. The insurance company needs to provide a reason on marking the status as CLOSED. If closed, the complaint status will be CLOSED and the reason for closure will be that the complaint remained on-hold for a long time.
7. All the updated complaints will be marked for upload to IRDA IGMS.
8. On a daily basis, once the complaints which are ready for upload are gathered, the Entity product user will login to the IRDA IGMS and upload the complaints to the IRDA IGMS. All the changes to the complaint will be reflected on the IRDA IGMS. The same logic of bulk upload, single update or API/Connector will be available for the user to update the complaints on the IRDA IGMS.
9. During Bulk upload, the IRDA Token Number will have to be provided in the file for each record.
10. For single update, an interface to filter the complaints on the basis of IRDA Token number will be provided and the updates will be done on the IRDA IGMS.
11. If connector available, any update in the Entity system will automatically flow into IRDA IGMS.

6.1.4.1 Update complaint with RTI details

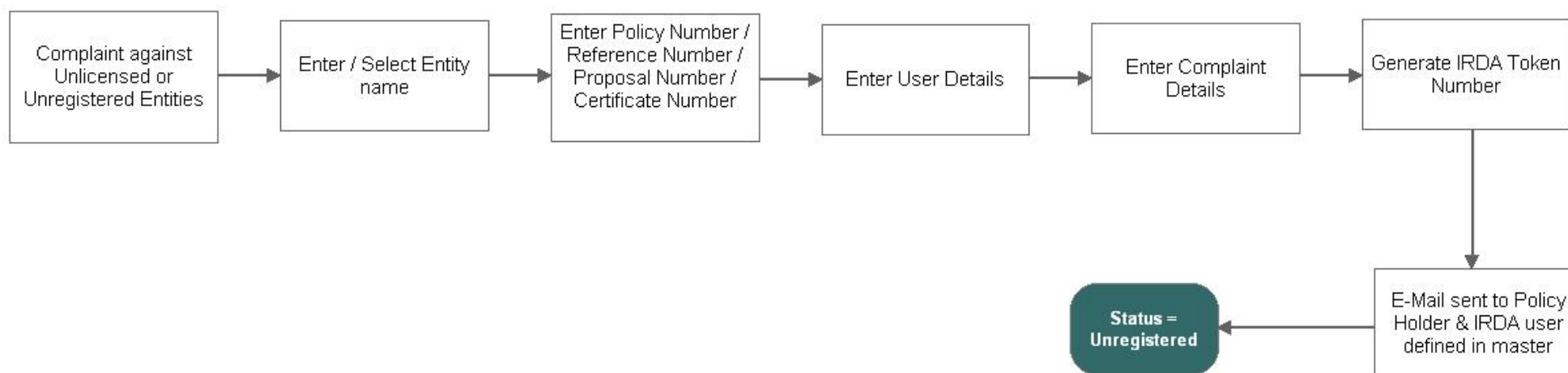
Policy holder can raise an RTI against the processing of the complaint registered by the policy holder. If an RTI is raised against the complaint, IRDA grievance cell will map the RTI details with the complaint registered. This facility will be available only with the grievance cell members. The IRDA user will be given an option to search for the complaint on the basis of IRDA token number or policy number and once found, the details of RTI will be entered and mapped with the IRDA token number. The important details submitted while raising the RTI will be entered and following would be mandatory:-

1. RTI Reference Number
2. Date of RTI Application
3. Subject of RTI
4. Name of the CPIO
5. Description of RTI

The IGMS should enable IRDA to flag complaints with respect to which an RTI is raised along with the description of the RTI. IRDA should be able to view MIS based on this information.

6.2 Complaint against Unregistered or unlicensed entities

Policy holder will be given an interface to complaint against companies who are unlicensed or not registered with IRDA. These companies could possibly be retailers who have insured the product bought by the policy holder. These complaints will be directed to IRDA Grievance Cell who will process the complaint in an offline mode. The policy holder could use the online mode to lodge the complaint or could send the complaints details to IRDA Grievance cell via fax, email, letter, walk-in or call. Therefore this interface should be available to the policy holder who visits the IRDA IGMS portal and to the IRDA Grievance cell. The following diagram explains the workflow in details:-



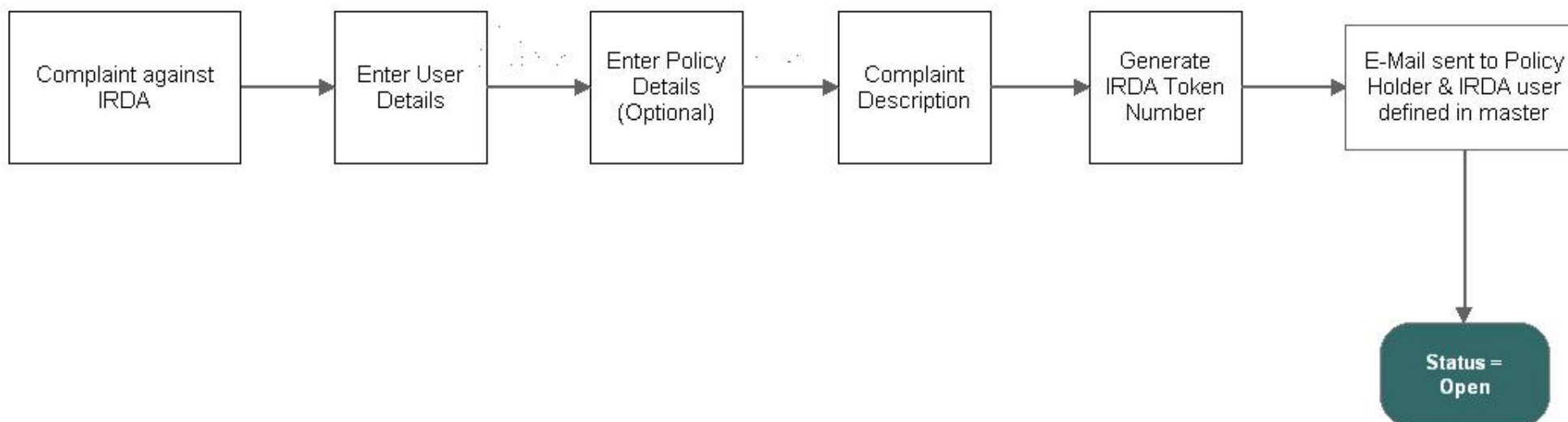
The interface will capture the following details:-

1. The user will be provided an interface to enter the following details of the grievance: -
 - a. User details like First name, Last name, E-mail, Mobile and Postal Address etc.
 - b. Policy Number or Reference Number or Proposal details if available
 - c. Enter name of the company or select from the list of unregistered companies
 - d. Complaint description, which will be a text area

2. On submission of the complaint details, the system will generate IRDA token number. The IRDA token number will be numbering the format MM-YY-<running serial number>. For Example - the complaint number would look like 03-10-345356.
3. The status of the complaint will be UNREGISTERED.
4. Notification through email will be sent to IRDA user specified in the master and the policy holder
5. The company will get added to the unregistered entity master

6.3 Complaint against IRDA

The IRDA IGMS will have a facility to lodge a complaint against IRDA. The policy holder would be provided an interface to complaint against IRDA. The following diagram explains the workflow in details:-



This interface will have the following fields:-

1. User details
 - a. First name
 - b. Last name
 - c. Email
 - d. Phone number
 - e. Mobile
 - f. Address
2. Complaint Description

3. Remarks

On submission of the complaint details, the system will generate IRDA token number. The IRDA token number will be numbering the format MM-YY- <running serial number>. Example code for complaints against IRDA is 03-10-564569. The complaint status will be OPEN and a notification about the complaint will be sent to the IRDA user who is entitled to receive this complaint (defined in the IRDA user master).

The IRDA will login to the IRDA IGMS portal and view the details of the complaint. The user will have an option to resolve the complaint. On change of status, notification will be sent to the policy holder via email.

6.4 Escalate complaint to IRDA

Escalation to IRDA is the second level of approach which a policy holder will resort to when not satisfied with the first level of resolution. Escalation of complaint will be initiated either by the policy holder or the IRDA IGMS. Escalation of complaint to IRDA can take place in 3 scenarios:

- a) Complaint is marked RESOLVED
- b) Complaint is OPEN / PENDING for more than the stipulated time; auto-escalation will be triggered

This will mean the complaint is escalated to the Entity through IRDA. All the stake holders i.e. the Entity, the policy holder and the IRDA grievance cell will be kept informed of any escalation that will happen.

This module will allow the policy holder to search for the complaint. If the complaint is not found, the user can enter the complaint details which will be sent to IRDA and the entity. It will also allow filing of complaint against companies which are not registered with IRDA.

Steps included in this module of IRDA IGMS are:

- Manual Escalation of complaint
- Escalation of complaint by system (Auto Escalation)
- Escalation by IRDA
- Escalation Process when company exists but complaint doesn't exist
- Escalation Process when company and complaint both do not exist

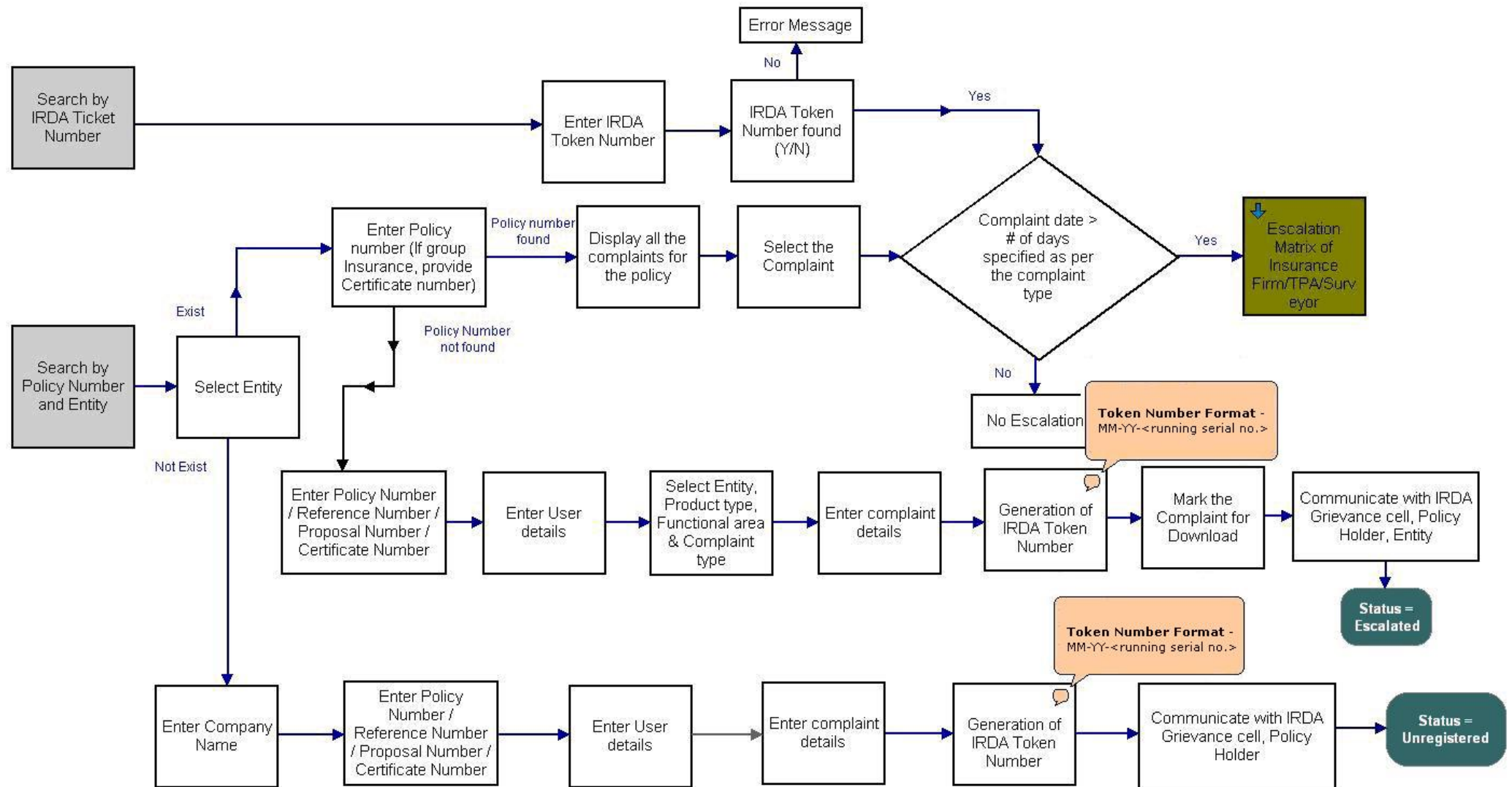
Compliance recommendations during this process

- If the complaints are not found on the IRDA IGMS, it should be considered a compliance issue. Such non-existent complaints on IRDA IGMS should be tracked and action should be taken against the Insurer for such omissions.
- The policy holder will search for their complaints on the IRDA IGMS and if not found, the complaints will be sent to the firm with a flag

of download on it. These complaints need to be downloaded by the firm and map it with the internal complaint system. Once downloaded successfully, they should remove the flag of download from the IRDA IGMS

6.4.1 Manual Escalation of complaint

Manual escalation of the complaint will be initiated by the policy holder against PENDING or RESOLVED complaints. The policy holder will visit the IRDA IGMS and search for the complaint by either entering the IRDA Token Number or his policy number. Escalation will be allowed only if the complaint exceeds the defined limit of number of days as defined in masters. The below process explains the procedure to escalate the complaint.

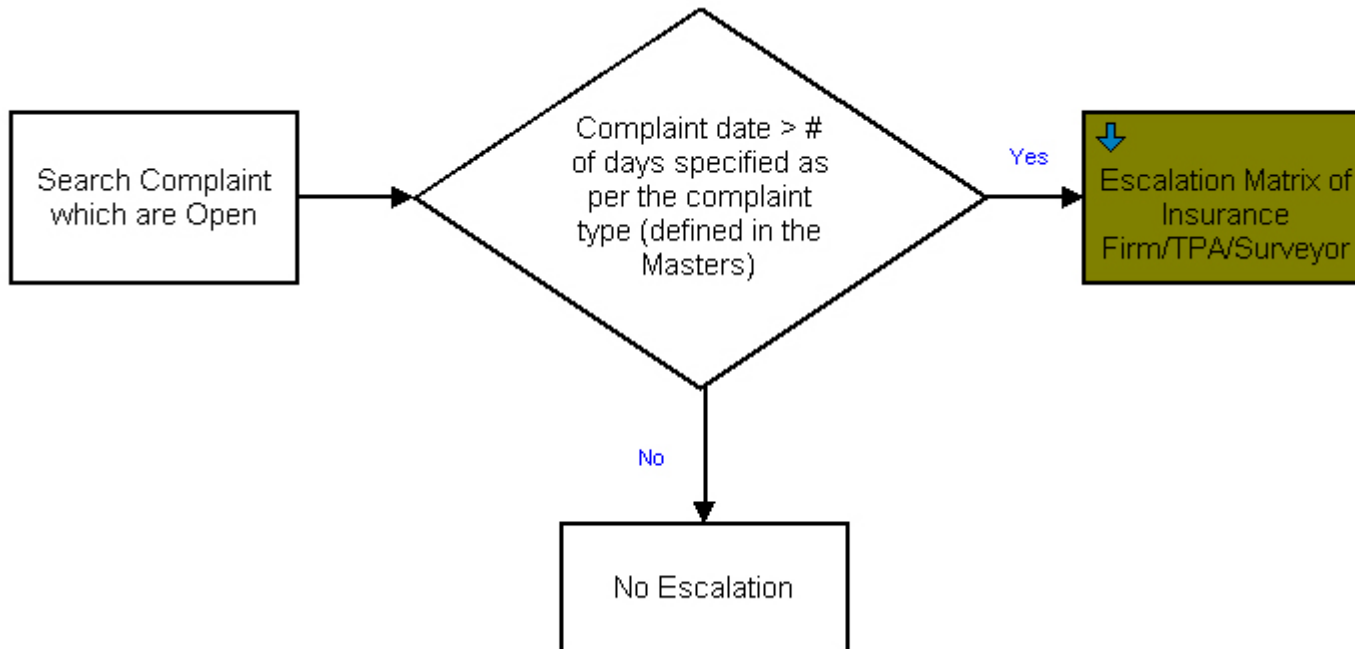


1. Escalation of complaint will be initiated by the policy holder against the complaints which are either PENDING or RESOLVED by the Insurance Company (TPA/ Surveyor /Agents) or Broker.
2. This process will be either offline or online.
3. In the offline process, the policy holder will approach IRDA Grievance Cell through e-mail, fax, postal letter or call or walk in. The details of the complaint will be given to IRDA.
4. IRDA Grievance cell, on behalf of the policy holder will escalate the complaint to Entities.
5. In the online process, the policy holder will visit the IRDA IGMS and escalate the complaint.
6. The IRDA IGMS will have a facility to search for the complaint either through search by IRDA Token number or search by entity and policy number (and certificate number if a group insurance).
7. When the user searches by IRDA Token number:
 - a. The user will be given an option to enter the IRDA Token number and the system will search for the particular Token.
 - b. If the Token is found, the system will validate if the Token is allowed for escalation and the validation will be done on the basis of:
 - i. Token status is either PENDING or RESOLVED
 - ii. IRDA Token number generation date is “x” number of days older than today. (x is defined in the master for every complaint type)
 - iii. If the Token is eligible for escalation, the user will be given an option to escalate it or else a message will be given stating escalation not allowed with the reason.
 - iv. If the user escalates the Token, the Token will be sent to the Escalation engine.
8. When the user searches by Entity and Policy Number (And Certificate Number if group insurance) :
 - a. The user will be given an option to select the Entity type, select Entity Name and enter the policy number (and Certificate Number if group insurance)
 - b. If the Entity doesn't exist (that is, the Entity is not registered with IRDA), the user will follow the process listed in the section **Complaint against Unregistered entities.**

- c. If the Entity exists, the user will enter the policy number and the system will search for the policy number under the selected Entity and entered policy number.
- d. If complaint/Token not found, will mean that the Entity would not have uploaded the complaint to the IRDA grievance system, which is a serious compliance violation. The user will follow the process under **Escalation process when Entity exists, but the complaint doesn't exist**
- e. If complaint/Token found, the user will be given an option to select the complaint and system will validate if the Token is allowed for escalation and the validation will be done on the basis of:
 - i. Token status will be either "PENDING" or "RESOLVED".
 - ii. IRDA Token number generation date will be "x" number of days older than today. ('x' is defined in the master for every complaint type)
 - iii. If the Token is eligible for escalation, the user will be given an option to escalate it or a message will be displayed stating escalation not allowed with the reason
 - iv. If the user escalates the Token, the Token will be sent to the Escalation engine

6.4.2 Escalation of complaint by System (Auto Escalation)

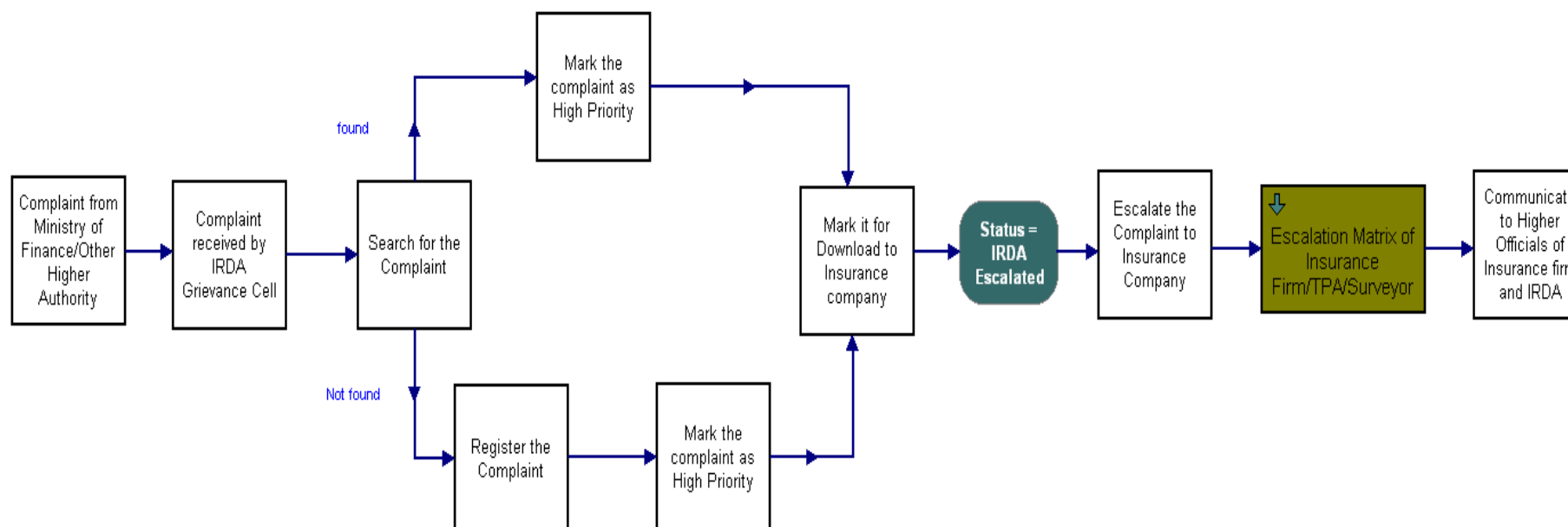
Auto escalation of the complaint is a system driven process. This process will escalate the complaints which are in the OPEN state for more number of days than the stipulated time. This will ensure that the firms will resolve the complaints within the stipulated time to avoid escalation of the complaint.



1. There will be an automated process which will run on the IRDA IGMS as a scheduled activity.
2. This process will search for all the complaints in the system with the status as OPEN / PENDING and where the IRDA Token number generation date will be 30 days (configurable as per the complaint type) older than the current date.
3. All such complaints will be sent to the Escalation engine. The functioning is explained in the Escalation Engine module.

6.4.3 Escalation by IRDA

The ministry of finance or any other higher authority can directly reach IRDA Grievance Cell with respect to escalation of complaints. IRDA will consider these complaints after proper validation, as high priority complaints. IRDA grievance cell will escalate these complaints to the respective Entity, on a priority basis. The following diagram explains the workflow in details:

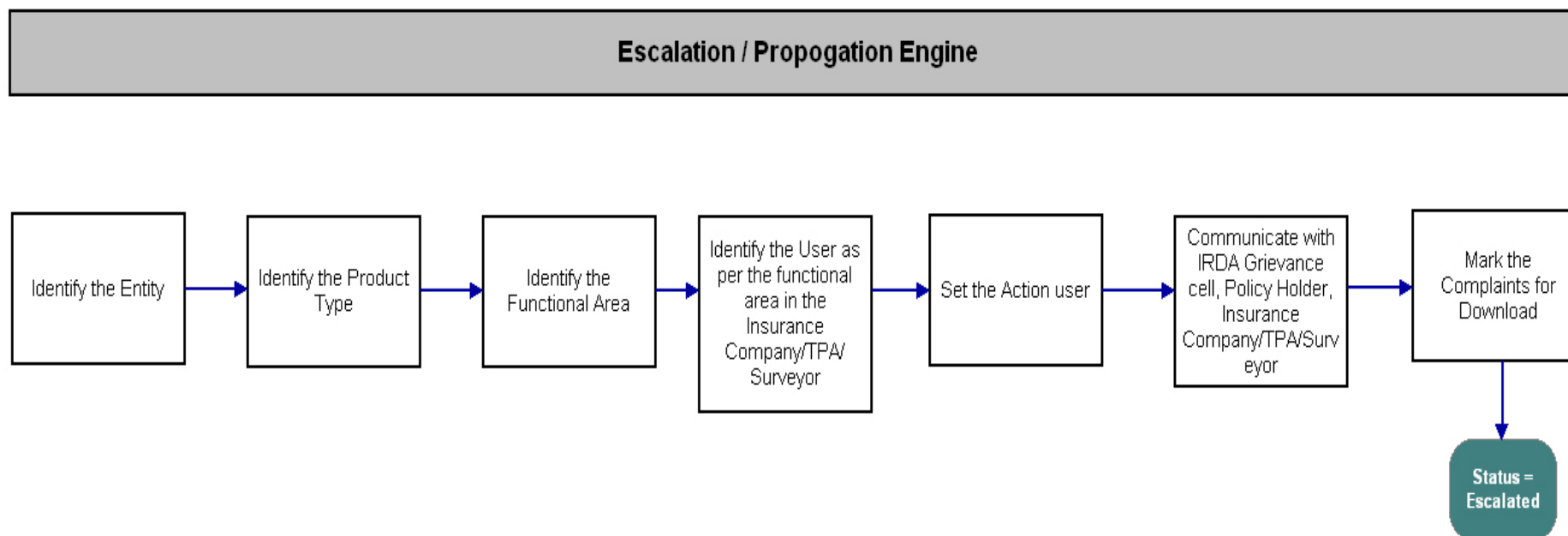


1. The IRDA Grievance cell users will login to the IRDA IGMS.
2. IRDA Grievance cell will search for the complaint on the basis of the IRDA Token number or the policy number.
3. If the complaint is found:
 - a. The user will mark the complaint as a high priority complaint
 - b. The complaint status will change to 'IRDA ESCALATED'

- c. E-mail notification will be sent to IRDA Grievance Cell higher authority and to all the respective Entity escalation group authorities.
4. If the complaint is not found:
- a. The complaint will be registered as a new complaint. The process to register a new complaint mentioned in the section of Manual escalation **When the company exists but the complaint doesn't exist** will be followed
 - b. IRDA Token Number will be generated
 - c. The Token status will be IRDA ESCALATED and tagged as high priority.
 - d. E-mail notification will be sent to IRDA Grievance Cell higher authority and to the respective Entities higher authority. This will be picked from the users defined in the master
 - e. Complaint will be sent to the Escalation Engine. The working of the escalation process is explained in the Escalation Engine module

6.4.4 Escalation Engine

This is an automated process triggered when the complaints are sent for escalation. Escalation workflow is explained below:



Steps involved in the Escalation Process

1. The complaints will be sent to the escalation engine through the manual escalation process or the automated escalation process
2. The escalation engine will identify the following details of the complaint:
 - a. Entity against which the complaint is raised
 - b. Product
 - c. Functional Area
3. As per the above combination, the system will identify the product user whom the complaint will be escalated. (This mapping will be

defined in the master setup by each Entity as corporate hierarchy)

4. The user will be set as the action user on the Token/complaint and E-mail notification will be sent to the action user, policy holder and IRDA user specified in the master to receive the first level of complaints, that is, FIRST-LEVEL.
5. The status of the complaint will be changed to “ESCALATED”

6.4.5 Escalation Process when company exists but complaint doesn't exist

The policy holder will visit the IRDA IGMS to search the complaint. If the complaint is not found and the firm exists on the IRDA IGMS, will mean that the firm has not uploaded the complaint to the IRDA IGMS which is a serious compliance issue. As per the compliance, it is necessary for the entities to upload all the complaints to the IRDA IGMS to ensure that all the complaints exist at a centralized location. However, the policy holder will be given an interface to enter the complaint details and the complaint will be forwarded to the firm.

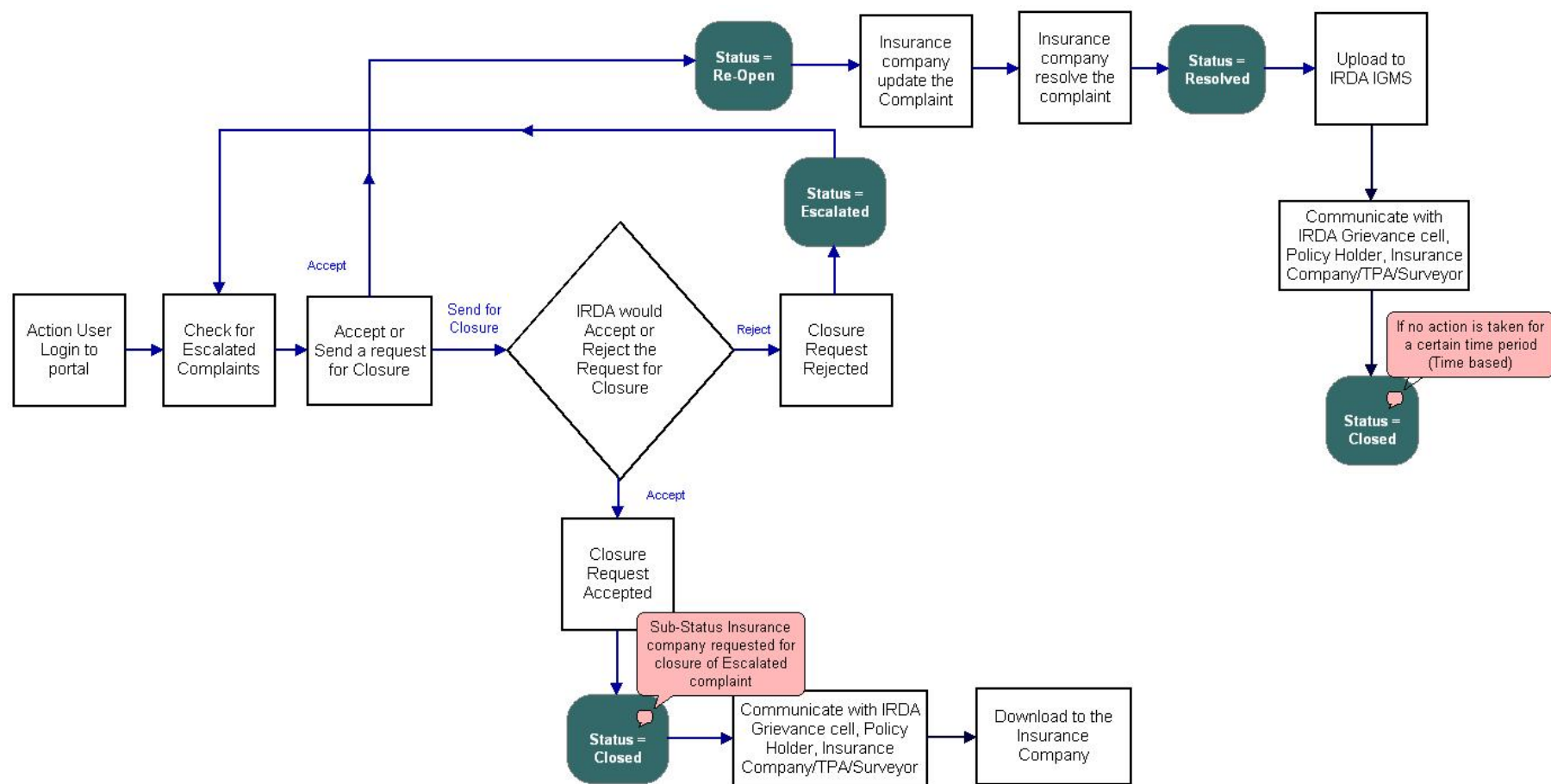
1. This process will come into action when the user will search for the complaint with the help of Entity type, Entity name and policy number, and no complaints are found against the policy number
2. At this juncture, the user will be asked to enter the details of the grievance:-
 - a. Policy Number or Reference Number or Proposal Number
 - b. User details like First name, Last name, E-mail, Mobile and Postal Address
 - c. Selection of Entity against whom the complaint will be lodged
 - d. On the basis of Entity, the system will get the product types mapped to the Entity
 - e. On the basis of product type, the system will get the functional area mapped to the product type
 - f. On the basis of functional area, the system will get the complaints mapped to the functional area
 - g. User will be given an option to enter the complaint description, which will be a text area
 - h. On submission of the complaint details, the system will generate IRDA Token number. The logic of generating the IRDA Token number is defined in the Send to IRDA section
 - i. The status of the complaint will be ESCALATED
 - j. This Token will be flagged as Marked for Download
 - k. The system will identify the user defined in the master set up as "Data entry user" by the Entity who will receive this complaint
 - l. E-mail will be sent to Entity user, IRDA user specified in the master to receive the first level of complaints and the policy holder

6.4.6 Escalation Process when company and complaint do not exist

The policy holder will visit the IRDA IGMS to search the complaint. If the complaint is not found and even the firm doesn't exist on the IRDA IGMS, will mean the company is not registered with IRDA. The process mentioned in the section "Complaint against the unregistered or unlicensed entities" will be followed.

6.5 Action on Escalation

The ESCALATED complaints are received by the Entity. As per the complaint details, the Entity will process the escalated complaint. Request of Closure could be sent by the entities to the IRDA to close the complaint. The detailed workflow is described below.



Steps involved in the action of escalation

1. The action on escalation will be taken by the product user of the firm
2. The action on escalation will be done either through a single update or a bulk update
3. The action user will be provided an interface to login to IRDA IGMS.
4. If single update, the user will do the following:-
 - a. Access the module “Complaints escalated”
 - b. This module will get all the complaints escalated to the action user and the user will be able to either accept the escalated complaint or send for closure to IRDA
 - c. Explanation will be mandatory while responding to the escalated complaint as to why the complaint was not resolved earlier
 - d. If requested for closure, the complaint will be sent to IRDA product user to accept or reject the request of closure. The status will remain ESCALATED.
 - e. If accepted by the Entity Product User, the complaint status will be changed to RE-OPEN and will be communicated to the policy holder, IRDA product user, i.e., FIRST-LEVEL and also to the Entity Product User by e-mail
 - f. The user can re-visit the page to check for complaints which are in the RE-OPEN state, and can be changed it to RESOLVED. Change of status will be notified to the policy holder, IRDA product User and Entity Product User
5. If bulk update, the user will do the following:-
 - a. Access the module Complaints escalated
 - b. The system will give an option to download the escalated complaints
 - c. The user will update the status on each complaint and the system will allow the user to upload the updated complaint status to the IRDA IGMS. The processing will be same as the “Send to IRDA”
 - d. Notification will be sent to the policy holder, IRDA grievance cell user and action user, on change of status or information.
6. If a connector is available between the entity system and IRDA IGMS, the complaint when registered in the entity system, a real time update of the complaint would be made to IRDA IGMS. When the complaint is updated, the details are sent to IRDA IGMS through the connector and the stored in IRDA IGMS database.

6.5.1 Closure Approval by IRDA

This module will enable IRDA Grievance Cell to accept or reject the request received for Closure of the escalated complaint to the Entity. The IRDA Product User will be provided an interface to login to the IRDA IGMS where all such request will be visible.

1. The IRDA Product user will view the details of the complaint along with the reason for closure. If satisfied, the user will accept the request and the status of the complaint will change to CLOSED
2. If not satisfied with the request for closure, the user will reject the request of closure and the status will remain ESCALATED
3. In either case, notification will be sent to the policy holder, IRDA product user and Entity Product User/Action User

6.6 SLA Engine

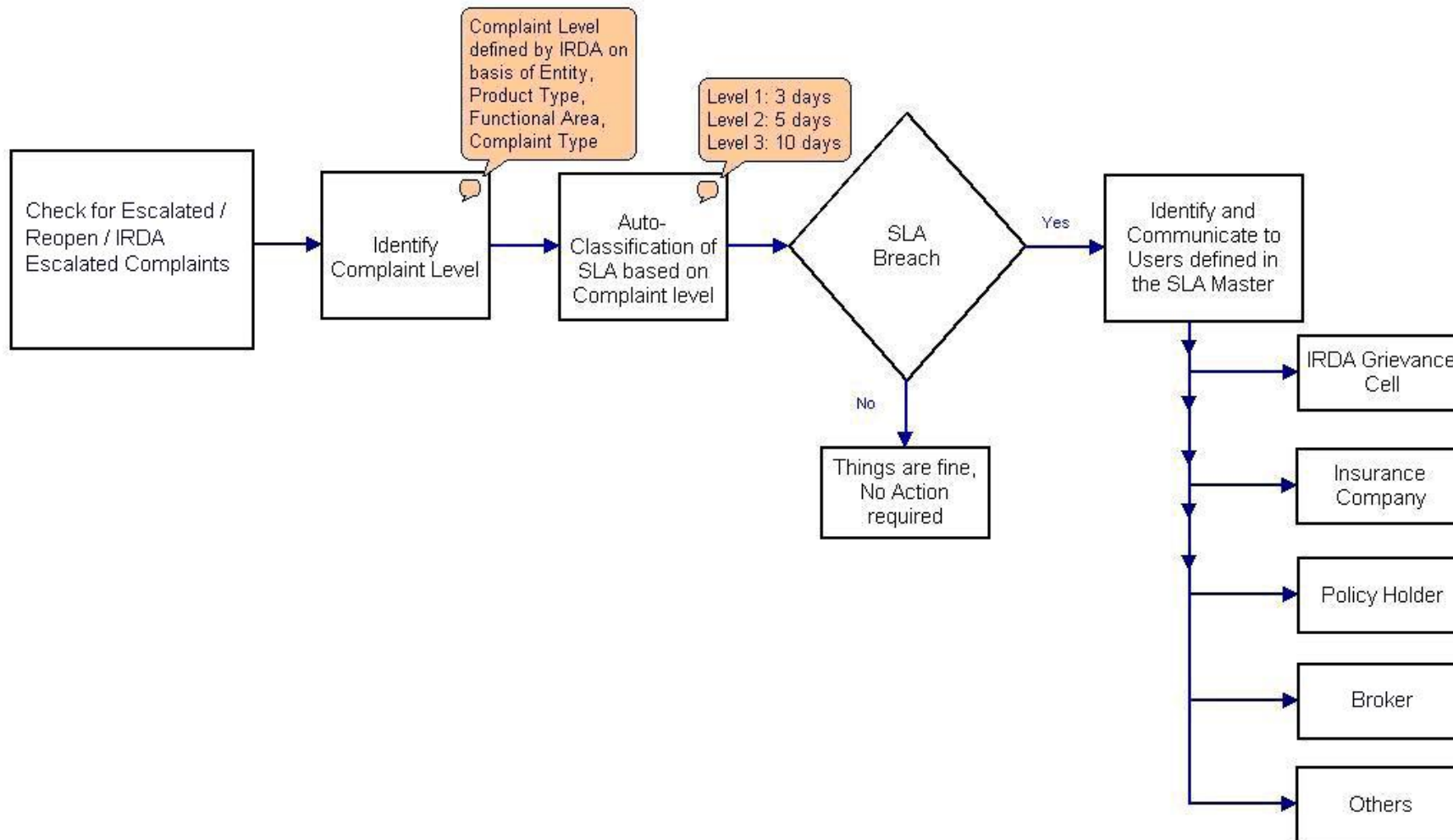
Service Level Agreement will be defined by IRDA Grievance Cell as per industry standards. SLA engine will run on the escalated complaints on which no action is undertaken as well as the complaints which are pending for long. When SLA is breached, this SLA engine will inform the higher authorities of the firm and IRDA about the negligence of any action to be taken on the complaint

During this process, the following objectives are met:-

- ❖ IRDA should be able to assign the Turn Around time (TAT) based on the classifications of complaints (e.g. Level 1- 3 days (E.g. Zero tolerance cases))

Below is the SLA workflow

SLA Engine



Steps involved in the SLA engine workflow

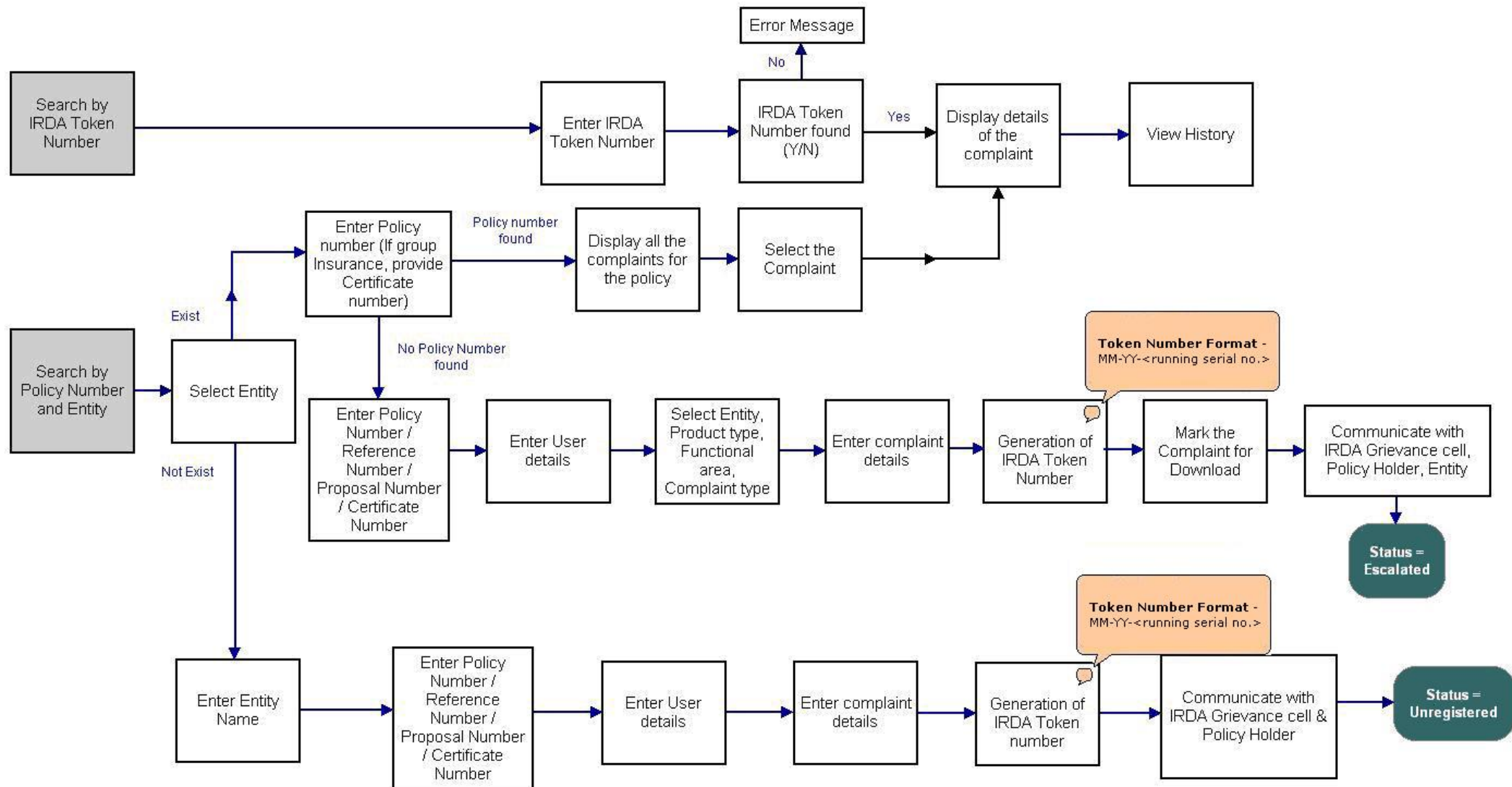
1. The SLA engine is a system driven process which will run as a scheduled task
2. The system will search for OPEN, PENDING, ESCALATED, REOPEN and IRDA ESCALATED complaints
3. It will identify the complaint level of each complaint, on the basis of the Entity, product type, functional area and complaint type. (Master setup by IRDA)
4. Each complaint level will have number of days associated with it to act on the complaint in the master setup. For example, Level 1 = 3 days, Level 2 = 5 days, Level 3= 10 days
5. If status has remained the same for more number of days than the number of days defined in the SLA, the system will identify the users defined in the SLA master :
 - a. Entity Product Head of the action user
 - b. IRDA Product User
 - c. Policy Holder
 - d. Notification will be sent to all the above users

6.7 Check Status and view details

The policy holder is allowed to check the status of the complaints online on real time basis. The complete details of the complaint will be displayed to the policy holder along with the current complaint status. The system will also provide an option to view the Transaction and Log history of the complaint.

During this process, the following objectives are met:-

- ❖ IRDA should be able to monitor the grievance process of all insurers, in real times.
- ❖ IRDA should get the copies of all the complaints lodged with all insurers along with their disposal status, preferably, on a real time basis.



1. At any given point the policy holder will visit the IRDA IGMS to check the current status of the complaint.
2. The IRDA IGMS will have a facility to search for the complaint by IRDA Token number and by insurance company and policy number
3. When the user searches by IRDA Token number:
 - a. He will be given an option to enter the IRDA Token number and the system will search for the particular Token
 - b. If found, the Token number will be listed
4. When the user searches by Insurance company and Policy Number:
 - a. He will be given an option to select the Entity type (Insurance Company/TPA/Surveyor), select Entity Name and enter the policy number
 - b. If the Entity doesn't exist (i.e. the Entity not registered with IRDA), the user will follow the process listed in the section **Complaints against unregistered entities**
 - c. If the Entity exists, the user will enter the policy number and the system will search for the Tokens under the selected Entity and entered policy number
 - d. If complaint is not found, it means that the Entity has not uploaded the complaint to the IRDA IGMS. This is a serious compliance violation. The user will follow the process under **Escalation process when Entity exists, but the complaint doesn't exist**
 - e. If complaint/Token found, the Token number will be listed
5. On clicking the Token number, the system will display all the details of the complaint and history of the Token, that is, the Token transition from one state to another and from one user to another. For this purpose, an audit trail needs to be maintained in the system.

6.8 Complaint Closure

IRDA Grievance Cell and the entity user will have the right to close the complaint manually. Closure will be allowed on “RESOLVED” and “RE-OPEN” complaints. The user will have to mention the manner in which the complaint was closed. Once CLOSED, the policy holder, Insurance Company (TPA, Surveyor, Agents), Broker or IRDA cannot add/edit information on the complaint.

On closure, mail mentioning the complaint details and history of the complaint would be sent to the policy holder and entity product user.

IRDA Grievance Cell will be given an option to categorize the closed complaints as “Justified” and “Non-Justified”. All the complaints that are marked as “Justified” and “Not-Justified” will be archived and stored in the archive repository. Policy holder will be allowed to check the information and status of the complaints in the archive repository.

At the time of closure, a closure form with certain parameters (to be identified by IRDA) will have to be entered by the user which will enable second order MIS reporting. These details would help in generating detailed second order MIS reports which will bring out the efficiency of the IRDA’s intervention in monitoring the grievances. For e.g.: repudiated claims have been paid off, refund is made under free look period cancellation, higher claim amount is paid after settlement etc.

6.9 MIS Reports

The system will allow generating user defined MIS reports on a real time basis. IRDA Grievance Cell and the Entity will be allowed to generate reports.

Note: The below figures mentioned in the reports are hypothetical and are shown as a sample example.

Steps included in this module of IRDA IGMS are:

- Reports for IRDA
- Reports for Insurance Company (TPA / Surveyor/ Agents) and Broker

During this process, the following objectives are met:-

- ❖ IRDA should be able to do the following analysis
 - Generate various Analysis reports (Claims repudiated at 1st Instance and subsequently paid , claims settled and repudiated claims, aging of claims and exception reports)
 - System should generate Exception Reports – for prompt follow-up
 - Ageing of complaints should be clearly brought out
 - Feedback on Channel through which Policy sold
 - 'Alerts' at various levels of access
 - Generate Certain statistics and make available for public to view

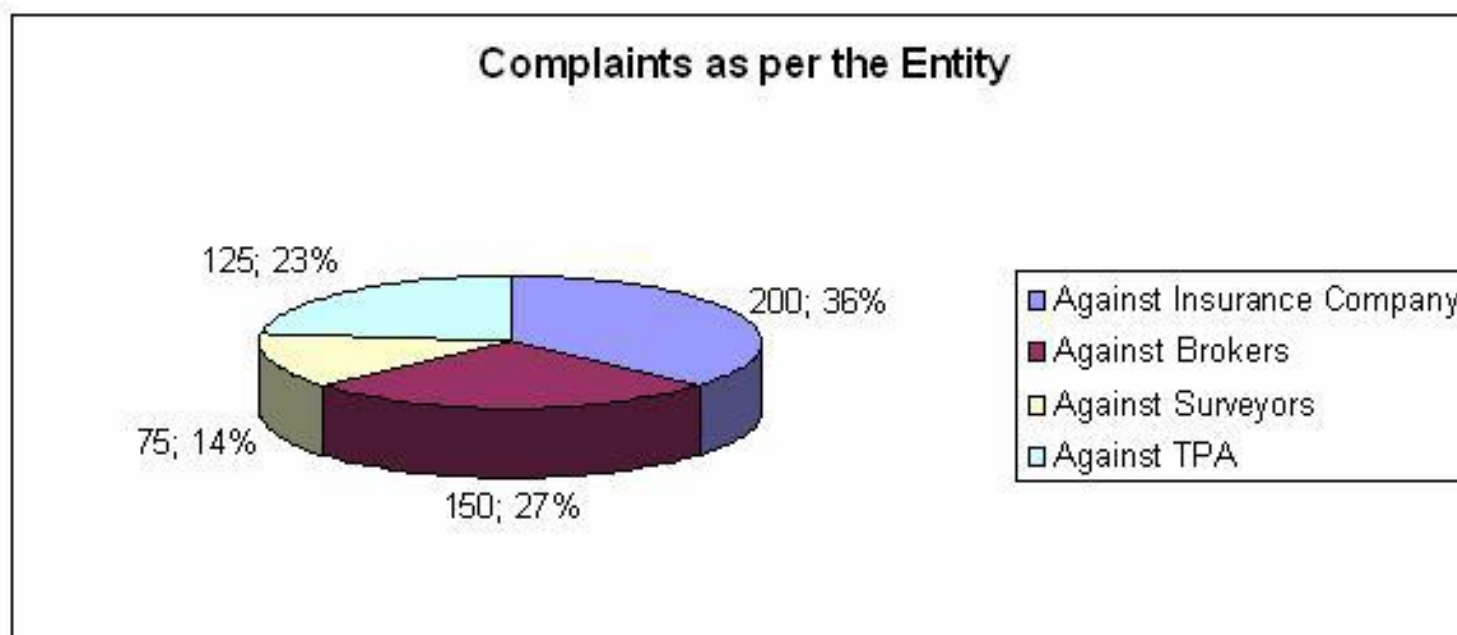
6.9.1 Reports for IRDA

One of the main objectives of building this system is that IRDA can generate reports on a real time basis. All reports will have an option of date range. The user can generate the report as per the date range selected. The default date will be current month range. IRDA Surveillance User will have access to generate the below reports:

1. Classification of complaints as per the Entity

The user will be able to generate reports on the complaints received against the Entities – Insurance companies, (Surveyors, TPAs, Agents) and Brokers. The system will provide an interface to the user to classify the complaints on the basis of the entities against whom the complaints have been lodged. This could be represented with the help of a pie-chart. The input required to generate the chart will be:-

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The above pie chart shows the number of complaints received against each Entity. It shows the distribution of complaints both in terms of number and in terms of percentage. For example, the number of complaints received by the IRDA IGMS against the insurance companies is 200 which are 36% of the total complaints received against all Entities. On clicking the pie of insurance company, the user will get to view all the 200 complaints in a tabular format.

2. Classification of complaints as per the complaint status

The system will provide an interface to view the complaints on the basis of complaint status. This could be represented with the help of a pie chart or a bar diagram. Clicking on the pie/status will display a list of complaints with the respective STATUS.

From Date:

12-NOV-09

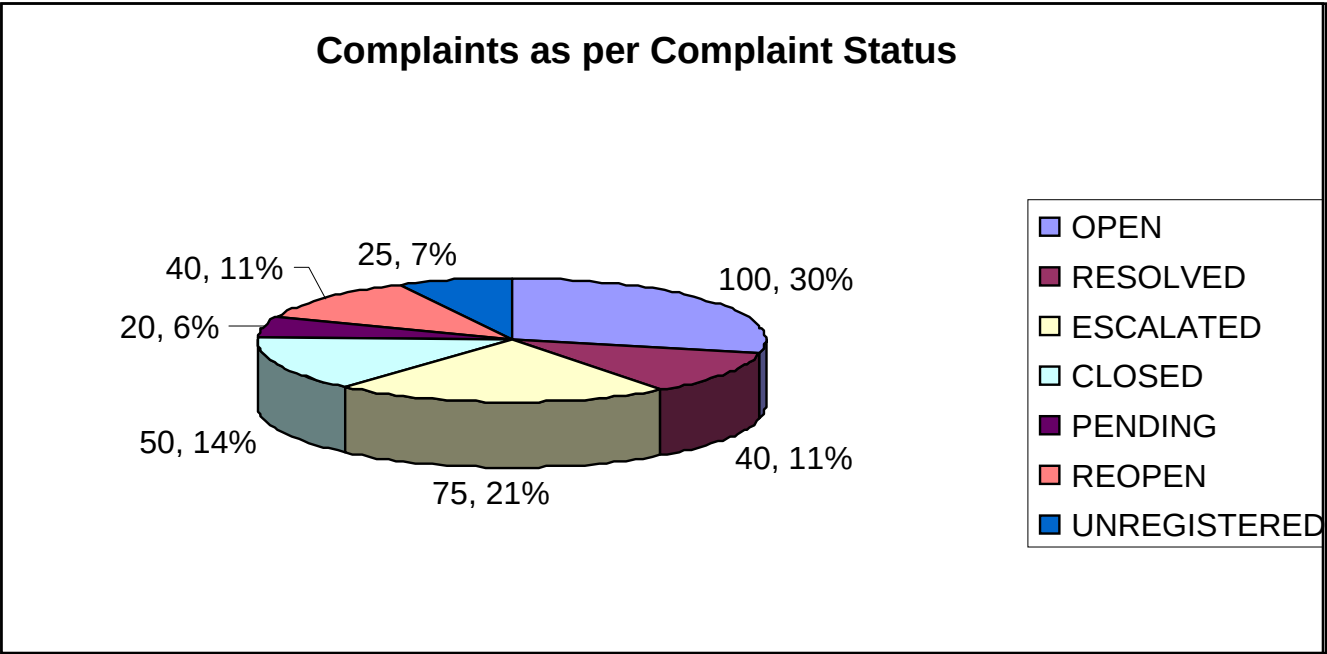
To Date:

12-DEC-09

Status:

ALL

Submit



The above pie chart classifies the complaints on the basis of status. It shows the distribution of complaints both in terms of number and

in terms of percentage.

For example, the number of complaints in the OPEN state is 100 which are 30% of the total complaints; the number of complaints ESCALATED is 75 that are 21% of the total complaints. On clicking the pie of OPEN state, the user will get to view all the 100 OPEN complaints in a tabular format.

3. Classification of complaints as per the segment and functional area

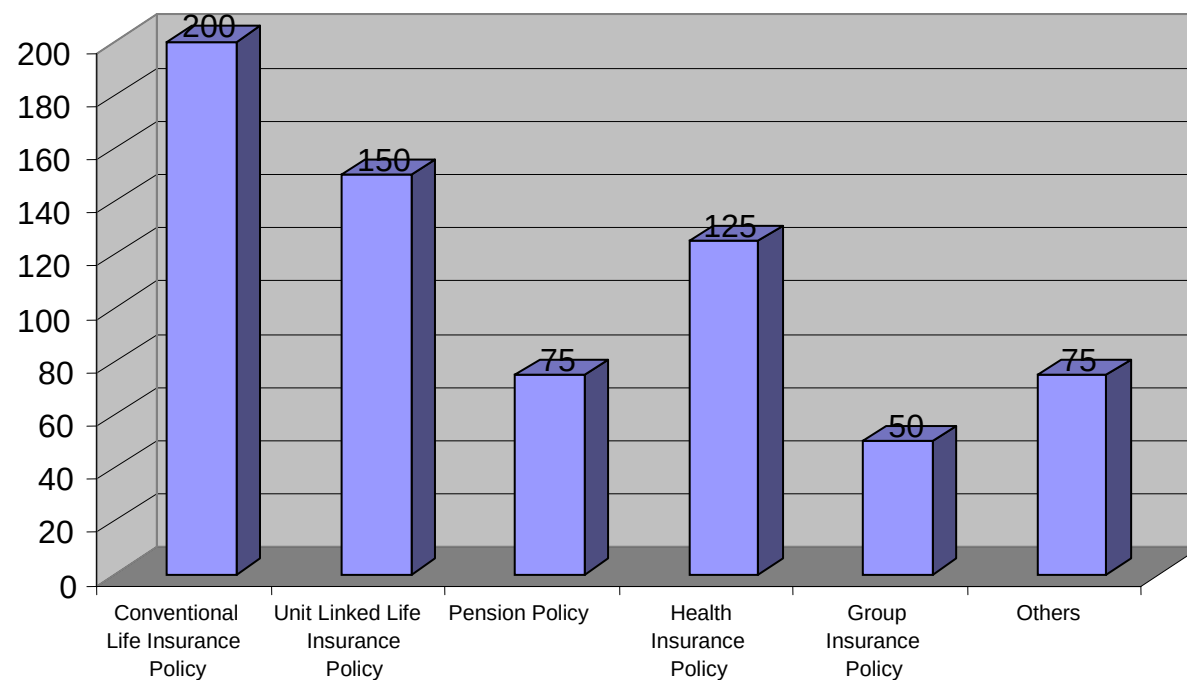
The system will provide an interface to view the complaints on the basis of product and functional area. This could be represented with the help of a pie chart or a bar diagram. Clicking on the bar will display the list of complaints of the particular Product type.

From Date: 12-NOV-09

To Date: 12-DEC-09

Submit

Complaints Segment wise



Bar graph above shows the number of complaints received segment wise. The total number of complaints received against the product type “Group Insurance Policy” is 50.

4. Complaint Details

There will be an interface to view the complaint details. This could be a list view with an option to click on a complaint and get the history of the complaint. Sorting and filter facility will be provided in all the reports where a list view is given.

From Date:	12-NOV-09	To Date:	12-DEC-09	Entity Type:	ALL	Entity Name:	
Status:	ESCALATED	Token Number:					
							Submit

Sr. No.	IRDA Token Number	Against Entity Type	Against Entity Name	Product Type	Policy Number	Status	Complaint Origin	Created On
1	05-09-456462	Insurance Company	Company A	Conventional Life Insurance Policy	90235000	OPEN	Insurance Company	10-May-09
2	06-09-165465	Intermediary	Company B	Others	90349000	ESCALATED	Insurance Company	15-Jun-09
3	08-09-943475	TPA	Company C	Health Insurance Policy	90139500	PENDING	IRDA Grievance Cell	10-Aug-09
4	09-09-834847	Insurance Company	Company A	Pension Policy	90146501	OPEN	Portal	15-Sep-09
5	10-09-348973	Surveyor	Company D	General Insurance Policy	90162601	RE-OPEN	IRDA Call Canter	10-Oct-09

The above table shows the list of complaints on the IRDA Grievance System. All the complaints will be listed as per the date range selected. The user will be given an option to sort on each of the columns. Filtering of the data will also be allowed. The column "IRDA Token Number" will be the unique number of the complaint maintained by the IRDA IGMS.; "Against Entity type" will be the type of Entity against whom the complaint is lodged; "Against Entity Name" will be the name of the Entity for example, Company A, "Product

Type” will be the product bought by the policy holder against which the complaint exists; “Policy Number” is the number of the policy given by the insurance company to the policy holder; STATUS will be the current state of the complaint; “Created On” will be the date when the complaint is created/registered on the IRDA Grievance system.

5. Average Resolving Rate

This report will be a comparative report showing the average resolving rate. The resolving rate will be calculated with the help of the following formula: - SUM OF (IRDA Token resolved date - IRDA Token Number generation date) / Number of complaints. This report will be at industry level, Entity level, and company level.

From Date:	12-NOV-09	To Date:	12-DEC-09	Submit
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Calculation

IRDA Token Resolved Date	IRDA Token Created Date	Number of days to resolve the complaint
25-Aug-09	16-Aug-09	9.00
12-Jun-09	1-Jun-09	11.00
29-May-09	1-Apr-09	58.00
12-Jul-09	15-Jun-09	27.00
12-Sep-09	1-Sep-09	11.00
	Total no. of days	116.00
	Number of complaints	5.00
	Average Resolving Rate	23.20

For example, the total number of complaints for the selected date range is 5. The total number of days to solve 5 complaints is 116.

So, the Average Resolving rate is **23.20**

6. Average Response Rate

This report will be a comparative report showing the Average Response Time. Average Response time will be calculated as follows: -
$$\text{SUM OF (IRDA Token OPEN/PENDING date - IRDA Token NEW date)} / \text{Number of complaints}$$

This report will be at industry level, Entity level, and company level. At industry level, the system will show the average response rate of the industry at a whole. At Entity level, the system will show the average response rate by the entity type i.e. Insurance Company (TPA / Surveyor / Agents) and Broker. At Company level, the system will show the average response rate of the companies under an entity type.

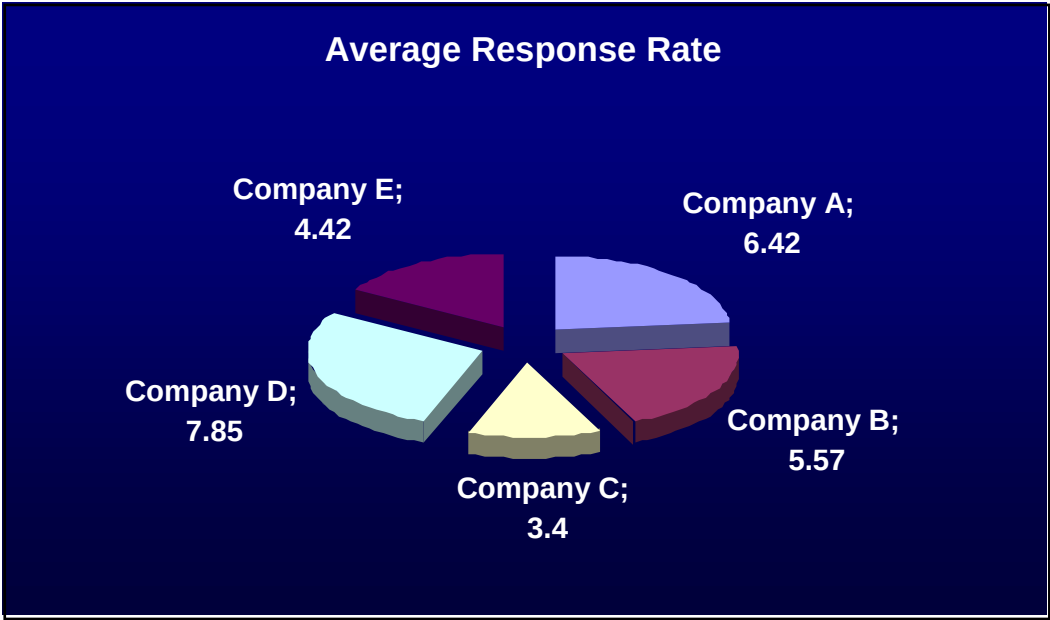
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To Date:

12-DEC-09

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The above pie shows the average response rate of all the companies. The average response rate will be calculated from the time the Token is generated to the time action is taken on the Token. For example, Company C average resolving rate is 3.4 days in comparison to Company D which takes an average of 7.85 to respond to a complaint.

7. Average Status change rate

This report will be a comparative report showing the Average time it takes for each company to change the status of the complaint.

This time will be calculated as follows: -

$$\frac{\text{SUM OF (OPEN/PENDING date - NEW date)} + \text{SUM OF (RESOLVED date - OPEN date)} + \text{SUM OF (REOPEN date - ESCALATED date)} + \text{SUM OF (RESOLVED date - REOPEN date)}}{\text{Number of complaints}}$$

This report will be at industry level, Entity level, and company level. At industry level, the system will show the average status change rate of the industry at a whole. At Entity level, the system will show the average status change rate by the entity type. At Company level, the system will show the average status change rate of the companies under an entity type

8. Repeat Complainants

The Repeat complainants list will be a list that will comprise the list of users who have the maximum number of complaints both “OPEN” with entities and “ESCALTED” to IRDA. This list will show the top 10 policy holders sorted on the basis of the number of complaints.

From Date:	12-NOV-09 ▼	To Date:	12-DEC-09 ▼	Submit
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Sr.No.	Policy Number	Name	City	Mobile Number	No. of complaints
1	902357000	Prakash Rao	Bangalore	9810029201	10
2	901349000	Kartik Iyer	Chennai	9810029253	10
3	901339500	Swetha Chigrupathi	Hyderabad	9233445451	8
4	901346501	Sanjeev Pamnani	Mumbai	9829303324	6
5	901637505	Rahul Yadav	Delhi	9728237429	5
6	901637510	Sameer Thakur	Bhopal	9182738484	4

The names and mobile number mentioned above are just for reference.

9. Analysis of complaints which get Auto Escalated

This report will provide an analysis with IRDA, stating which company complaints remain open and get escalated by the system. This shows the complaint response time on part of that Company.

10. Complaints against unregistered entities

The system will generate a report showing all the complaints against the entities not listed with IRDA. This will be generated on the complaints with the status “UNREGISTERED”.

6.9.2 Second order MIS Reports

These reports will throw light on the Insurance Companies' behaviour towards closure of complaints. There would be closure form with certain parameters populated based on the classification which would be filled in at the time of closure of any complaint. Based on the remarks selected at the time of closure, the following reports can be generated:

1. Report on claims which were rejected but settled after the complaint was made through the portal

This report will state the number of complaints where a claim rejected by the insurer was settled subsequent to the same complaint being lodged / escalated through IGMS.

2. Report on number of claims where the claim amount paid increased after complaint was lodged through the portal

This report will state the number of complaints where the claim amount paid by the insurer increased subsequent to the same complaint being lodged / escalated through IGMS.

Indicative Report Format

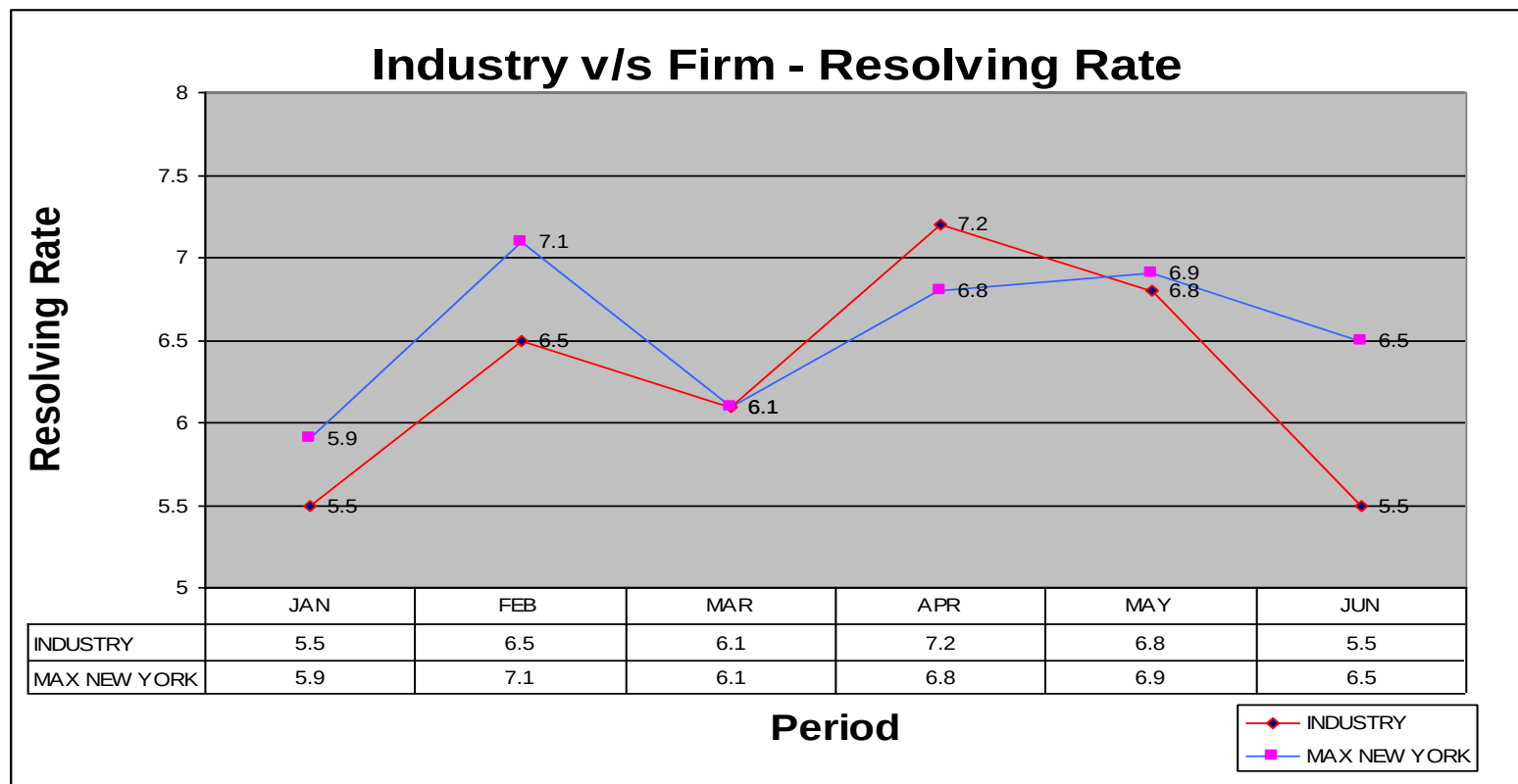
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	Initial Record			Final Record		
Policy No.	Claim Amount	Date of Closure	Current Status	Claim Amount	Date of Closure	Status
902357000	150000	25/02/2009	Escalated	200000	25/03/2009	Closed
902356432	0	19/02/2009	Escalated	100000	20/03/2009	Closed
901546512	461000	19/02/2009	IRDA Escalated	520000	19/04/2009	Closed

6.9.3 Reports for Entities (Insurance Firms and Brokers)

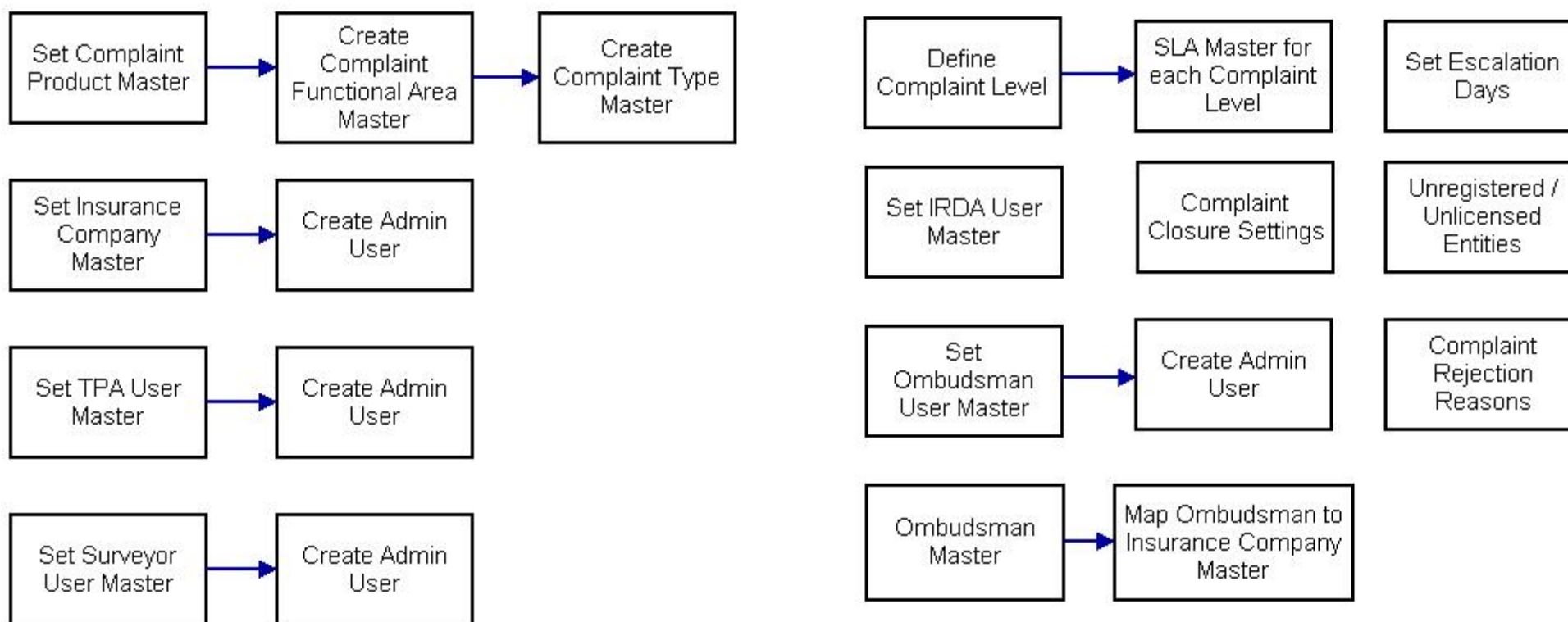
The reports module will be accessible to the Product Heads of the firms. All the reports which are available with IRDA will be available with the respective entities. They will have access to the reports at their firm level. All reports would have a comparison with the Industry data. The firm will get to view their standing in the industry.

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6.10 Configuration Management

Configuration management would include Master Setup that helps the users to configure parameters which will be used in IRDA IGMS. Fields will include Product Master, Entity Master, SLA Definition, Corporate Hierarchy Definition etc. IRDA Grievance Cell will be provided an interface to configure and setup the default parameters of IGMS.



6.10.1 Insurance Companies Master

As per the current inputs there are around 42 companies who are registered with IRDA. When a complaint is registered, it will be raised against these insurance companies and the company will process the complaints. This module will give an option to add/edit insurance company details.

Field Description

Field Name	Type	Validations/Data Source/Use cases
Company Code	Number	▪ Company code will be unique and auto generated
Company Name	Text	▪ Company name will be unique
Company Description	Text	▪ Company description will accept a maximum limit of characters.
Company Address	Text	▪ Address of the company

6.10.2 TPA Master

IRDA IGMS will maintain a master of Third Party Administrators (TPA). If a policy holder wants to register a complaint against a TPA, the list of TPA will be populated from the list maintained in this module. This module will give an option to add/edit TPA details.

Field Description

Field Name	Type	Validations/Data Source/Use cases
TPA Code	Number	▪ TPA code will be unique and auto generated
TPA Name	Text	▪ TPA name will be unique
TPA Description	Text	▪ TPA description will accept a maximum limit of characters.
TPA Address	Text	▪ Address of the TPA

6.10.3 Surveyor Master

IRDA IGMS will maintain a master of Surveyors. If a policy holder wants to register a complaint against a Surveyor, the list of Surveyors will be populated from the list maintained in this module. This module will give an option to add/edit Surveyor details.

Field Description

Field Name	Type	Validations/Data Source/Use cases
Surveyor Code	Number	▪ Surveyor code will be unique and auto generated
Surveyor Name	Text	▪ Surveyor name will be unique
Surveyor Description	Text	▪ Surveyor description will accept a maximum limit of characters.
Surveyor Address	Text	▪ Address of the Surveyor

6.10.4 Product Type Master

Insurance products are sold to policy holders who might have grievances against it. IRDA has broadly classified the products in the insurance industry in six product types. A product type master will be maintained by IRDA.

Field Description:

Field Name	Type	Validations/Data Source/Use cases
Product Code	Number	▪ Product code will be unique
Product Type	Text	▪ Product Type will be unique
Description	Text	▪ Description will accept a maximum limit of characters.

6.10.5 Functional Type Master

IRDA has classified the functional areas under which the complaints will exist. The functional area will get updated with a change or addition in the functions of the insurance sector. These functions are dependant on the product. Every product might have different functions.

Field Description

Field Name	Type	Validations/Data Source/Use cases
Function Code	Number	▪ Function code will be unique
Function Type	Text	▪ Function Type will be unique
Function Description	Text	▪ Description will accept a maximum limit of characters.

6.10.6 Complaint Type Master

The system will give a facility to IRDA to classify the complaints on a broad level. These complaints will be mapped to functional areas. There will be a parent-child mapping between the entities, products, functions and complaints.

Field Description

Field Name	Type	Validations/Data Source/Use cases
Complaint Code	Number	- Complaint code will be entered by IRDA - Complaint code will be unique
Complaint Type	Text	Complaint name will be unique
Complaint Description	Text	Complaint description will accept a maximum limit of characters.

6.10.7 FAQ Master

This section would contain the frequently asked questions regarding lodging a complaint to escalation to closure along with any other information which IRDA wants to share it with the policy holder. The system should provide an interface to allow IRDA administrative user to add/edit FAQ. Question and answer will be the fields used in this section. The portal would have a link for the policy holder to view the FAQs.

6.10.8 Set Escalation days

Every complaint is of a different nature and hence the insurance companies will be allowed a minimum number of days to process the complaint before it can be escalated through IRDA. The system will provide a parameter called the “Escalation Days” for every type of complaint. This will be defined by IRDA. The table will look something like this:

Complaint	Product Type	Functional Area	Complaint Type	Number of escalated days
Against Entities	Pension Policy	Policy Servicing	Non-receipt of statement of accounts/ bonus etc.	30

6.10.9 Entity Master

Policy Holders can complaint against the entities and the system will a maintain default entities which will not be editable. The following entities will be a part of the default set up:

1. Insurance Company
2. Broker
3. TPA
4. Surveyor
5. Agent

6.10.10 Define Complaint Level

Every complaint has a Service Level Agreement associated with it depending on its criticality. If the complaint is very critical, the respective Entity has to act on it immediately. IRDA will define the complain criticality level and on the basis of its criticality, SLA will be defined. The system will have an interface where the user will be able to select the Entity type, product type, functional area and complaint and assign a criticality level of 1, 2, or 3. If not criticality level is defined for a complaint, the default value will be 3.

6.10.11 Complaint Closure Settings

This interface would enable IRDA Grievance cell to configure the minimum number of days after which the complaint can be closed. This facility is available status wise. This interface will include manual complaint closure settings. The table would look like this:-

Complaint Status	Manual Closure
RESOLVED	30
PENDING	30

The above table states that manual closure is allowed only if the complaint is in the PENDING / RESOLVED state for more than 30 days.

6.10.12 Unregistered / Unlicensed Entities

Policy holders can complaint against the entities which are unlicensed / unregistered with IRDA. When such a complaint is made, these companies should get added to this master. IRDA Grievance cell will also have an option to view the details of the entities and could add any additional unregistered entities.

6.10.13 Consumer Organizations

Consumer Organizations / NGOs working for Policyholder protection will have role based access permissions to certain reports in the IGMS which would be defined by IRDA.

6.10.14 Set Service Level Agreements

Every complaint will have a criticality level assigned to it. Depending on the criticality level, the IRDA user will be able to assign a Service Level Agreement in number of days. On breach of SLA, an e-mail notification will be sent to the following users:

1. Higher authority of the action user defined in the corporate hierarchy.
2. IRDA executive defined to receive such SLA notifications.

The SLA will run on the following status:

1. **ESCALATED:** This will mean that if the insurance company action user doesn't respond to a complaint escalated to them, within the no .of days assigned to that complaint, the SLA will get breached and e-mail notification will be sent to the above mentioned users.
2. **RE-OPEN:** If the complaint remains in the RE-OPEN state, for more than the number of days assigned to it, SLA will be breached and e-mail notification will be sent to the above mentioned users.

- 3. IRDA ESCALATED:** If the complaint remains in the IRDA ESCALATED state, for more than the number of days assigned to it, SLA will be breached and e-mail notification will be sent to the above mentioned users

The SLA table will look like this:

Complaint Status	Level 1 SLA	Level 2 SLA	Level 3 SLA
ESCALATED	1	3	5
REOPEN	3	5	10
IRDA ESCALATED	1	2	3

The above table can be explained that if the complaint level is 2 and the status of the complaint is ESCALATED, the SLA to act on the complaint is 3 days.

6.10.15 User Creation by IRDA

The system will require the following type of users who will be performing actions for smooth running of the system. All users would have email access. Users are listed with their profile below:

1. IRDA Administrator

IRDA administrative user will create other users in the system and do the master setup. The system will provide a default user who will have IRDA administrative rights. If IRDA wants to create more administrative users, they will have to create users with the type IRDA Administrator. All the below listed users will be created by the IRDA Administrator.

2. IRDA Product User

IRDA product user will enter/escalate the complaints which are received through offline mode by the policy holder. This user will also have the rights to receive e-mail notifications on breach of SLA on the basis of the product type. To create this user the system will provide an interface to select the Entity type and product type and create a user for that product. For example, the product user will handle complaint against Agents for the General Insurance product. This user will also receive complaints against companies which are not listed with IRDA.

3. IRDA User for unlicensed / unregistered entities

This user will be entitled to receive the complaints against the unlicensed / unregistered entities. The user will be sent a mail when a complaint against an unregistered entity is entered into the IRDA IGMS. The user will have the option to view the complaint details and would take action on the complaint in an offline mode.

4. IRDA User for complaints received against IRDA

There would be a facility to create a user who would manage the complaints received against IRDA. When a complaint is registered against IRDA, a mail would be sent to this user and the user can login to the IRDA IGMS to view the details of the complaint. He would also have the right to resolve the complaint.

5. IRDA Surveillance User

This user will be a user at a senior role who will have access to MIS reports.

6. Insurance Company Administrator

IRDA will create an administrative user for each company listed with IRDA. This user will have an interface to login to the application and create users required at the insurance company level.

7. TPA Administrator

IRDA will create an administrative user for each TPA listed with IRDA. This user will have an interface to login to the application and create users required at the TPA level.

8. Surveyor Administrator

IRDA will create an administrative user for each Surveyor listed with IRDA. This user will have an interface to login to the application and create users required at the Surveyor level.

6.10.16 User creation by Entity (Insurance Company / Broker) Administrator

IRDA will create an administrative user for each Entity. This administrative user will create other users of the firm to perform different operations. Following type of users will be created at the firm level:

1. Product/Action User

This user will upload complaints received by the insurance company. Uploading of complaints or entering the complaints into the IRDA IGMS will be a daily process. This user will receive the escalated complaints by IRDA. To create this user the system will provide an interface to select the Entity type against whom the complaint will be registered; select product type, select functional area and map the user to the combination of Entity, Product, and Functional Area. For example, the product user will handle complaint against “Insurance Company” for the “General Insurance” product in the area of “Sales”.

2. Product Head

The product head is a senior of the product user in the corporate hierarchy. He will receive the e-mail notifications when SLA is breached. When the policy holder doesn't find his complaint online and files the first level complaint on the IRDA IGMS, the Product head will be notified of this compliance breach. The Product head will have access to the reports of the firm.

6.10.17 Other Entities Master

IRDA should have the facility to define other entities like SEBI, RBI and other entities and should be able to map them to complaints as required.

6.10.18 Custom Fields

For critical forms and modules, IRDA should have the facility to define / add custom fields to enhance the application without much hassle.

7 COMPLIANCE RECOMMENDATIONS

The IRDA initiative to manage the entire Grievance Management system across Insurance Industry is a standardized approach. It will smoothen the grievance workflow between the Insurance companies (TPA/Surveyors/Agents), Brokers and IRDA. IRDA will define compliance issues that all the Entity should adhere too. Following are the few pointers:

1. All complaints received by the entities to be uploaded to the IRDA IGMS and get the IRDA Token Number.
2. When the Entities will upload the data on the IRDA IGMS, the IRDA IGMS will issue a return file which the firm should download. For successful records, the unique IRDA Token number should be mapped to internal reference number maintained by that Entity firm. The user will make the respective change as guided by IRDA for the unsuccessful records and upload the file back into the IRDA IGMS. If the complaints at the firm level, doesn't have IRDA Token number and the complaint is two or more days old, will mean that the complaint is not uploaded into the IRDA IGMS. To track this, IRDA will have to make surprise audit checks at the Entity.
3. The policy holder will search for their complaints on the IRDA IGMS and if not found the complaints will be sent to the firm with a flag of download on it. These complaints need to be downloaded by the firm and map it with the internal complaint system. Once downloaded successfully the Entity should remove the flag of download from the IRDA IGMS by the interface provided on the system.
4. If the complaints are not found on the IRDA IGMS, it should be considered a compliance issue. Such non-existent complaints on IRDA IGMS should be tracked and action should be taken against the Insurer for such omissions.
5. All the communications between the insurers and complainant would have IRDA Token Number and Insurer's internal reference number, printed on them.
6. Insurers not having on-line connectivity to their grievances applications would be provided facility to download the policy holder's complaints from IGMS and update the status to IGMS by the end of the day. Such insurers would be given a time frame for migrating to on-line system.

8 MANDATORY REQUIREMENTS

There are few mandatory requirements which need to be met apart from the requirements mentioned in the FRS. These requirements are outside the scope of the IRDA IGMS but are mandatory for smooth functioning of grievance management.

1. The IRDA's internal Grievances Management System should be integrated with IGMS and all data from the internal system would be migrated to IRDA IGMS.
2. IRDA IGMS should support multi-lingual content. The entire portal should be available in 2 languages i.e. English and Hindi.

9 ANNEXURE

9.1 Grievance Resolution Table

Current Status	User	Action	Against Whom	Mode	New Status
N/A	Policy Holder	Lodge a Complaint against Registered Company	Insurance Company (TPA / Surveyor) and Broker	Fax	New
				Call	
				E-mail	
				Letter	
				Online	
N/A	Policy Holder	Lodge a complaint against Registered Company to IRDA call center	Insurance Company (TPA / Surveyor) and Broker	Fax / Call / E-mail / Letter	New
N/A	Policy Holder	Lodge a complaint against Registered Company directly through portal & IRDA Token Number generation	Insurance Company (TPA / Surveyor) and Broker	Portal	NEW
N/A	Policy Holder	Lodge a complaint against unregistered or unlicensed entities	Unregistered or Unlicensed entities	Portal	UNREGISTERED
New	IRDA	Lodging the complaint into portal on behalf of policy holder & IRDA Token Number generation	Insurance Company (TPA / Surveyor) and Broker	Portal	NEW
New	Insurance Company /	Complaint Accepted			Open

	Broker				
Open	Insurance Company / Broker	Complaint Resolved			Resolved
Open	Insurance Company / Broker	Upload to IRDA		Upload / Form Entry	Open
Resolved					Resolved
Open	IRDA IGMS	Generation of IRDA Token Number	Complaint		Open / Pending
Resolved					Resolved
Open	Insurance Company / Broker	Update the Complaint on IRDA Website	IRDA	Upload / Form Entry	Open / Pending
Open	IRDA IGMS	Escalation to IRDA	Insurance Company (TPA / Surveyor) and Broker	Automatic	Escalated
Resolved	Policy Holder	Escalate by IRDA	Insurance Company (TPA / Surveyor) and Broker	Manual	Escalated
New	Ministry of Finance / Other Higher Authority	Escalation of Complaints on High Urgency	Insurance Company (TPA / Surveyor) and Broker	Manual	IRDA Escalated
Open					
Resolved					
Escalated	Policy Holder / IRDA IGMS	If Complaint not found, Escalate to Insurance Company	Insurance Company (TPA / Surveyor) and Broker	Manual	Escalated
Escalated	Insurance Company / Broker	Request for Closure Accepted	Escalated Complaint	Manual	Closed
Escalated	Insurance Company / Broker	Request for Closure Rejected	Escalated Complaint	Manual	Escalated
Escalated	Insurance Company / Broker	Accept Escalated Complaint	Escalated Complaint	Manual	Re-Open
IRDA Escalated	IRDA	High Urgency Escalated Complaints	Insurance Company (TPA / Surveyor) and	Manual	Re-Open

			Broker		
Re-Open	Insurance Company / Broker	Escalated Complaint resolved	Escalated Complaint Insurance Company (TPA / Surveyor) and Broker	Manual	Resolved
Resolved	IRDA IGMS	Complaint closure		Manual	Closed

9.2 Classification of Complaints (Indicative List)

Product Type	Functional Area	Complaint
Conventional Life Insurance Policy	Sales	Plan & Term of the policy differ from what is requested
Conventional Life Insurance Policy	Sales	Mis-sale/Mis-representation/Tampering in proposal
Conventional Life Insurance Policy	New Business	Acceptance of proposal related complaints
Conventional Life Insurance Policy	New Business	Non-refund of excess proposal deposit
Conventional Life Insurance Policy	New Business	communication of decision on proposals not done within 15 days of receipt
Conventional Life Insurance Policy	New Business	Non-receipt of Policy Bond
Conventional Life Insurance Policy	New Business	Refund on Free-look
Conventional Life Insurance Policy	New Business	Error in Policy Schedule and Documents
Conventional Life Insurance Policy	Policy Servicing	Cancellation of policy other than Free-look
Conventional Life Insurance Policy	Policy Servicing	Response for recording Change of address is not sent within 10 days from receipt of communication
Conventional Life Insurance Policy	Policy Servicing	Response for noting a new nomination or change of nomination is not done within 10 days from receipt of communication
Conventional Life Insurance Policy	Policy Servicing	Response for noting an assignment is not sent within 10 days from receipt of communication

Conventional Life Insurance Policy	Policy Servicing	Response for information of current status of policy is not sent within 10 days from the receipt of communication
Conventional Life Insurance Policy	Policy Servicing	Response for issuance of an endorsement under the policy (noting a change in sum assured etc.) is not sent within 10 days from the receipt of communication
Conventional Life Insurance Policy	Policy Servicing	Response for issuance of duplicate policy is not sent within 10 days from the receipt of the communication
Conventional Life Insurance Policy	Policy Servicing	Payment of premium (ECS, Online payment, non-acceptance by company etc.)
Conventional Life Insurance Policy	Policy Servicing	Delay in adjustment of premium (causing policy lapse, loss of units etc.)
Conventional Life Insurance Policy	Policy Servicing	Complaints related to improper Allocation of Units
Conventional Life Insurance Policy	Policy Servicing	NAV related complaints
Conventional Life Insurance Policy	Policy Servicing	Charges deducted are not as per the policy provision
Conventional Life Insurance Policy	Policy Servicing	Non-receipt of Premium receipt
Conventional Life Insurance Policy	Policy Servicing	Non-receipt of Duplicate policy
Conventional Life Insurance Policy	Policy Servicing	Non-receipt of lapse intimation
Conventional Life Insurance Policy	Policy Servicing	Complaints related to Revival of lapsed policy
Conventional Life Insurance Policy	Policy Servicing	Complaint related to Assignment of Policy
Conventional Life Insurance Policy	Policy Servicing	Transfer of policy from one branch to another

Conventional Life Insurance Policy	Policy Servicing	Complaint on other benefits under the policy other than policy payment (Automatic Premium loan/ premium redirection/conversion option etc.)
Conventional Life Insurance Policy	Policy Servicing	Complaint on alteration in policy (Rider addition or deletion, change in SA, Change in Premium, Change in mode of payment, change in plan & term etc.)
Conventional Life Insurance Policy	Policy Servicing	Non-receipt of statement of accounts/ bonus etc.
Conventional Life Insurance Policy	Claim Servicing	Surrender Value not paid
	Claim Servicing	Payment of less surrender value
Conventional Life Insurance Policy	Claim Servicing	Queries or requirement of additional document in respect of survival benefit not received within 15 days of receipt of the claim request
Conventional Life Insurance Policy	Claim Servicing	Partial withdrawal benefit is not paid
Conventional Life Insurance Policy	Claim Servicing	Survival Benefit is not paid within 30 days from the date of receipt of all relevant papers
	Claim Servicing	Queries or requirement of additional document in respect of Maturity Claim not received within 15 days of receipt of the claim request
Conventional Life Insurance Policy	Claim Servicing	Maturity claim is not paid within 30 days from the date of receipt of all relevant papers
Conventional Life Insurance Policy	Claim Servicing	Queries or requirement of additional document in respect of Death Claim not received within 15 days of receipt of the claim request
Conventional Life Insurance Policy	Claim Servicing	Death claim is not paid within 30 days from the date of receipt of all relevant papers
Conventional Life Insurance Policy	Claim Servicing	Death claim not paid since investigation is not completed within 6 months from the date of intimation

Conventional Life Insurance Policy	Claim Servicing	Repudiation of Claim
Conventional Life Insurance Policy	Claim Servicing	Queries or requirement of additional document for any other claim (Health, Accident Benefit, Disability Benefit or other Riders) is not received within 15 days of the receipt of the claim request
Conventional Life Insurance Policy	Claim Servicing	Any other claim (Health, Accident Benefit, Disability Benefit or other Riders) is not paid within 30 days from the date of receipt of all relevant papers
Conventional Life Insurance Policy	Claim Servicing	Any other claim (Health, Accident Benefit, Disability Benefit or other Riders) is not paid since investigation is not completed within 6 months from the date of intimation
Conventional Life Insurance Policy	Claim Servicing	Complaint related to Payment of Annuity installments
Conventional Life Insurance Policy	Claim Servicing	Response for processing and Payment of Policy Loan is not sent within 10 days from receipt of the communication
Conventional Life Insurance Policy	Claim Servicing	The amount of claim is not correct (Bonus, Sum Assured etc.)
Conventional Life Insurance Policy	Claim Servicing	Non-payment of penal interest for delayed policy payments
Conventional Life Insurance Policy	Others	Any other complaint related to Policy
Conventional Life Insurance Policy	Others	Advertisement related complaint
Conventional Life Insurance Policy	Others	Complaint against Agent
Conventional Life Insurance Policy	Others	Malpractices by the employees of the insurer
Conventional Life Insurance Policy	Others	Repeated and unwanted tele-calls from the company - Do not Call Register

Unit Linked Life Insurance Policy	Sales	Plan & Term of the policy differ from what is requested
Unit Linked Life Insurance Policy	Sales	Mis-sale/Mis-representation/Tampering in proposal
Unit Linked Life Insurance Policy	New Business	Acceptance of proposal related complaints
Unit Linked Life Insurance Policy	New Business	Non-refund of excess proposal deposit
Unit Linked Life Insurance Policy	New Business	communication of decision on proposals not done within 15 days of receipt
Unit Linked Life Insurance Policy	New Business	Non-receipt of Policy Bond
Unit Linked Life Insurance Policy	New Business	Refund on Free-look
Unit Linked Life Insurance Policy	New Business	Error in Policy Schedule and Documents
Unit Linked Life Insurance Policy	Policy Servicing	Cancellation of policy other than Free-look
Unit Linked Life Insurance Policy	Policy Servicing	Response for recording Change of address is not sent within 10 days from receipt of communication
Unit Linked Life Insurance Policy	Policy Servicing	Response for noting a new nomination or change of nomination is not done within 10 days from receipt of communication
Unit Linked Life Insurance Policy	Policy Servicing	Response for noting an assignment is not sent within 10 days from receipt of communication
Unit Linked Life Insurance Policy	Policy Servicing	Response for information of current status of policy is not sent within 10 days from the receipt of communication
Unit Linked Life Insurance Policy	Policy Servicing	Response for issuance of an endorsement under the policy (noting a change in sum assured etc.) is not sent within 10 days from the receipt of communication

Unit Linked Life Insurance Policy	Policy Servicing	Response for issuance of duplicate policy is not sent within 10 days from the receipt of the communication
Unit Linked Life Insurance Policy	Policy Servicing	Payment of premium (ECS, Online payment, non-acceptance by company etc.)
Unit Linked Life Insurance Policy	Policy Servicing	Delay in adjustment of premium (causing policy lapse, loss of units etc.)
Unit Linked Life Insurance Policy	Policy Servicing	Complaints related to Improper Allocation of Units
Unit Linked Life Insurance Policy	Policy Servicing	NAV related complaints
Unit Linked Life Insurance Policy	Policy Servicing	Charges deducted are not as per the policy provision
Unit Linked Life Insurance Policy	Policy Servicing	Non-receipt of Premium receipt
Unit Linked Life Insurance Policy	Policy Servicing	Non-receipt of Duplicate policy
Unit Linked Life Insurance Policy	Policy Servicing	Non-receipt of lapsed intimation
Unit Linked Life Insurance Policy	Policy Servicing	Complaint related to Revival of lapsed policy
Unit Linked Life Insurance Policy	Policy Servicing	Complaint related to Assignment of Policy
Unit Linked Life Insurance Policy	Policy Servicing	Complaint related to Transfer of policy from one branch to another
Unit Linked Life Insurance Policy	Policy Servicing	Complaint on other benefits under the policy other than policy payment (Automatic Premium loan/ premium redirection/conversion option etc.)
Unit Linked Life Insurance Policy	Policy Servicing	Complaint on alteration in policy (Rider addition or deletion, change in SA, Change in Premium, Change in mode of payment, change in plan & term etc.)

Unit Linked Life Insurance Policy	Policy Servicing	Non-receipt of statement of accounts/ bonus etc.
Unit Linked Life Insurance Policy	Claim Servicing	Surrender Value not paid
Unit Linked Life Insurance Policy	Claim Servicing	Payment of less surrender value
Unit Linked Life Insurance Policy	Claim Servicing	Queries or requirement of additional document for Survival Benefit is not received within 15 days of the receipt of the claim request
Unit Linked Life Insurance Policy	Claim Servicing	Partial withdrawal benefit is not paid
Unit Linked Life Insurance Policy	Claim Servicing	Survival Benefit is not paid within 30 days from the date of receipt of all relevant papers
Unit Linked Life Insurance Policy	Claim Servicing	Queries or requirement of additional document for Maturity Claim is not received within 15 days of the receipt of the claim request
Unit Linked Life Insurance Policy	Claim Servicing	Maturity claim is not paid within 30 days from the date of receipt of all relevant papers
Unit Linked Life Insurance Policy	Claim Servicing	Queries or requirement of additional document for Death Claim is not received within 15 days of receipt of the claim request
Unit Linked Life Insurance Policy	Claim Servicing	Death claim is not paid within 30 days from the date of receipt of all relevant papers
Unit Linked Life Insurance Policy	Claim Servicing	Death claim not paid since investigation is not completed within 6 months from the date of intimation
Unit Linked Life Insurance Policy	Claim Servicing	Repudiation of Claim

Unit Linked Life Insurance Policy	Claim Servicing	Queries or requirement of additional document for any other claim (Health, Accident Benefit, Disability Benefit or other Riders) is not received within 15 days of the receipt of the claim request
Unit Linked Life Insurance Policy	Claim Servicing	Any other claim (Health, Accident Benefit, Disability Benefit or other Riders) is not paid within 30 days from the date of receipt of all relevant papers
Unit Linked Life Insurance Policy	Claim Servicing	Any other claim (Health, Accident Benefit, Disability Benefit or other Riders) is not paid since investigation is not completed within 6 months from the date of intimation
Unit Linked Life Insurance Policy	Claim Servicing	Complaint related to Payment of Annuity installments
Unit Linked Life Insurance Policy	Claim Servicing	Response for processing and Payment of Policy Loan is not sent within 10 days from the receipt of the communication
Unit Linked Life Insurance Policy	Claim Servicing	The amount of claim is not correct (Bonus, Sum Assured etc.)
Unit Linked Life Insurance Policy	Claim Servicing	Non-payment of penal interest for delayed policy payments
Unit Linked Life Insurance Policy	Others	Any other complaint related to Policy
Unit Linked Life Insurance Policy	Others	Advertisement related complaint
Unit Linked Life Insurance Policy	Others	Complaint against Agent
Unit Linked Life Insurance Policy	Others	Malpractices by the employees of the insurer
Unit Linked Life Insurance Policy	Others	Repeated and unwanted tele-calls from the company - Do not Call Register
Pension Policy	Sales	Plan & Term of the policy differ from what is requested
Pension Policy	Sales	Mis-sale/Mis-representation/Tampering in proposal

Pension Policy	New Business	Acceptance of proposal related complaints
Pension Policy	New Business	Non-refund of excess proposal deposit
Pension Policy	New Business	communication of decision on proposals not done within 15 days of receipt
Pension Policy	New Business	Non-receipt of Policy Bond
Pension Policy	New Business	Refund on Free-look
Pension Policy	New Business	Error in Policy Schedule and Documents
Pension Policy	Policy Servicing	Cancellation of policy other than Free-look
Pension Policy	Policy Servicing	Response for recording Change of address is not sent within 10 days from receipt of communication
Pension Policy	Policy Servicing	Response for noting a new nomination or change of nomination is not done within 10 days from receipt of communication
Pension Policy	Policy Servicing	Response for noting an assignment is not sent within 10 days from receipt of communication
Pension Policy	Policy Servicing	Response for information of current status of policy is not sent within 10 days from the receipt of communication
Pension Policy	Policy Servicing	Response for issuance of an endorsement under the policy (noting a change in sum assured etc.) is not sent within 10 days from the receipt of communication
Pension Policy	Policy Servicing	Response for issuance of duplicate policy is not sent in 10 days from the receipt of the communication
Pension Policy	Policy Servicing	Payment of premium (ECS, Online payment, non-acceptance by company etc.)
Pension Policy	Policy Servicing	Delay in adjustment of premium (causing policy lapse, loss of units etc.)
Pension Policy	Policy Servicing	Complaints related to Improper Allocation of Units
Pension Policy	Policy Servicing	NAV related complaints
Pension Policy	Policy Servicing	Charges deducted are not as per the policy provision

Pension Policy	Policy Servicing	Non-receipt of Premium receipt
Pension Policy	Policy Servicing	Non-receipt of Duplicate policy
Pension Policy	Policy Servicing	Non-receipt of lapsed intimation
Pension Policy	Policy Servicing	Complaints related to Revival of lapsed policy
Pension Policy	Policy Servicing	Complaints related to Assignment of Policy
Pension Policy	Policy Servicing	Complaints related to Transfer of policy from one branch to another
Pension Policy	Policy Servicing	Complaint on other benefits under the policy other than policy payment (Automatic Premium loan/ premium redirection/conversion option etc.)
Pension Policy	Policy Servicing	Complaint on alteration in policy (Rider addition or deletion, change in SA, Change in Premium, Change in mode of payment, change in plan & term etc.)
Pension Policy	Policy Servicing	Non-receipt of statement of accounts/ bonus etc.
Pension Policy	Claim Servicing	Surrender Value not paid
Pension Policy	Claim Servicing	Less surrender value paid
Pension Policy	Claim Servicing	Queries or requirement of additional document for Survival Benefit is not received within 15 days of the receipt of the claim request
Pension Policy	Claim Servicing	Partial withdrawal benefit is not paid
Pension Policy	Claim Servicing	Survival Benefit is not paid within 30 days from the date of receipt of all relevant papers
Pension Policy	Claim Servicing	Queries or requirement of additional document for Maturity Claim is not received within 15 days of the receipt of the claim request
Pension Policy	Claim Servicing	Maturity claim is not paid within 30 days from the date of receipt of all relevant papers
Pension Policy	Claim Servicing	Queries or requirement of additional document for Death Claim is not received within 15 days of the receipt of the claim request

Pension Policy	Claim Servicing	Death claim is not paid within 30 days from the date of receipt of all relevant papers
Pension Policy	Claim Servicing	Death claim not paid since investigation is not completed within 6 months from the date of intimation
Pension Policy	Claim Servicing	Repudiation of Claim
Pension Policy	Claim Servicing	Queries or requirement of additional document for any other claim (Health, Accident Benefit, Disability Benefit or other Riders) is not received within 15 days of the receipt of the claim request
Pension Policy	Claim Servicing	Any other claim (Health, Accident Benefit, Disability Benefit or other Riders) is not paid within 30 days from the date of receipt of all relevant papers
Pension Policy	Claim Servicing	Any other claim (Health, Accident Benefit, Disability Benefit or other Riders) is not paid since investigation is not completed within 6 months from the date of intimation
Pension Policy	Claim Servicing	Complaint related to Payment of Annuity installments
Pension Policy	Claim Servicing	Response for processing and Payment of Policy Loan is not sent within 10 days from the receipt of the communication
Pension Policy	Claim Servicing	The amount of claim is not correct (Bonus, Sum Assured etc.)
Pension Policy	Claim Servicing	Non-payment of penal interest for delayed policy payments
Pension Policy	Others	Any other complaint related to Policy
Pension Policy	Others	Advertisement related complaint
Pension Policy	Others	Complaint against Agent
Pension Policy	Others	Malpractices by the employees of the insurer
Pension Policy	Others	Repeated and unwanted tele-calls from the company - Do not Call Register
Health Insurance Policy	Sales	Plan & Term of the policy differ from what is requested
Health Insurance Policy	Sales	Mis-sale/Mis-representation/Tampering in proposal
Health Insurance Policy	New Business	Acceptance of proposal related complaints

Health Insurance Policy	New Business	Non-refund of excess proposal deposit
Health Insurance Policy	New Business	communication of decision on proposals not done within 15 days of receipt
Health Insurance Policy	New Business	Non-receipt of Policy Bond
Health Insurance Policy	New Business	Refund on Free-look
Health Insurance Policy	New Business	Error in Policy Schedule and Documents
Health Insurance Policy	Policy Servicing	Cancellation of policy other than Free-look
Health Insurance Policy	Policy Servicing	Response for recording Change of address is not sent within 10 days from receipt of communication
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Health Insurance Policy	Policy Servicing	Complaints related to Improper Allocation of Units
Health Insurance Policy	Policy Servicing	NAV related complaints
Health Insurance Policy	Policy Servicing	Charges deducted are not as per the policy provision
Health Insurance Policy	Policy Servicing	Non-receipt of Premium receipt

Health Insurance Policy	Policy Servicing	Non-receipt of Duplicate policy
Health Insurance Policy	Policy Servicing	Non-receipt of lapsed intimation
Health Insurance Policy	Policy Servicing	Complaints related to Revival of lapsed policy
Health Insurance Policy	Policy Servicing	Complaint related to Assignment of Policy
Health Insurance Policy	Policy Servicing	Complaint related to Transfer of policy from one branch to another
Health Insurance Policy	Policy Servicing	Complaint on other benefits under the policy other than policy payment (Automatic Premium loan/ premium redirection/conversion option etc.)
Health Insurance Policy	Policy Servicing	Complaint on alteration in policy (Rider addition or deletion, change in SA, Change in Premium, Change in mode of payment, change in plan & term etc.)
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Health Insurance Policy	Claim Servicing	Surrender Value not paid
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Health Insurance Policy	Claim Servicing	Maturity claim is not paid within 30 days from the date of receipt of all relevant papers
Health Insurance Policy	Claim Servicing	Queries or requirement of additional document for Death Claim is not received within 15 days of the receipt of the claim request

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Health Insurance Policy	Others	Any other complaint related to Policy
Health Insurance Policy	Others	Advertisement related complaint
Health Insurance Policy	Others	Complaint against Agent
Health Insurance Policy	Others	Malpractices by the employees of the insurer
Health Insurance Policy	Others	Repeated and unwanted tele-calls from the company - Do not Call Register
Group Insurance Policy	Sales	Plan & Term of the policy differ from what is requested
Group Insurance Policy	Sales	Mis-sale/Mis-representation/Tampering in proposal
Group Insurance Policy	New Business	Acceptance of proposal related complaints

Group Insurance Policy	New Business	Non-refund of excess proposal deposit
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Group Insurance Policy	Policy Servicing	Non-receipt of Duplicate policy
Group Insurance Policy	Policy Servicing	Non-receipt of lapsed intimation
Group Insurance Policy	Policy Servicing	Complaints related to Revival of lapsed policy
Group Insurance Policy	Policy Servicing	Complaints related to Assignment of Policy
Group Insurance Policy	Policy Servicing	Complaints related to Transfer of policy from one branch to another
Group Insurance Policy	Policy Servicing	Complaint on other benefits under the policy other than policy payment (Automatic Premium loan/ premium redirection/conversion option etc.)
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Group Insurance Policy	Claim Servicing	Survival Benefit is not paid within 30 days from the date of receipt of all relevant papers
Group Insurance Policy	Claim Servicing	Queries or requirement of additional document for Maturity Claim is not received within 15 days of the receipt of the claim request
Group Insurance Policy	Claim Servicing	Maturity claim is not paid within 30 days from the date of receipt of all relevant papers
Group Insurance Policy	Claim Servicing	Queries or requirement of additional document for Death Claim is not received within 15 days of the receipt of the claim request

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Group Insurance Policy	Others	Any other complaint related to Policy
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Group Insurance Policy	Others	Malpractices by the employees of the insurer
Group Insurance Policy	Others	Repeated and unwanted tele-calls from the company - Do not Call Register
Others	Sales	Plan & Term of the policy differ from what is requested
Others	Sales	Mis-sale/Mis-representation/Tampering in proposal
Others	New Business	Acceptance of proposal related complaints

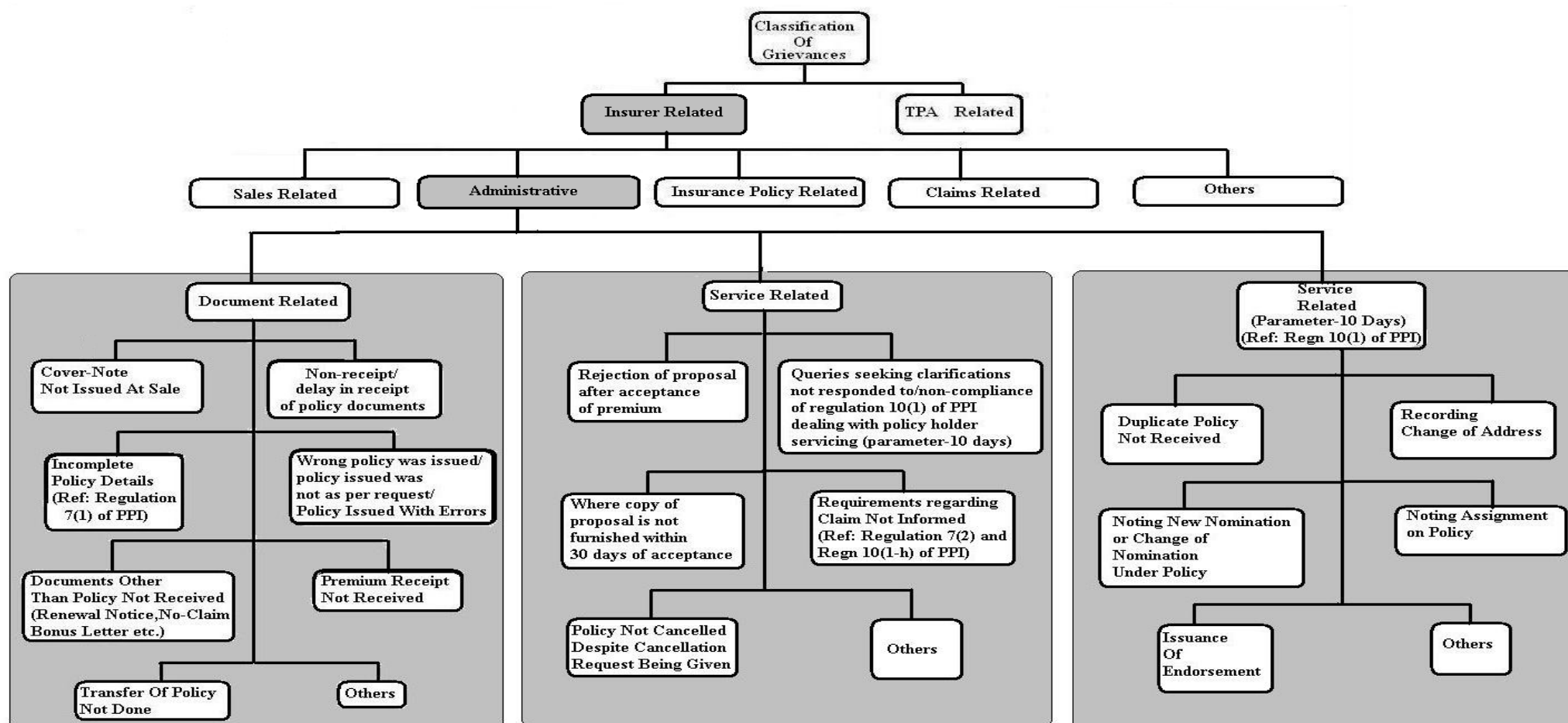
Others	New Business	Non-refund of excess proposal deposit
Others	New Business	communication of decision on proposals not done within 15 days of receipt
Others	New Business	Non-receipt of Policy Bond
Others	New Business	Refund on Free-look
Others	New Business	Error in Policy Schedule and Documents
Others	Policy Servicing	Cancellation of policy other than Free-look
Others	Policy Servicing	Response for recording Change of address is not sent within 10 days from receipt of communication
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Others	Policy Servicing	Response for issuance of an endorsement under the policy (noting a change in sum assured etc.) is not sent within 10 days from the receipt of communication
Others	Policy Servicing	Response for issuance of duplicate policy is not sent within 10 days from the receipt of the communication
Others	Policy Servicing	Payment of premium (ECS, Online payment, non-acceptance by company etc.)
Others	Policy Servicing	Delay in adjustment of premium (causing policy lapse, loss of units etc.)
Others	Policy Servicing	Complaints related to Improper Allocation of Units
Others	Policy Servicing	NAV related complaints
Others	Policy Servicing	Charges deducted are not as per the policy provision
Others	Policy Servicing	Non-receipt of Premium receipt

Others	Policy Servicing	Non-receipt of Duplicate policy
Others	Policy Servicing	Non-receipt of lapsed intimation
Others	Policy Servicing	Complaint related to Revival of lapsed policy
Others	Policy Servicing	Complaint related to Assignment of Policy
Others	Policy Servicing	Complaint related to Transfer of policy from one branch to another
Others	Policy Servicing	Complaint on other benefits under the policy other than policy payment (Automatic Premium loan/ premium redirection/conversion option etc.)
Others	Policy Servicing	Complaint on alteration in policy (Rider addition or deletion, change in SA, Change in Premium, Change in mode of payment, change in plan & term etc.)
Others	Policy Servicing	Non-receipt of statement of accounts/ bonus etc.
Others	Claim Servicing	Surrender Value not paid
Others	Claim Servicing	Less surrender value paid
Others	Claim Servicing	Queries or requirement of additional document for Survival Benefit is not received within 15 days of the receipt of the claim request
Others	Claim Servicing	Partial withdrawal benefit is not paid
Others	Claim Servicing	Survival Benefit is not paid within 30 days from the date of receipt of all relevant papers
Others	Claim Servicing	Queries or requirement of additional document for Maturity Claim is not received in 15 days of the receipt of the claim request
Others	Claim Servicing	Maturity claim is not paid within 30 days from the date of receipt of all relevant papers
Others	Claim Servicing	Queries or requirement of additional document for Death Claim is not received within 15 days of the receipt of the claim request

Others	Claim Servicing	Death claim is not paid within 30 days from the date of receipt of all relevant papers
Others	Claim Servicing	Death claim not paid since investigation is not completed within 6 months from the date of intimation
Others	Claim Servicing	Repudiation of Claim
Others	Claim Servicing	Queries or requirement of additional document for any other claim (Health, Accident Benefit, Disability Benefit or other Riders) is not received within 15 days of the receipt of the claim request
Others	Claim Servicing	Any other claim (Health, Accident Benefit, Disability Benefit or other Riders) is not paid within 30 days from the date of receipt of all relevant papers
Others	Claim Servicing	Any other claim (Health, Accident Benefit, Disability Benefit or other Riders) is not paid since investigation is not completed within 6 months from the date of intimation
Others	Claim Servicing	Complaint related to Payment of Annuity installments
Others	Claim Servicing	Response for processing and Payment of Policy Loan is not sent within 10 days from the receipt of the communication
Others	Claim Servicing	The amount of claim is not correct (Bonus, Sum Assured etc.)
Others	Claim Servicing	Non-payment of penal interest for delayed policy payments
Others	Others	Any other complaint related to Policy
Others	Others	Advertisement related complaint
Others	Others	Complaint against Agent
Others	Others	Malpractices by the employees of the insurer
Others	Others	Repeated and unwanted tele-calls from the company - Do not Call Register

9.3 Classification of Complaints (Non-Life)

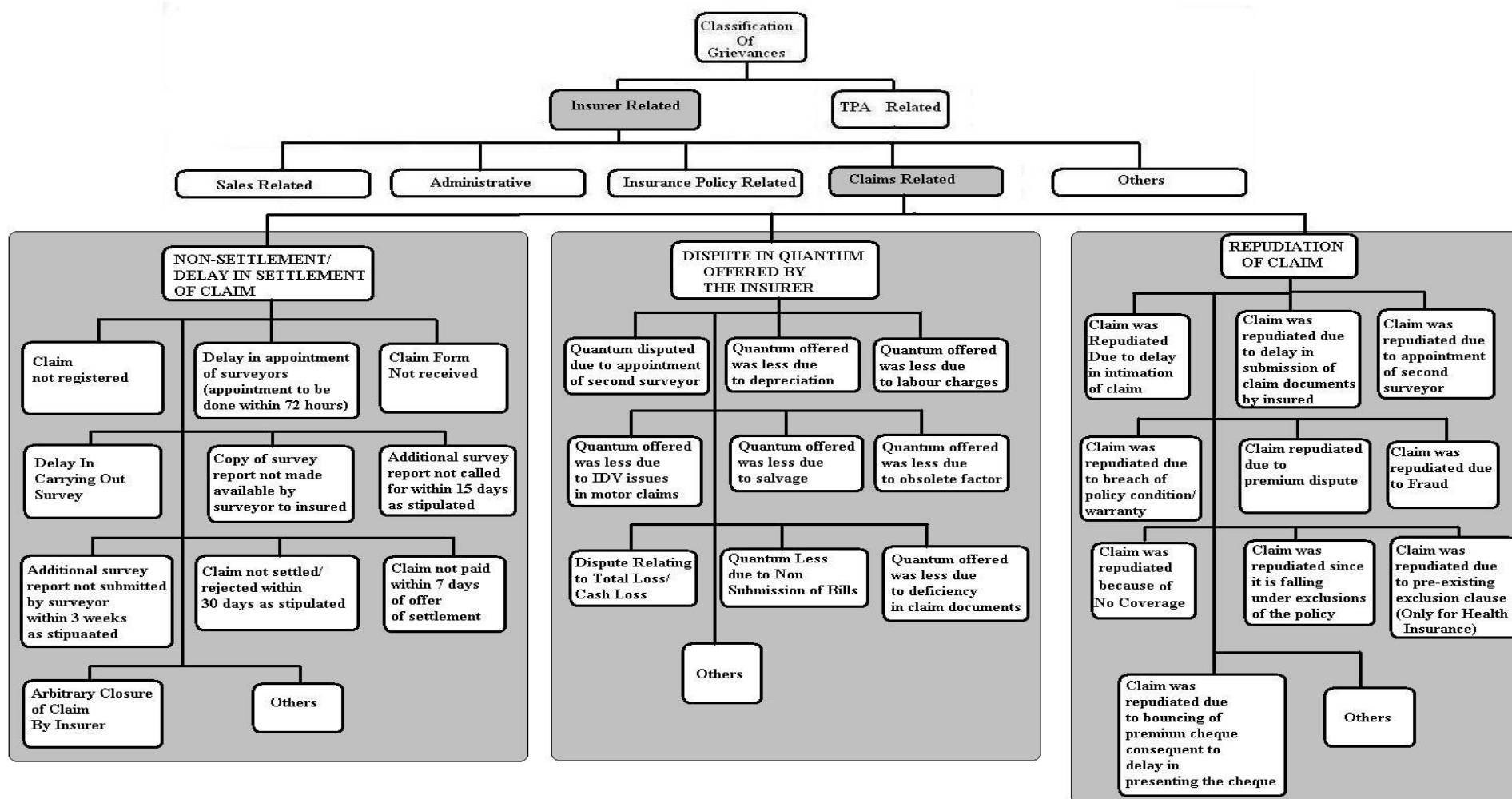
9.3.1 Administrative Complaint Classification



Category	Sub Category	Sub Sub Category
ADMINISTRATIVE (ZERO TOLERANCE)	Document Related	Cover-Note Not Issued At Sale
ADMINISTRATIVE (ZERO TOLERANCE)	Document Related	Non-receipt/delay in receipt of policy documents
ADMINISTRATIVE (ZERO TOLERANCE)	Document Related	Incomplete Policy Details (Ref: Regulation 7(1) of PPI)
ADMINISTRATIVE (ZERO TOLERANCE)	Document Related	Wrong policy was issued/policy issued was not as per request/ Policy Issued With Errors
ADMINISTRATIVE (ZERO TOLERANCE)	Document Related	Documents Other Than Policy Not Received (Renewal Notice, No-Claim Bonus Letter etc.)
ADMINISTRATIVE (ZERO TOLERANCE)	Document Related	Premium Receipt Not Received
ADMINISTRATIVE (ZERO TOLERANCE)	Document Related	Transfer Of Policy Not Done
ADMINISTRATIVE (ZERO TOLERANCE)	Document Related	Others
ADMINISTRATIVE (ZERO TOLERANCE)	Service Related	Rejection of proposal after acceptance of premium
ADMINISTRATIVE (ZERO TOLERANCE)	Service Related	Queries seeking clarifications not responded to/non-compliance of regulation 10(1) of PPI dealing with policyholder servicing (parameter- 10 days)
ADMINISTRATIVE (ZERO TOLERANCE)	Service Related	Where copy of proposal is not furnished within 30 days of acceptance
ADMINISTRATIVE (ZERO TOLERANCE)	Service Related	Requirements regarding Claim Not Informed (Ref: Regulation 7(2) and Regn 10(1-h) of PPI)
ADMINISTRATIVE (ZERO TOLERANCE)	Service Related	Policy Not Cancelled Despite Cancellation Request Being Given

ADMINISTRATIVE (ZERO TOLERANCE)	Service Related	Others
ADMINISTRATIVE (ZERO TOLERANCE)	Service Related(Parameter-10 Days)-(Ref: Regn 10(1) of PPI)	Duplicate Policy Not Received
ADMINISTRATIVE (ZERO TOLERANCE)	Service Related(Parameter-10 Days)-(Ref: Regn 10(1) of PPI)	Recording Change of Address
ADMINISTRATIVE (ZERO TOLERANCE)	Service Related(Parameter-10 Days)-(Ref: Regn 10(1) of PPI)	Noting New Nomination or Change of Nomination Under Policy
ADMINISTRATIVE (ZERO TOLERANCE)	Service Related(Parameter-10 Days)-(Ref: Regn 10(1) of PPI)	Noting Assignment on Policy
ADMINISTRATIVE (ZERO TOLERANCE)	Service Related(Parameter-10 Days)-(Ref: Regn 10(1) of PPI)	Issuance of Endorsement
ADMINISTRATIVE (ZERO TOLERANCE)	Service Related(Parameter-10 Days)-(Ref: Regn 10(1) of PPI)	Others

9.3.2 Claim Related Complaint Classification



Category	Sub Category	Sub-Sub Category
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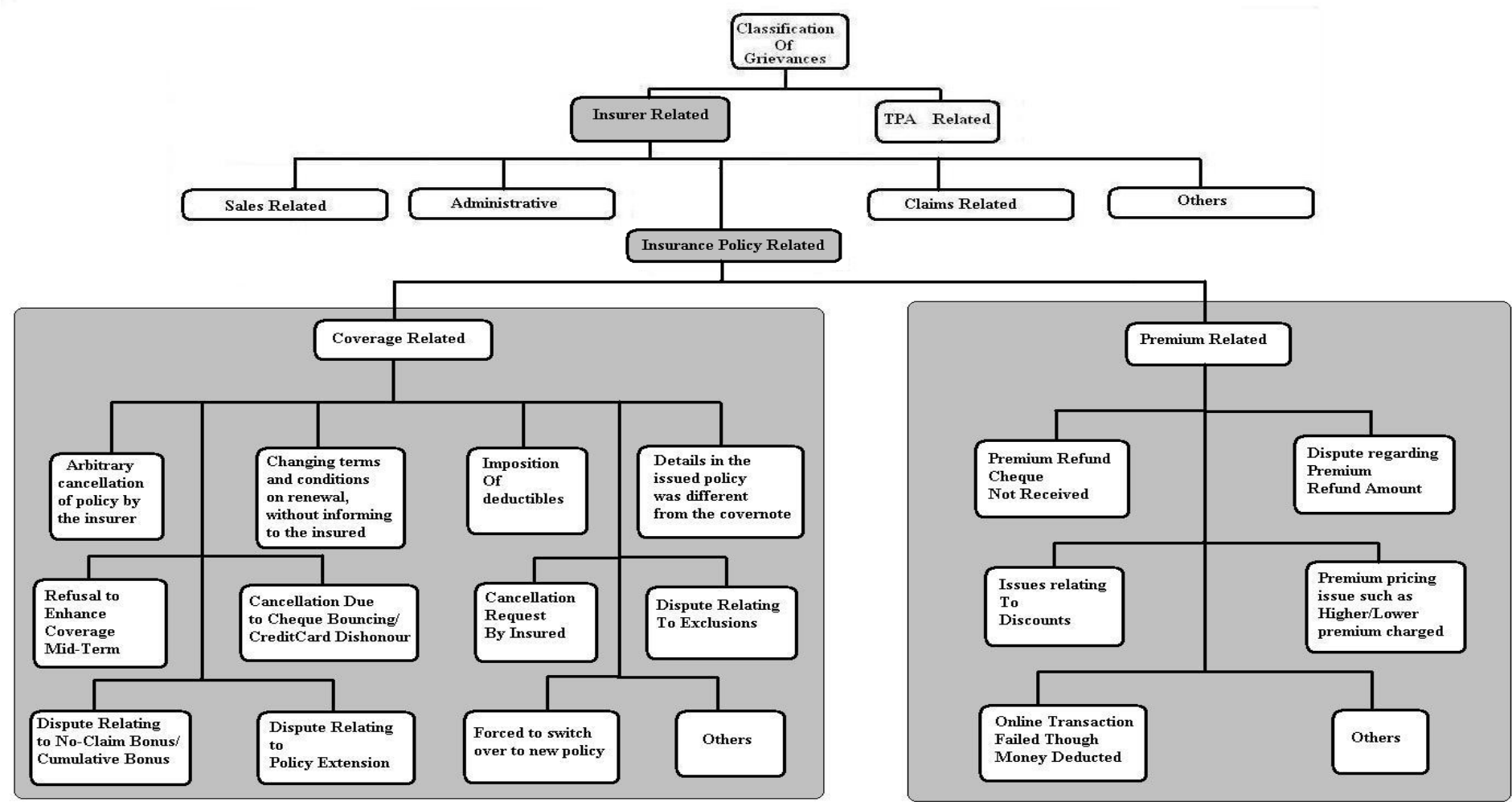
CLAIMS RELATED	NON-SETTLEMENT/DELAY IN SETTLEMENT OF CLAIM	Claim not registered
CLAIMS RELATED	NON-SETTLEMENT/DELAY IN SETTLEMENT OF CLAIM	Delay in appointment of surveyors (appointment to be done within 72 hours)
CLAIMS RELATED	NON-SETTLEMENT/DELAY IN SETTLEMENT OF CLAIM	Claim Form Not received
CLAIMS RELATED	NON-SETTLEMENT/DELAY IN SETTLEMENT OF CLAIM	Delay In Carrying Out Survey
CLAIMS RELATED	NON-SETTLEMENT/DELAY IN SETTLEMENT OF CLAIM	Copy of survey report not made available by surveyor to insured
CLAIMS RELATED	NON-SETTLEMENT/DELAY IN SETTLEMENT OF CLAIM	Additional survey report not called for within 15 days as stipulated
CLAIMS RELATED	NON-SETTLEMENT/DELAY IN SETTLEMENT OF CLAIM	Additional survey report not submitted by surveyor within 3 weeks as stipulated
CLAIMS RELATED	NON-SETTLEMENT/DELAY IN SETTLEMENT OF	Claim not settled/rejected within 30 days as stipulated

	CLAIM	
CLAIMS RELATED	NON-SETTLEMENT/DELAY IN SETTLEMENT OF CLAIM	Claim not paid within 7 days of offer of settlement
CLAIMS RELATED	NON-SETTLEMENT/DELAY IN SETTLEMENT OF CLAIM	Arbitrary Closure of Claim By Insurer
CLAIMS RELATED	NON-SETTLEMENT/DELAY IN SETTLEMENT OF CLAIM	Others
CLAIMS RELATED	DISPUTE IN QUANTUM OFFERED BY THE INSURER	Quantum disputed due to appointment of second surveyor
CLAIMS RELATED	DISPUTE IN QUANTUM OFFERED BY THE INSURER	Quantum offered was less due to depreciation
CLAIMS RELATED	DISPUTE IN QUANTUM OFFERED BY THE INSURER	Quantum offered was less due to labour charges
CLAIMS RELATED	DISPUTE IN QUANTUM OFFERED BY THE INSURER	Quantum offered was less due to IDV issues in motor claims
CLAIMS RELATED	DISPUTE IN QUANTUM OFFERED BY THE INSURER	Quantum offered was less due to salvage
CLAIMS RELATED	DISPUTE IN QUANTUM OFFERED	Quantum offered was less due to obsolete factor

	BY THE INSURER	
CLAIMS RELATED	DISPUTE IN QUANTUM OFFERED BY THE INSURER	Dispute Relating to Total Loss/ Cash Loss
CLAIMS RELATED	DISPUTE IN QUANTUM OFFERED BY THE INSURER	Quantum Less due to Non Submission of Bills
CLAIMS RELATED	DISPUTE IN QUANTUM OFFERED BY THE INSURER	Quantum offered was less due to deficiency in claim documents
CLAIMS RELATED	DISPUTE IN QUANTUM OFFERED BY THE INSURER	Others
CLAIMS RELATED	REPUDIATION OF CLAIM	Claim was repudiated due to delay in intimation of claim
CLAIMS RELATED	REPUDIATION OF CLAIM	Claim was repudiated due to delay in submission of claim documents by insured
CLAIMS RELATED	REPUDIATION OF CLAIM	Claim was repudiated due to appointment of second surveyor
CLAIMS RELATED	REPUDIATION OF CLAIM	Claim was repudiated due to breach of policy condition/warranty
CLAIMS RELATED	REPUDIATION OF CLAIM	Claim repudiated due to premium dispute
CLAIMS RELATED	REPUDIATION OF CLAIM	Claim was repudiated due to Fraud
CLAIMS RELATED	REPUDIATION OF CLAIM	Claim was repudiated because of No Coverage
CLAIMS RELATED	REPUDIATION OF CLAIM	Claim was repudiated since it is falling under exclusions of the policy

CLAIMS RELATED	REPUDIATION OF CLAIM	Claim was repudiated due to pre-existing exclusion clause(Only for Health Insurance)
CLAIMS RELATED	REPUDIATION OF CLAIM	Claim was repudiated due to bouncing of premium cheque consequent to delay in presenting the cheque
CLAIMS RELATED	REPUDIATION OF CLAIM	Others

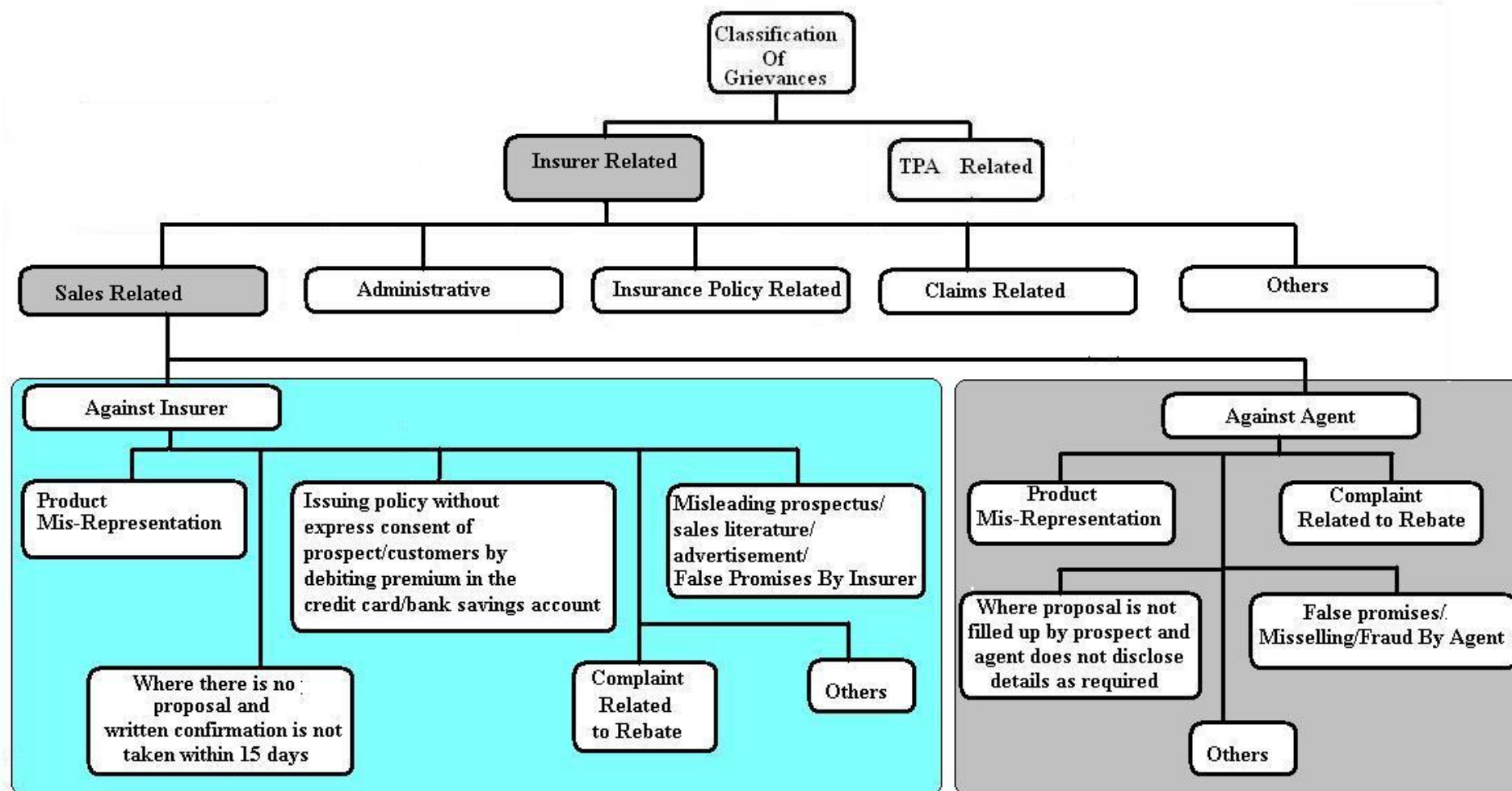
9.3.3 Policy Related Complaint Classification



Category	Sub Category	Sub-Sub Category
INSURANCE POLICY RELATED	Coverage Related	Arbitrary cancellation of policy by the insurer
INSURANCE POLICY RELATED	Coverage Related	Changing terms and conditions on renewal, without informing to the insured.
INSURANCE POLICY RELATED	Coverage Related	Imposition of deductibles
INSURANCE POLICY RELATED	Coverage Related	Details in the issued policy was different from the cover note
INSURANCE POLICY RELATED	Coverage Related	Refusal to Enhance Coverage Mid-Term
INSURANCE POLICY RELATED	Coverage Related	Cancellation Due to Cheque Bouncing/Credit Card Dishonor
INSURANCE POLICY RELATED	Coverage Related	Cancellation Request By Insured
INSURANCE POLICY RELATED	Coverage Related	Dispute Relating To Exclusions
INSURANCE POLICY RELATED	Coverage Related	Dispute Relating to No-Claim Bonus/ Cumulative Bonus
INSURANCE POLICY RELATED	Coverage Related	Dispute Relating to Policy Extension
INSURANCE POLICY RELATED	Coverage Related	Forced to switch over to new policy
INSURANCE POLICY RELATED	Coverage Related	Others
INSURANCE POLICY RELATED	Premium Related	Premium Refund Cheque Not Received
INSURANCE POLICY RELATED	Premium Related	Dispute regarding Premium Refund Amount
INSURANCE POLICY RELATED	Premium Related	Issues relating to discounts

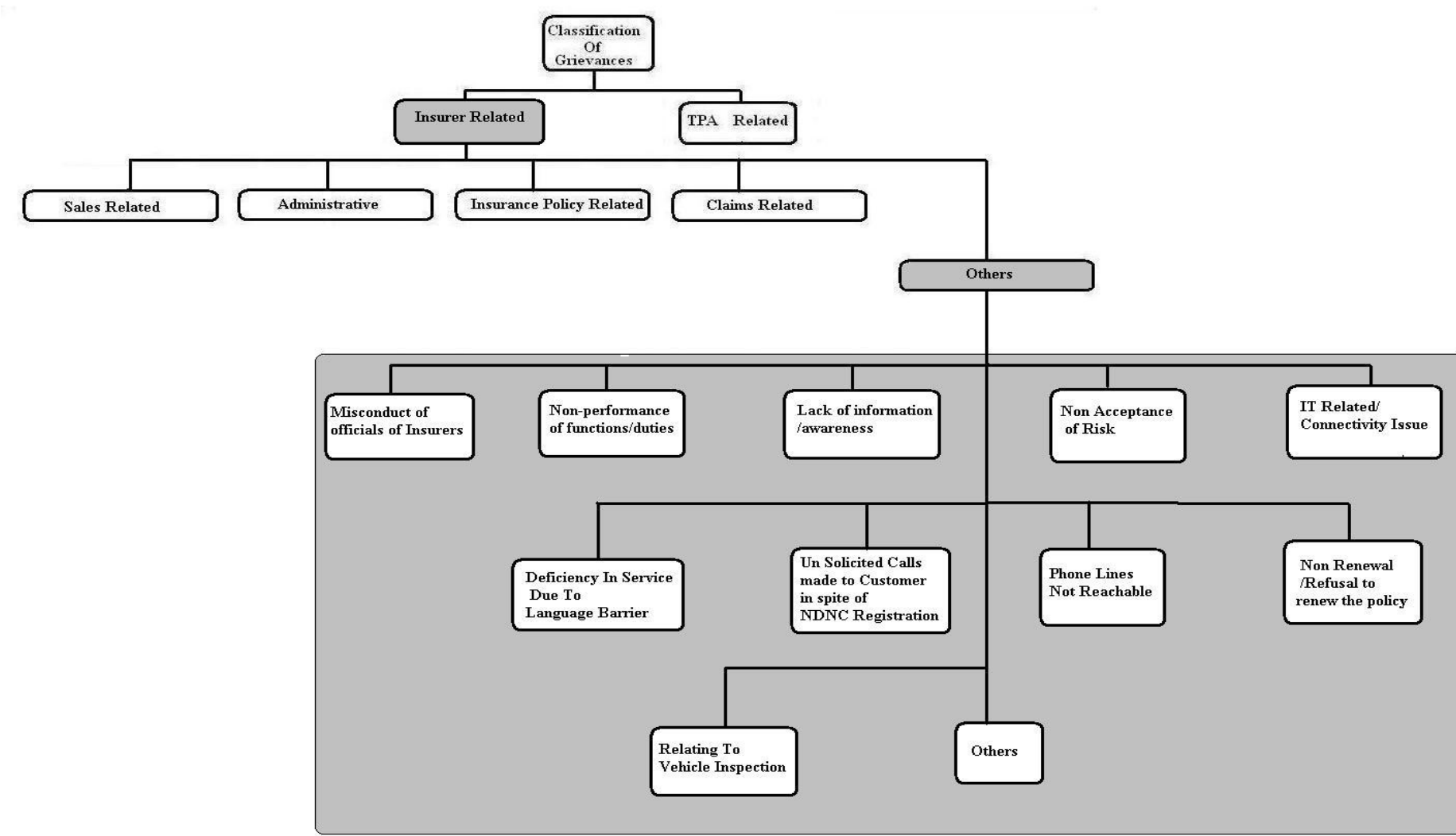
INSURANCE POLICY RELATED	Premium Related	Premium pricing issue such as Higher/Lower premium charged
INSURANCE POLICY RELATED	Premium Related	Online Transaction Failed Though Money Deducted
INSURANCE POLICY RELATED	Premium Related	Others

9.3.4 Sales Related Complaint Classification



Category	Sub Category	Sub Sub Category
SALES RELATED	Against Insurer	Product Mis-Representation
SALES RELATED	Against Insurer	Issuing policy without express consent of prospect/customers by debiting premium in the credit card/bank savings account
SALES RELATED	Against Insurer	Misleading prospectus/sales literature/advertisement/False Promises By Insurer
SALES RELATED	Against Insurer	Where there is no proposal and written confirmation is not taken within 15 days
SALES RELATED	Against Insurer	Complaint Related to Rebate
SALES RELATED	Against Insurer	Others
SALES RELATED	Against Agent	Product Mis-Representation
SALES RELATED	Against Agent	Complaint Related to Rebate
SALES RELATED	Against Agent	Where proposal is not filled up by prospect and agent does not disclose details as required
SALES RELATED	Against Agent	False promises/Misspelling/Fraud By Agent
SALES RELATED	Against Agent	Others

9.3.5 Others Complaint Classification

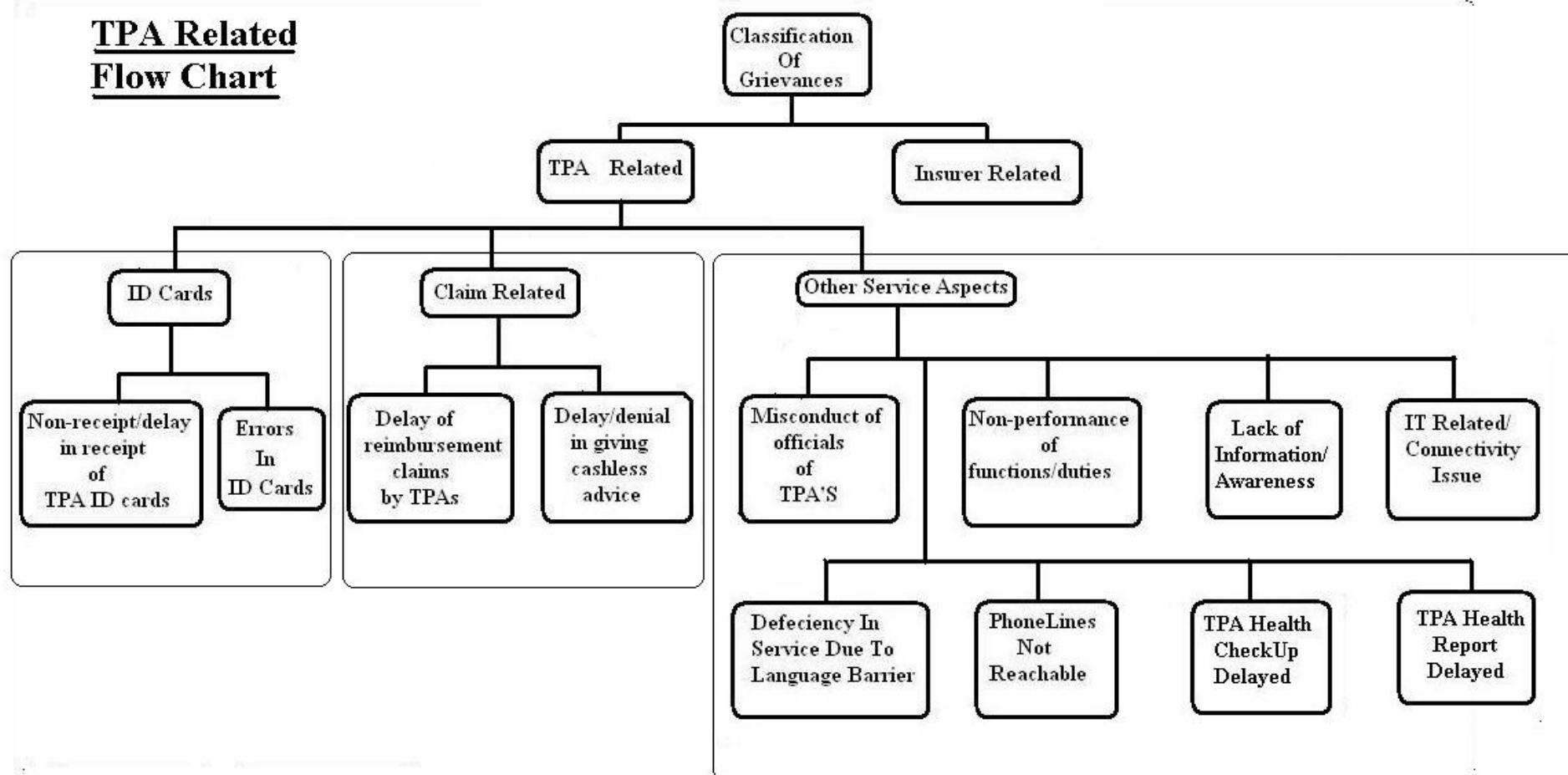


Category	Sub Category
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OTHERS	Misconduct of officials of Insurers
OTHERS	Non-performance of functions/duties
OTHERS	Lack of information/awareness
OTHERS	Non Acceptance of Risk
OTHERS	IT Related/Connectivity Issue
OTHERS	Deficiency In Service Due To Language Barrier
	Unsolicited Calls made to Customer in spite of NDNC
OTHERS	Registration
OTHERS	Phone Lines Not Reachable
OTHERS	Non Renewal / Refusal to renew the policy
OTHERS	Relating To Vehicle Inspection
OTHERS	Others

9.3.6 TPA Related Complaint Classification

TPA Related Flow Chart



Category	Sub Category	Sub-Sub Category
TPA RELATED	ID Cards	Non-receipt/delay in receipt of TPA ID cards
TPA RELATED	ID Cards	Errors In ID Cards
TPA RELATED	Claim Related	Delay of reimbursement claims by TPAs
TPA RELATED	Claim Related	Delay/denial in giving cashless advice
TPA RELATED	Other Service Aspects	Misconduct of officials of TPA'S
TPA RELATED	Other Service Aspects	Non-performance of functions/duties
TPA RELATED	Other Service Aspects	Lack of information/awareness
TPA RELATED	Other Service Aspects	IT Related/Connectivity Issue
TPA RELATED	Other Service Aspects	Deficiency In Service Due To Language Barrier
TPA RELATED	Other Service Aspects	Phone Lines Not Reachable
TPA RELATED	Other Service Aspects	TPA Health Checkup Delayed
TPA RELATED	Other Service Aspects	TPA Health Report Delayed
TPA RELATED	Other Service Aspects	Others

9.4 Functional Requirements

Sr. No.	Section	Module	Requirement Description
1	3	IGMS Purpose, Objectives and Scope	The system should make available, the entire data of all the complaints and the status of the complaints at any given time to IRDA
2			The system should mandate Insurance Companies (Surveyors, TPA's and Agents) and Brokers to report all the complaints
3			The system should allow policy holders to view and escalate the complaint to IRDA based on defined compliance rules
4			The system should ensure timely resolution of the complaints by allowing defining turn around time (TAT) for different complaint types
5			The system should allow IRDA to analyze the complaints with the help of ready to use MIS reports, based on ageing combinations of: Complaint Category, Entity wise details, Policy Holder (Individual or *Groups)
6	2	Background (Shortcomings in the System)	IGMS should address the following shortcoming:- Lack of one point source for consolidated grievances filed data with various Entities at IRDA
7			IGMS should address the following shortcoming:- Lack of real time status of complaints at any given time or at a central location
8			IGMS should address the following shortcoming:- Lack of online visibility to Policy Holders with respect to progress of their registered complaints
9			IGMS should address the following shortcoming:- Lack of Tracking for complaint resolve status with IRDA towards Entities, which may not comply with the prescribed SLA
10			IGMS should address the following shortcoming:- Lack of any system for IRDA to monitor and control on the complaints registered with Entities

11			IGMS should address the following shortcoming:- Lack of MIS on grievances handling performance to IRDA with respect to Entities, category of frequent complaints registered
12			IGMS should address the following shortcoming:- Lack of one window grievance escalation facility for policy holders
13	4.1	Functional Architecture	The IRDA grievance system should act as a centralized database system for all the grievances in the insurance sector
14			IGMS should accept the input in the following scenario: - Policy Holder lodges the complaint directly into the portal, which is downloaded by the entities for further processing.
15			IGMS should accept the input in the following scenario: - Policy Holder lodges the complaint to IRDA that is subsequently entered by IRDA into the portal and then downloaded by the entities.
16			IGMS should accept the input in the following scenario :- Policy Holder lodging a complaint to the Entities which is uploaded to the IRDA IGMS on daily basis
17			IGMS should accept the input in the following scenario :- Policy Holder escalates complaint through IRDA Grievance Cell via e-mail, fax, letter, call etc will be uploaded to the IRDA IGMS
18			IGMS should accept the input in the following scenario :- Policy Holder visits IRDA IGMS to track the complaint Status
19	4.1	Functional Architecture (IRDA Token Number Generation)	The IRDA Token number should be generated for all the complaints at every entry point.
20			The token number for complaints should be of the format MM-YY-<running serial number>. The running serial number should be reset every month. This will ensure that the token number is always unique. Example of the token number is as follows: - MM-YY-233675
21	4.1	Complaint Registration	The system should allow lodging complaint against registered entities, against unregistered or unlicensed entities and against IRDA

22	4.1	Escalation	The system should allow the policy holder to escalate the complaint to IRDA
23	4.2	User Profiles	The system should allow the policyholder to - 1. Lodge complaints 2. Check status of complaints 3. Escalate complaints
24			The system should allow the entities to- 1. Receive complaints 2. Process complaints 3. Upload complaints 4. Action on escalated complaints 5. MIS reports (Insurer v/s Industry)
25			The system should allow the IRDA Grievance cell to- 1. Monitor escalated complaints 2. Receive complaints against companies not listed with IRDA 3. Analysis on the grievance registered for each insurer 4. Analysis of grievance management of the insurance industry 5. Analysis of grievance by geography, and classes of grievances 6. View grievance status and details
26	4.4	Modules in IGMS	Insurers' / Brokers' Dashboard will include following features: 1. Grievance input form 2. To upload grievances to IGMS portal 3. To view and update status and comments of grievances against them 4. To view IRDA's comments on grievances against them 5. MIS Reports
27			IRDA's Dashboard will include following features: 1. To view grievances entered directly through the portal against insurer and IRDA. 2. To view grievances uploaded / mirrored from the insurer / broker's database. 3. To escalate the grievances

			4. To view and update status and comments of grievances 5. To be able to track and monitor the grievance handling by insurance companies 6. Detailed MIS Reports
28			Policyholders and Others (Agents, TPA, Surveyors, Consumer Organizations) 1. Access to Grievance input form 2. Access to view status of complaints
29	5.1	Grievance Resolution Workflow	The status of the complaint should be OPEN when the complaint is entered into the portal
30			The system should change the status of the complaint to PENDING when the entity accepts the complaint.
32			The system should change the status of the complaint to RESOLVED when the entity resolves the complaint
33			The system should change the status of the complaint to ESCALATED when the complaint is escalated manually or automatically.
34			The system should allow the entity to either accept the ESCALATED complaint or send the complaint for closure
35			The system should change the status to CLOSED when the request for closure is accepted by IRDA
36			The system should change the status to REOPEN when the ESCALATED complaint is accepted by the entity
37			The system should allow the complaint in the REOPEN state to be changed to RESOLVED
38			The system should change the status of the complaints in the RESOLVED state to CLOSED state if no action is taken on it for a stipulated time.
39	6.1.1.1	Enter complaint directly into Portal	The system should allow policyholders to enter the complaints directly into the portal.

40			The system should allow policyholder to lodge a complaint against Insurance company (TPA, Surveyor and Agent) and Broker.
41			It should capture the following details:- Policy Details, User details and complaint details.
42			It should validate the surveyor code against the surveyor database, incase the complaint is against a surveyor
43			It should validate the agent code against the agency licensing portal, incase the complaint is against an agent
44			The system should generate IRDA token number on successful submission of the complaint
45			Mail should be sent to policy holder, insurance company and IRDA grievance cell
46			The system should provide an interface to the insurance company to download the complaints
47	6.1.1.2	Send complaint to IRDA Grievance Cell	The system should allow IRDA call center to login to the portal and lodge a complaint on behalf of the policyholder.
48	6.1.3	Send (upload) complaint to IRDA	The system should provide 3 options to the entities to send or upload complaints to the IRDA IGMS i.e. through Bulk Upload, Single Update and through API/Connector
49			The system should allow entities to login to the portal and upload the complaints through a file.
50			The system should validate the file on the following parameters: - a. The file format should be validated b. Internal Reference Number should exist c. Surveyor Code and Agent code validation if the complaint is against the surveyor or agent.
51			The system should generate a return file containing the IRDA Token Number for successful records and Rejection code/reason for unsuccessful records
52			The system should allow flow of complaints from the entity internal system to IRDA IGMS through API/Connector

53			The system should allow policy holder to enter the complaint through a single form based entry
54			The system should communicate the IRDA Token number and Internal Reference number to the policy holder
55	6.1.4	Update Complaint	The system should allow the policyholder to update the complaint and change the status to OPEN, RESOLVED or ON-HOLD.
56			The system should allow the entity to update the status on the portal either through single update, bulk upload or API/Connector
57			During Bulk upload, the system should check if IRDA Token Number is provided in the file for each record
58			For single update, the system should allow searching of complaint on the basis of IRDA Token Number and update to be done for a single record at a time
59			If connector available and if any update is made, the system should allow flow of complaints from the entity internal system to IRDA IGMS.
60	6.2	Complaints against Unregistered Entities	The system should provide an interface to complaint against unregistered entities.
61			It should capture the details like - User details, company against whom the complaint is lodged and complaint details.
62			On successful submission, IRDA Token Number should be generated.
63			The status of the complaint should be UNREGISTERED
64			The company should get saved into the master of unregistered or unlicensed companies
65			The system should communicate the IRDA Token number to the policy holder and to the IRDA user who is entitled to receive complaints against unregistered companies
66	6.3	Complaints against IRDA	The system should allow policy holder to complaint against IRDA

67			It should capture the details like - User details and complaint details.
68			On successful submission, IRDA Token Number should be generated.
69			The status of the complaint should be OPEN
70			The system should send a mail to the policy holder and to IRDA user entitled to receive the mail
71			It should allow IRDA user to login to the portal and update the status to RESOLVED
72			On change of status, the system should notify the policy holder
73	6.4.1	Manual Escalation of Complaint to IRDA	The system should allow the policyholder to search for the complaint on the portal on the basis of IRDA Token Number or policy number and entity name.
74			It should allow the policyholder to escalate the PENDING or RESOLVED complaints.
75			Escalation should be allowed if the update date is more than the defined number of days in the master.
76			On escalation, the system should send the complaint to the escalation engine.
77	6.4.2	Escalation of complaint by System (Auto Escalation)	The system should have an auto-escalation process, which would run on a scheduled basis.
78			The auto-escalation process should search for complaints with OPEN status with update date of the complaint more than the number of days defined in the master and send the complaints to the escalation engine.
79	6.4.3	Escalation by IRDA	The system should allow the IRDA grievance cell to escalate the complaints from the policyholders from the ministry of finance or any other influential authority.
80			The system should mark the status of the complaints escalated by IRDA as IRDA ESCALATED and mark the complaint as HIGH priority complaint.

81	6.4.4	Escalation Engine	The system should identify the product user defined in the master on the basis of entity, product type and functional area. This user should be set as the action user.
82			The system should send a mail to the product user giving details of the complaint
83			The status of the complaint should be changed to ESCALATED
84	6.4.5	Escalation Process when company exists but complaint doesn't exist	The system should allow the policyholder to escalate the complaint by entering the details of the complaint when the complaint is not found on the portal.
85			The status of the complaint should be set to ESCALATED
86			The system will mark the complaint for download
87			The system should send an email to Entity user, IRDA user specified in the master to receive the first level of complaints and the policy holder
88			The system should allow the entity to download such complaints
89	6.5	Action on Escalation	The system should allow the action user to login to the portal and view the escalated complaints
90			The action user should be allowed to either accept the escalated complaint or request for closure of the complaint to IRDA
91			The system should change the status of the complaint to REOPEN when the complaint it is accepted by the action user
92			The system should send the complaint to the IRDA product user if the complaint is sent for closure.
93	6.5.1	Closure Approval by IRDA	The system should allow the IRDA user to either accept or reject the request sent for closure.
94			If the request is rejected, the complaint status should remain escalated. If the request is accepted, the complaint status should change to CLOSED.
95			The system should send notification to policy holder regarding closure of the complaint

96	6.6	SLA Engine	The system should run an automated process, which would search for the complaints in the following state: ESCALATED, REOPEN, and IRDA ESCALATED.
97			The system should identify the complaint level of each complaint, on the basis of the Entity, product type, functional area and complaint type. Each complaint level should have number of days associated with it to act on the complaint in the master setup.
98			If the complaint status has remained in the current state for more number of days than the number of days defined in the SLA master, the system should notify the users defined in the SLA master.
99	6.7	Check Status and View Details	The system should allow the policyholder to search for the complaint on the portal on the basis of IRDA Token Number and policy number.
100			The system should display the details of the complaint along with the history of the complaint. For this purpose, the system should maintain an audit trail.
101	6.8	Complaint Closure	The system should allow IRDA and entities to close the complaint with status RESOLVED.
102			The system should allow change of status to CLOSED only if the complaint is in its current state for more than the defined period.
103			The system should allow IRDA grievance cell to mark the closed complaints as justified or not justified. All such complaints should be moved into the archive database.
104			The system should allow the policyholder to search for the complaint in both the live transactional database as well as the archival database.
105			On closure, system should send notification to policyholder and the entity.

106	6.9.1	Reports to IRDA	The system should have the facility to generate the following reports:- 1. Classification of complaints as per the Entity 2. Classification of complaints as per the complaint status 3. Classification of complaints as per the product and functional area 4. Complaint Details 5. Average Resolving Rate 6. Average Response Rate 7. Repeat Complainants 8. Analysis of complaints, which get Auto Escalated 9. Complaints against unregistered entities
107	6.9.2	Reports for Entities	The system should have the facility to generate all the reports, which are available to IRDA in addition to a comparison between the firm and industry.
108	6.10	Configuration Management	The system should have a facility to set up the following masters:- 1. Insurance Company Master 2. TPA Master 3. Surveyor Master 4. Product Type Master 5. Functional Type Master 6. Complaint Type Master 7. User Master
109	6.10	Configuration Management	The system should allow configuring various parameters such as:- 1. Set Escalation Days 2. Defining Complaint Level 3. Complaint Closure Settings 4. Set Service Level Agreements (SLAs)
110	7	Compliance Recommendations	If the complaints are not found on the portal, the system should track and action should be taken against the Insurer for such omissions.

111			The system should allow removal of flag for complaints which are already downloaded by the entities
112			The system should make sure that all the online notifications sent to the policy holder and should have the IRDA Token Number and Insurer's Internal Reference Number
113	8	Mandatory Requirements	The system should allow integration of the current Grievance management system by transferring the data to IRDA IGMS.
114			The system should support multi-lingual content. The portal should be available in 2 languages in English and Hindi.