HDFC ERGO GENERAL INSURANCE COMPANY LIMITED

POLICY ON PROTECTION OF INTERESTS OF POLICYHOLDERS

Created by	Compliance
Concurred by	Customer Experience Management
Review Period	Annual

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1. BACKGROUND

With the objective of protecting the interests of the policyholders the Regulator, Insurance Regulatory and Development Authority of India has framed IRDAI (Protection of Policyholders' Interests) Regulations, 2024 (the Regulations) superseding Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017 & 2002. The main objective of amending the Regulation was to consolidate all the requirements stipulated by the Authority under various Circulars and Guidelines within the ambit of one single Regulation. The Regulation also aims to provide ease to insurance companies by introducing digitalization.

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

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

2. EFFECTIVE DATE FOR IMPLEMENTATION OF THE POLICY

The Policy shall be effective from the date of the approval of the Board. The Company shall periodically review the Policy based on the inputs received from the Policyholders, IRDAI, Statutory Authorities and other sources.

3. OBJECTIVE OF THE POLICY

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

4. DEFINITIONS& ABBREVIATIONS

1. **Authority** shall mean the Insurance Regulatory and Development Authority of India (IRDAI) established under the provisions of Section 3 of the IRDA Act, 1999**.**

2. **Company** means HDFC ERGO General Insurance Company Limited, incorporated under the provisions of the Companies Act, 1956 and registered with the Authority as a General Insurer under Registration No. 146.

3. **Complainant** means a Policyholder or prospect or nominee or assignee or any beneficiary of an insurance policy who has filed a complaint or grievance against the Company or distribution channel of the Company.

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

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

5. **Cover** means an insurance contract whether in the form of a policy document or a cover note or a Certificate of Insurance or any other form as may be specified to evidence the existence of an insurance contract;

6. **Designated Grievance Officer (DGO)** shall mean the official appointed by the Company in each Place of Business to redress the grievance of the Complainant. In case of non-availability of DGO at any Place of Business the DGO of the nearest place of business shall be deemed to be the DGO for that place of business also.

7. **Grievance Redressal Officer (GRO)** shall be an official at a senior level at the corporate office of the Company who would be the contact person for the Authority.

8. **Proposal form** means a form to be filled in by the prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the Company in respect of a risk, in order to enable the Company to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.

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

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

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

12. **"Mis-selling"** includes sale or solicitation of policies by the insurer or through distribution channels, directly or indirectly by a. exercising undue influence, use of dominant position or otherwise, or b. making a false or misleading statement or misrepresenting the facts or benefits, or c. concealing or omitting facts, features, benefits, exclusions with respect to products, or d. not taking reasonable care to ensure suitability of the policy to the prospects/policyholders

5. INSURANCE AWARENESS

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

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

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

6. SERVICE PARAMETERS/ TURNAROUND TIME

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

The Company would:

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

Standards for Servicing

A. General

Sr. No	Service	Description of Item of Service	Regulatory Turnaround Time
1	New Business Proposal Processing	Processing of Insurance Proposal and seeking further requirements for consideration of the proposal.	7 days
		Decision on proposal from the date of receipt of proposal or from the date of receipt of additional requirement whichever is later.	
		Providing copy of the policy along with the proposal form	15 days
2	Post Policy Service Request	Post Policy Service Requests concerning mistakes / corrections in the Policy document	7 days
3	Policy Servicing (from the date of receipt of request for the service specified)	Change of Address **(KYC** Norms to be complied)	
		Registration /Change of Nomination, Assignment.	
		Alteration in Original Policy conditions (where applicable)	
		Change of location of risk	
		Inclusion of new member in case of group policies	
		Any other non-claim related changes	
		Cancellation of policy and refund of premium	
		Appointment of Surveyors (through Tech based solution)	24 hours
4	Claims	Submission of final report after receiving Insurer's request	15 days
		Communicating acceptance or rejection of the claim	7 days
5	Auto Action by the Insurer	Premium Due Intimation	One month before Due date
6	Complaints	Acknowledgement to complainant	Immediately
		Action on Complaint & Intimation of Decision to the complainant	14 days
		If complaint is NOT resolved by the Insurer, **communicate the details to the Policyholder** of options including referring the complainant to **Insurance** Ombudsman / Consumer Court.	14 days from original date of receipt of complaint.

B. Health

Sr. No	Service	Description of Item of Service	Regulatory Turnaround Time
1	New Business Proposal Processing	Processing of Insurance Proposal and seeking further requirements for consideration of the proposal.	7 days
		Decision on proposal from the date of receipt of proposal or from the date of receipt of additional requirement whichever is later.	
		Providing copy of the policy along with the proposal form	15 days
		Free look cancellation and refund of deposit from the date of receipt of the request	7 days
2	Post Policy Service Request	Post Policy Service Requests concerning mistakes / corrections in the Policy document	7 days
3	Policy Servicing (from the date of receipt of request for the service specified)	Change of Address **(KYC** Norms to be complied)	
		Registration /Change of Nomination, Assignment.	
		Alteration in Original Policy conditions (where applicable)	
		Issuance of duplicate policy	7 days
		Inclusion of new member in case of group policies	
		Any other non-claim related changes	
		Cancellation of policy and refund of premium	
4	Claims	Acceptance of cashless claims by **TPA** /company to Hospital and communicate to them*	1 hour
		TPA's offer of settlement to the Insurer / Hospital after submission of document	3 hours
		Settlement of claims (other than cashless)	15 days
5	Auto Action by the Insurer	Premium Due Intimation	One month before due date
6	Complaints	Acknowledge to complaint	Immediately
		Action on Complaint & Intimation of Decision to the complainant	14 days

*Timelines mentioned above are subject to receipt of all documents and information from customer and completion of investigation, wherever applicable.

7. GRIEVANCE/COMPLAINTS

a) Source of Complaints:

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

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

b) Lodging of Complaints:

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

- Emails – care@hdfcergo.com
- Designated Grievance Officer in each branch:- https://www.hdfcergo.com/docs/default-source/default-document-library/customer-service-at-branches.pdf
- Mobile App- Here by HDFC ERGO
- Company Website – www.hdfcergo.com
- IRDAI's Bima Bharosa Website - https://bimabharosa.irdai.gov.in/.
- Call at: 18002677444
- Write to:
  Customer Service Desk
  HDFC ERGO General Insurance Company Limited
  D-301, 3rd Floor,
  Eastern Business District (Magnet Mall),
  LBS Marg, Bhandup (West).
  Mumbai - 400078.
  Maharashtra.

c) Process:

1 C&G Cell

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

2 Intimation of complaint

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

- A written acknowledgement shall be sent to the Complainant immediately on receipt of any Complaint/Grievance.

- The acknowledgement shall mention the unique reference number recorded in the system, name and designation of the grievance officer handling the case, grievance redressal procedure and the time limit for resolution of the same.
- All complaints received by the C&G cell shall be forwarded to the SPOC / Manager of respective functions immediately.
- In case of additional requirements raised, the C&G cell shall interact with the Complainant for the document requirements (only once) within one week and upon receipt shall forward the documents to SPOC.

3 Complaint resolution

The Company shall endeavour to resolve the Complaint/Grievance within 14 days from the date of receipt of the Complaint/Grievance. The C&G cell shall communicate the Company's decision and the same would inter-alia contain the following:

- The details of the resolution offered or reasons of rejection.

Process to pursue further, if the customer is dissatisfied with the resolution.

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

4 Customer Escalation Matrix

Level 1
In case the Complainant has not received a response or is not satisfied with the response / resolution given / offered, then the Customer can write to:

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

Level 2
In case the Complainant has not received a response or is not satisfied with the response / resolution given / offered by the C&G cell, then the Customer can write to the Chief Grievance Officer of the Company at the following address

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

5 Office of The Insurance Ombudsman

With the objective of amicable settlement of all complaints relating to settlement of claims arising out of insurance contract, the Central Government in exercise of the powers conferred by section 24 of the Insurance Regulatory and Development Authority Act, 1999(41 of 1999), had notified the Insurance Ombudsman Rules, 2017 ('the Rules'). The Rules inter-alia provide for establishment of Executive Council of Insurers . In terms of Rule 7 of the Rules, an Ombudsman shall be selected by a Selection Committee comprising of Chairperson of the IRDAI, one representative each of the Life Insurance Council and the General Insurance Council from the Executive Council of Insurers and a representative of the Government of India not below the rank of a Joint Secretary or equivalent, in the Ministry of Finance, from the Department of Financial Services-member.

As per the provisions of Rule 14 of the Rules, any person who has a grievance against an insurer, may himself or through his legal heir, nominee or assignee, make a complaint in writing to the Ombudsman within whose jurisdiction the branch or office of the insurer complained against is located. Such complaints shall be in writing, duly signed by the complainant or through his legal heirs, nominee or assignee, and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against which the complaint is made, the fact giving rise to complaint supported by documents, if any, relied on by the complainant, the nature and extent of the loss caused to the complainant and the relief sought from the Ombudsman.

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

It is pertinent to note that:

i. The Ombudsman will not entertain any compliant unless the complainant had, before making a complaint to the Ombudsman, made a written representation to the insurer and either the insurer had rejected the complaint or the complainant had not received any reply within a period of one month after the insurer received his representation or the complainant is not satisfied with the reply given to him by the insurer.

ii. The complaint to the Ombudsman shall be made within a period of one year after the Company had rejected the representation of the complainant or sent its final reply on the representation of the complainant.

iii. The complaint is not on the same subject matter, for which any proceedings before any court, or Consumer Forum, or arbitrator is pending.

iv. In case the claim amount is up to Rs. 50 lakhs.

v. Details such as name and address of the Insurance Ombudsman of competent jurisdiction is available at below link - https://www.cioins.co.in/Ombudsman

Review of the Awards

The legal team shall share the information regarding awards on claim related matters with the claims team for their review, analysis and action, if any. The claims team shall review the inputs and identify areas for any systemic process/practice change, in view of the awards. Once the changes are identified, respective claims team shall implement the changes at their end and share the action taken with legal team, on quarterly basis.

6 Closure of Complaint/Grievance

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

(a) The Company has acceded to the request of the Complainant fully.
(b) Where the Complainant has indicated in writing, acceptance of the response of the Company.
(c) Where the Complainant has not responded to the Company within 8 weeks of the Company's written response.
(d) Where the Grievance Redressal Officer has certified that the Company has discharged its contractual, statutory and regulatory obligations and therefore closes the complaint.

7 Categorization of Complaints/Grievances:

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

8 Publicizing Grievance Redressal Procedure

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

9 Policyholder Protection,Grievance Redressal and Claims Monitoring Committee (PPGR &CM Committee)

The Company has a policyholder protection committee viz. Policyholders' Protection, Grievance Redressal and Claims Monitoring Committee (PPGR &CM).

The PPGR &CM shall be headed by an Independent Director and shall include an expert/representative of customers as an invitee to enable formulation of policies and assess compliance thereof.

The PPGR &CM comprises nine (9) members – four Independent Directors, two HDFC Nominees, one ERGO Nominee and two Executive Directors of the Company. Further, as required under the Corporate Governance Guidelines issued by IRDAI, the Committee shall include an expert/representative of customers as an invitee. The PPGR &CM directly reports to the Board of Directors and places report of its activities before the Board on a quarterly basis.

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

The main objectives of the PPGR &CM are:

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

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

The functions & responsibilities of the PPGR &CM include:

(i) The Committee shall ensure compliance with the relevant regulations/guidelines/circulars in this regard to protect the interest of the policyholders.

(ii) The Committee shall recommend a policy on customer education for approval of the Board and ensure proper implementation of the same.

(iii) The Committee should put in place systems to ensure that policyholders have access to redressal mechanisms and shall establish policies and procedures, for the creation of a dedicated unit to deal with customer complaints and resolve disputes expeditiously.

(iv) Adopt standard operating procedures to treat the customer fairly including time frames for policy and claims servicing parameters and monitoring implementation thereof.

(v) Establish effective mechanism to address complaints and grievances of policyholders including mis-selling by intermediaries.

(vi) Put in place a framework for review of awards given by Insurance Ombudsman/Consumer Forums. Analyze the root cause of customer complaints, identify market conduct issues and advise the management appropriately about rectifying systemic issues, if any.

(vii) Review all the awards given by Insurance Ombudsman/Consumer Forums remaining unimplemented for more than Thirty (30) days with reasons therefor and report the same to the Board for initiating remedial action, where necessary.

(viii) Review the measures and take steps to reduce customer complaints at periodic intervals.

(ix) Ensure compliance with the statutory requirements as laid down in the regulatory framework.

(x) Provide details of grievances at periodic intervals in such formats as may be prescribed by the Authority.

(xi) Ensure that details of insurance ombudsmen are provided to the policyholders.

(xii) Ensure that there is a Grievance Redressal officer in place who shall be responsible for grievance redressal and whose details are shall be made available at the website

(xiii) Review of Claims Report, including status of Outstanding Claims with ageing of outstanding claims.

(xiv) Review Repudiated claims with analysis of reasons.

(xv) Review the settlement of unclaimed amounts on quarterly basis, including the number and amounts of claims. Also, review the steps taken to reduce unclaimed amounts by identifying policyholders or beneficiaries and creating awareness in accordance with the Standard operating procedure/policy approved by the committee.

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

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

The Company would endeavor to:

a) Educate its agents and other intermediaries to provide all material information in respect of proposed cover and explain the product features and benefits, by making use of approved prospectus issued by the Company

b) Sale executed over distance-marketing modes shall be undertaken by authorized and qualified sales persons over duly recorded telephone lines. Consent of the prospect would be obtained before canvassing and due care would be exercised to ensure the prospect has clarity as to the identity of the Company, the distribution channel, the product benefits and conditions of the offer.

c) Provide periodical training to Intermediaries, distribution channels and their employees to ensure correct dissemination of information about products, TATs in policy servicing and changes in the regulations from time to time.
d) Conduct various Insurance Awareness activities to educate its customers.

e) Product brochures provided to the prospect during the sale would be the updated one, detailing the policy benefits and terms and conditions.

f) Conduct periodic surveys to understand policyholder satisfaction and first hand customer feedback to identify areas for improvement.

g) Take punitive action for breach of market conduct including blacklisting the sales person/channel partner who indulge in unhealthy solicitation practices or market misconduct

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

9. STEPS TAKEN TO REDUCE UNCLAIMED AMOUNT

The company shall adopt following measures for reduction of existing unclaimed amounts and to contain future accumulation of unclaimed amounts:

a) Prompt existing policyholders at time of payment of renewal premium (online/offline) to update their mobile number, email address, current address, bank account details, nominee details etc, by flashing existing details and send intimations accordingly
b) Make accountable the respective agents, intermediaries, group master policyholders and other distribution channels involved in solicitation for tracing of consumers and update the contact details, bank account details etc.
c) Undertake ongoing KYC for existing policies, Re-KYC of minors on immediately attaining majority
d) Engage with Credit Bureaus, Account Aggregators, CSC/POS, e-commerce portals for tracing consumers
e) Advertise in Print/Digital media to reach out to consumers who are not traceable
f) In all communications (except in respect of termination/exit of contracts) sent to consumers, include a foot-note advising consumer to update contact details, nominee details and bank account details in case of any change
g) To make provisions in the company's website/portal/App to enable policy holders to update their contacts including Email- ids, bank details and nominee details at any point of time with secure login
h) Send advance notifications in respect of maturity claims and survival benefits at least 6 months in advance, through all possible modes, and advice them to provide KYC/Bank details; follow-up notifications may be sent every 2 months thereafter to customers who have not responded
i) Develop online tool for processing and payment of unclaimed amounts once the consumers identify the amounts due to them in website of insurers
j) Put in place appropriate systems and controls to address fraudulent claims and practices

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

The Company would endeavor to:

a) Policy wordings detailing the policy benefits and terms and conditions would be available on the Company's website

b) Frequently Asked Questions (FAQ's) specific to the product purchased would be sent along with the policy document to the policyholders

c) Provide periodic training to Intermediaries, distribution channels and their employees to ensure correct dissemination of information about products, TATs in policy servicing, changes in the regulations etc.

d) Customer can seek clarification from call centre executives on our 24X7 call centre number (022-62346234) or write mail to care@hdfcergo.com

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

11. REVIEW OF POLICY

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

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Annexure I

Internal Process followed by C&G Cell for Grievance Redressal

1. PROCESS

1.1 C&G Cell

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

1.2 Intimation of complaint

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

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

1.3 Handling of complaint

- On tagging of emails as a complaint, the same will be handled end-to-end by the C&G cell
- The complaint is forwarded to the respective functions through CRM or through email.
- C&G cell will keep a track of all complaints on a 'built-in' filter which shall carry the following details:
    - Interaction ID
    - Policy no
    - Created date & time
    - Type of complaint
    - Assigned to
- Simultaneously, a standard communication will be sent to the customer acknowledging receipt of the complaint Immediately in accordance with the Grievance Redressal Policy.
- On confirmation of resolution from the respective function, the same is communicated in writing by the C&G cell to the customer on the same day.
- In case of additional requirements raised, the C&G cell interacts with the customer for the document requirements and forwards the documents to SPOC.
- A separate tracking mechanism is setup to enable adequate follow-up of cases.

1.4 Complaint resolution by functions

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

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

1.5 Follow-up for resolution

The C&G cell will be responsible to keep track of resolutions for all type of complaints. A standard escalation procedure will be followed by the C&G cell in case of non-receipt of resolutions. Daily MIS shall be published to all stakeholders in addition to the daily calls for prioritizing resolutions.

2.1 REPORTING

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

Annexure III

FAIR PRACTICE CODE

Overview

This code has been formulated by HDFC ERGO General Insurance Co. Ltd. pursuant to the Corporate Governance Guidelines for insurers in India issued by Insurance Regulatory and Development Authority of India (IRDAI) Corporate Governance for Insurers, Regulations 2024 read with Master Circular on Corporate Governance for Insurers, 2024. This code shall be effective from the date of approval of the Board.

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

Our Commitments

- To ensure that ethical principles of integrity and transparency are followed while dealings with the customers.
- To provide all material information in respect of a proposed insurance cover to the prospect to enable the prospect to decide on the best suitable cover in his/her interest.
- Policy documents provide complete, legible and clear information about its products and services.
- Develop a dedicated, sensitized and professional workforce for efficient execution of roles assigned to them.
- Regular monitoring mechanism for our service providers to ensure effective and timely delivery of promised services to our customers.
- To provide information to the policyholders on policy issuance, claim registration, claim status updates, renewals etc. using electronic mode like email, SMS at various stages, in addition to physical letter as may be required for effective policy servicing.
- To constantly strive and make efforts to enhance the content, frequency and quality of our services to the customer and to keep policyholder interest foremost.
- To ensure that the advertisements and promotion materials of the Company are fair, clear and do not mislead.
- To respect the privacy of the customer and treat customer information strictly confidential and shall not share any information, unless required under the law or waived or permitted by the customer.
- To provide the customer 24x7 access to the Company with the exception of national holidays through our Contact Center number.
- To provide faster services to senior citizens of Health Insurance products, like registration of claim, claim status etc
- To resolve all grievances efficiently and fairly within the specified time frame
- To ensure that the Grievance Redressal procedure is available on the website including the procedure of Grievance Redressal through Ombudsman.

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