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Protection of Interest of Policyholders and Grievance Redressal Policy

Raheja QBE General Insurance Co. Ltd (Approved by Board of Directors on October 24, 2024)

Document reference: PPHI/04

Document name: Protection of Interest of Policyholders and Grievance Redressal Policy

Document owner: GRO

Frequency of review: Annual

Approval by: Board of Directors

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Version control:

Version	Date	Updated / Reviewed by	Description
1.0	14-11-2017	Compliance	Protection of Interest of Policyholders and Grievance Redressal Policy.
2.0	25-05-2018	Compliance	Modification of Policy to include additional controls.
3.0	21-01-2019	Compliance	No changes to the Policy.
4.0	22-10-2019	Compliance	Service Parameters updated
5.0	23-01-2020	Head- Marketing, Customer Services, Sales force effectiveness and Special projects	i. Objectives of Insurance awareness elaborated ii. change in GRO
6.0	25-01-2021	Chief Marketing Officer and GRO	Modification in Clause on “Insurance Awareness”
7.0	25-01-2022	Chief Marketing Officer /GRO/ Chief Claims Officer	No Changes to the Policy
8.0	23-01-2023	Chief Marketing Officer and GRO	No changes to the Policy
9.0	16.4.2023	GRO	i. Changes in designation of Insurance awareness committee details
10.0	09.07.2024	GRO	1. Insurance Regulatory and Development Authority of India (Protection of Policyholders’ Interests, Operations and Allied Matters of Insurers) Regulations, 2024 and Insurance Regulatory and Development Authority of India (Corporate Governance for

			Insurers) Regulations, 2024 dated 20th march, 2024, Master Circular on Corporate Governance for Insurers, 2024 Dated May 22, 2024, Master Circular on Operations and Allied Matters of Insurers Dated June 19, 2024 1. Modification in definition on 'Complaint or Grievance' 2. Addition of below point vii after point no. vi under definition: 3. Modification in definition of Mis-selling: 4. Modification in Clause 3 on 'SERVICE PARAMETERS AND TURNAROUND TIMES': 5. 6. Modification in Board Level Policy Holders' Protection, Grievance Redressal and Claims Monitoring Committee:
11.0	13.10.2024	GRO	TATs updated as per Master Circular on Protection of Interests of Policyholders

INTRODUCTION:

Raheja QBE (hereinafter referred to as RQBE) is committed to deliver the highest standards of service to meet the legitimate expectations of its customers. The Company is committed to the belief that excellence in Customer Service is the most important tool for sustained business growth. The Company expects all its officers and employees to maintain highest standards of integrity and transparency in their transactions with customers, intermediaries and other stakeholders.

Insurance Regulatory and Development Authority of India ('IRDAI') vide its notification dated June 22, 2017 having Ref No. F. No. IRDAI/Reg/8/145/2017 issued Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017 ('the Regulations') which requires the Board of Director of Insurers to formulate a policy including the following:

i. Steps to be taken for enhancing Insurance Awareness so as to educate prospects and policyholders about insurance products, benefits and their rights and responsibilities.
ii. Service parameters including turnaround times for various services rendered.
iii. Procedure for expeditious resolution of complaints iv. Steps to be taken to prevent mis-selling and unfair business practices at point of sale and service.
v. Steps to be taken to ensure that during policy solicitation and sale stages, the prospects are fully informed and made aware of the benefits of the product being sold vis-a-vis the product features attached thereto and the terms and conditions of the product so that the benefits / returns of the product are not mis-stated / mis-represented.

1. DEFINITIONS:

i. "Bank Rate" means "Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due";

ii. Complaint" or "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".

iii. "Complainant" means a policyholder or prospect or any beneficiary of an insurance policy who has filed a complaint or grievance against an insurer or a distribution channel

iv. "Cover" means an insurance contract whether in the form of a policy or a cover note or a Certificate of Insurance or any other form as approved by the Authority to evidence the existence of an insurance contract;

v. "Distribution Channels" means persons and entities authorised by the Authority to involve in sale and service of insurance products;

vi. "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 insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of Underwriting the risk, and in the event of acceptance of risk, to determine the rates, advantages, terms and conditions of the cover to be granted.

vii. "Prospect" means any person who is a potential customer and likely to enter into an insurance contract either directly with the insurer or through the distribution channel involved.

viii. 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.

2. INSURANCE AWARENESS

The Company's Insurance Awareness (IAP) encompasses the three 'Cs' – Customer Education, Claims Handling and Complaint Resolution to create confidence and trust in the insuring public and also lead to greater insurance inclusion in general insurance and health insurance segments.

Customer Centricity & Trust being the core values of Raheja QBE General Insurance, we are committed to providing a better understanding of Insurance to customers and educate them on the importance of the same.

Objectives:

- To educate general public about benefits of health insurance and difference between health insurance and Mediclaim.
- To educate the general public about things to consider before choosing a health insurance plan in order to enable them to take a better decision
- To educate general public about benefits of motor insurance and types of motors insurance plans
- To educate general public about new innovations in general insurance products
- To bust generic myths related to products and claims in general insurance industry
- To educate the general public about Insurance, its utility and advantages
- To make the policyholders aware of their rights to correct pre and post sales services
- To disseminate knowledge and information on the liability insurance products and related subjects
- To educate the policy holders on the mechanism for getting their grievances redressed

Target audience:

- General Public
- Policy holders – Retail, Corporate & Commercial
- Insurance intermediaries
- Professional & Industry Bodies
- Rural & Urban citizens

Initiatives & Plans:

- Education Institutions/ Housing Societies
- To send mailers to all our policy holders giving information on the policy issuance, claims and grievance Redressal mechanism
- To enhance the knowledge section on our website by adding blogs/articles for the benefit of general public
- To use mass media for reaching out to large target group for creating mass consumer awareness
- To take the benefits of insurance to the lesser privileged section of the society through our CSR initiatives
- To leverage the own Partner group companies' network to reach out to their employees, dealers and customers for creating awareness on various insurance related matters

Responsibilities & Governance

The Insurance Awareness Committee will be responsible for:

- Launching the insurance awareness program
- Progress reports for the RQBE Board

Composition of Committee

- Managing Director & CEO
- Chief Distribution Officer
- Chief Underwriting Officer
- One nominee from Marketing Department
- One nominee from Underwriting

How we communicate:

- All communication templates sent to Customers including confirmation on processing any Service Request (such as Nomination/Address Change/Assignment etc.) carries information pertaining to the touch points a policyholder may get in touch with us in the event of any clarification.
- Resolution of Complaints: All complaints shall be expeditiously resolved by meeting the Turn Around Time (TAT) mentioned below.
- Renewal Notices – All renewal notices sent to Policyholders bear important information of the renewal due date and amount and makes a mention of loss of cover in the event of lapsation.
- Policy Document – The Policy Document is accompanied by the exhaustive Terms and Conditions of the product purchased by the policyholder.
- Product Brochures – Our official product brochures are useful tools which help us to elucidate the product features to prospects as well as to existing policyholders. These brochures effectively help our Sales Force to communicate all the important information pertaining to a particular Life Insurance product to the prospect.
- The Proposal Form is the basis of issuance of the Insurance contract. We ensure that our Customers who purchase the policy have signed the proposal form indicating explicit consent to purchase Insurance.
- Exploring mass media like social media platforms/newspapers/outdoor media etc to educate general public about benefit of health and other general insurance products.
- Publish blogs/articles/ social media posts to educate general public on myths related to health and other general insurance products.
- Explore opportunities to participate in industry events to disseminate knowledge/innovations in general insurance/liability insurance.
- Publish opinion article and column on various aspects of liability class insurance literacy.

3. SERVICE PARAMETERS AND TURNAROUND TIMES

The Company aims to offer all its services within fixed timelines. We have clear turnaround timelines for every customer query and we stick to those in all our customer interactions.

BASIC SERVICE STANDARDS (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 I 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)	7 Days
		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 the complaint. *

**(The policyholder may approach the Insurance Ombudsman if his/ her complaint is not resolved within 30 days or if the decision of the company is not acceptable to the policyholder.)

Expectation from the Policyholder -

1. Immediate intimation of claims in writing.
2. Preservation of Salvage.
3. Filing of first information report with Police Authorities
4. In case of Fire, Theft and Accidental Death claims
5. Preservation of recovery rights by filing claims with carriers in case of marine claims
6. Intimating the Fire brigade and obtaining Fire brigade report.
7. Preservation of all records for Company's verification.

NOTE: For detailed information regarding other related documents required for claims, reference may be made for policy document and / or Claim procedure manual available in our website www.rahejaqbe.com.

BASIC SERVICE STANDARDS (Health)

SR. No	Service	DESCRIPTION OF ITEM OF SERVICE	Regulatory Turn around 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 I 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)	7 Days
		Registration /Change of Nomination, Assignment.	
		Alteration in Original Policy conditions (where applicable)	
		Issuance of duplicate policy	
		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 I 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	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 the complaint*

*(The policyholder may approach the Insurance Ombudsman if his/ her complaint is not resolved within 30 days or if the decision of the company is not acceptable to the policyholder.

Please refer to Appendix 1-2 for workflow of CMP and standard acknowledgement letter template.

1. GRIEVANCE REDRESSAL / RESOLUTION OF COMPLAINTS

The responsibility for Grievance Redressal rests with the Managing Director & Chief Executive Officer of the Company. At Corporate Office, a senior official will be designated Grievance Redressal Officer (GRO). He shall report to MD & CEO and be responsible for all grievance matters. The Officers-In-

Charge of other Administrative Units will be responsible for resolution of Grievances relating to their respective territories.

The Company expects that all Grievances will be addressed in a time bound and proactive manner within 2 weeks of registering or receipt of the complaint and shall send a final letter of resolution.

Contact Details of GRO:

Name: Mrunal Fernandes
Designation: Head Customer Service
Tel. No.: +91 22 69155050
Address: Fulcrum, 501 & 502,
A wing, 5th Floor,
International Airport project road, Sahar, Andheri East,
Mumbai – 400059 – India

A customer can Lodge a complaint online at www.rahejaqbe.com
Call us at our toll-free no. 1800 102 7723 (9 am to 8 pm, Monday to Saturday)
Email us at complaintsofficer@rahejaqbe.com

The company will share its grievance redressal procedure and contact details on its website.

i. IRDAI Grievances:

All coordination with IRDA, Ministry and other regulatory bodies will be done only by the GRO at Corporate Office.

IRDAI "BIMA Bharosa Portal" – New portal in place of Integrated Grievance Management System (IGMS):

The company would ensure that all matters as required to be done for the implementation of the BIMA Bharosa Portal is completed so that grievances, if any are intimated, are logged in, monitored and resolved as soon as possible. The Grievance Redressal Officer would take necessary action to ensure that required grievances related reports, as required to be filed under various regulations of IRDAI, or by other regulatory bodies such as the Insurance Ombudsman under GBIC (Governing Body of insurance Council) are filed as per the stipulated periodicity

ii. Powers of interpretation, modification:

The Managing Director & Chief Executive Officer of the company is vested with the powers to lay down guidelines for the implementation of this policy and to modify procedures stated in this policy, within its overall framework.

iii. Documenting Grievances:

Immediately on receipt of a Grievance, the GRO shall send a written communication to the complainant stating the following:

a) Acknowledging receipt of the grievance, within 2 working days
b) Informing complainant, the name and designation of the officer who shall deal with the grievance.
c) Giving details of Insurer's grievance redressal procedure and the time required for resolution of dispute.
d) Convey result of review within 2 weeks, giving reasons for acceptance or rejection of complaint.
e) Giving information to complainant about how he/she may purse the complaint, if dissatisfied.
f) Informing complainant that if insurer doesn't receive any reply within 8 weeks from the date of receipt of responses, the insurer shall complaint as closed.

Subject to compliance with regulatory requirements, all verbal complaints shall be recorded for monitoring purpose (subject to the caller accepting our policy of recording for service quality and privacy policy). The records shall be preserved for a period of 8 years or such other period as may be specified as per regulations.

All customers shall be informed that the call shall be recorded for quality and training purpose. In case of Interactive Voice Recording (IVR), the following message must be played before transferring the call:

"This call may be recorded for quality and training purposes. By continuing with the call, you have read and accepted our privacy policy given on our website."

Save as above, wherever required by law, express consent of the customer shall be obtained before recording calls.

iv. Classification of Complaints

Complaints are classified according to the following nature:

a. Service delivery – Inefficient or Poor service, e.g., Delay in responding within the TAT, no one answering calls, etc.
b. Errors or omissions, eg. Errors in policy details, missing information, wrong policy version.
c. Rude employee
d. Incorrect [or inappropriate] advice
e. Disputes, eg. Dispute over Claims settlement, product wordings/coverage, etc (Note: disputes during the claims management process are generally not considered complaints but complaints after the claims management process, eg complaints about a decision in the claims management process that a matter is not within cover, are considered complaints).
f. Fraud / misappropriation

For each category, please provide a short description of the complaints in the Complaints Register. See Register Template in Appendix 3.

Closure of Grievance:

Complaint shall be considered as disposed of and closed when

a) The insurer has acceded to the request of the complainant fully, or

b) Where the complainant has indicated in writing, acceptance of the response of the insurer, or

c) Where the complainant has not responded to the insurer within 8 weeks of the insurer's written response.

Structure of Grievance Redressal mechanism:

The Internal Policyholders' Protection Committee will comprise of the following members:

- Chief Underwriting Officer
- Complaints Officer
- Chief Claims Officer
- Chief Compliance Officer

It will call for necessary records or case file and consider any fresh evidence that complainant wishes to place on record.

The decision of the Committee will be preferably by consensus. If Committee cannot reach a decision, it will refer the case to the Managing Director and Chief Executive Officer for a final decision.

At Operating Unit level, if no decision is reached, the matter will be referred to designated Grievance Redressal Officer of concerned office.

The decision of the Committee or Managing Director & Chief Executive Officer will be conveyed in writing to the complainant who will be informed of the decision and also of the fact that in case he is not satisfied with the decision of the Committee, he can approach the Office of the Insurance Ombudsman concerned if his case is covered under the Redressal of Public Grievances Rules, 1998. The address of the Regional Grievance Cell and that of the Insurance Ombudsman shall also be furnished in such communication.

Categorization of complaints

Committee will categorise all complaints in a manner prescribed by IRDA from time to time and shall incorporate in the system of company. Committee shall ensure that complaints can also be registered online by a complainants and status can be tracked. Committee shall send periodical reports on grievances to IRDA in a prescribed format as required.

Board level Policy Holders' Protection, Grievance Redressal and Claims Monitoring Committee:

The Company has also formed a Board Level Committee viz. the Policyholder's Protection Grievance Redressal and Claims Monitoring Committee, with a view to put in place systems for addressing the various compliance issues relating to protection of the interests of the policyholders, as also relating to keeping the policyholders well informed of and educated about insurance products and complaint handling procedures and to ensure that policyholders have access to redressal mechanisms and establish policies and procedures, to deal with customer complaints and resolve disputes expeditiously.

The responsibilities of the Policy Holders' Protection, Grievance Redressal and Claims Monitoring Committee shall be:

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

(ii)Establish effective mechanism to address complaints and grievances of policyholders including mis-selling by intermediaries.
(iii)Put in place a framework for review of awards given by Insurance Ombudsman/Consumer Forums. Analyse the root cause of customer complaints, identify market conduct issues and advise the management appropriately about rectifying systemic issues, if any.

(iv)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.

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

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

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

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

(ix) 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.

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

(xi)Review Repudiated claims with analysis of reasons.

(xii)Review status of settlement of other customer benefit pay-outs like Surrenders, Loan, Partial withdrawal requests etc.

(xiii) 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.

(xiv) Closure of any place of business or relocation of any place of business, shall be approved in advance by the Committee.

The Policyholder's Protection Grievance Redressal and Claims Monitoring Committee, shall meet not less than four times a year and not more than four months shall elapse between two successive meetings of Committee or whenever it is necessary to discuss any significant or critical issues. It shall meet, as and when required, to discuss any significant or critical issues concerning the protection of interests of policyholders to discuss and review the effective operation of the Redressal mechanisms of customer complaints.

A report on the number and nature of complaints shall be placed before the Policy Holders' Protection, Grievance Redressal and Claims Monitoring Committee to assess the governance and market conduct issues.

2. PREVENT MIS-SELLING AND UNFAIR BUSINESS PRACTICES

The Company recognises various factors that result in mis-selling of policies and has created frameworks and counter-measures which are applicable to every activity of solicitation and sale of insurance products.

Marketing materials, such as leaflets, pamphlets, brochures etc. used for soliciting business by the distributors (which are pre-approved by the compliance) ensure that critical information necessary for the customer on the terms and conditions of the product / policy etc. are shared with the customer.

Following are the key principles kept in mind while designing the marketing materials:

- language used for such disclosures is simple and free of jargons leaving no ambiguity
- Benefits offered by the product are explicitly disclosed with examples, laying down the terms and conditions necessary, with exceptions if any
- Procedure to be adopted for various options offered is clearly spelt out
- Charges and the frequency of charges are prominently disclosed in the brochures and the policy document.
- procedure for surrender / claims / Grievances Redressal are very clearly disclosed terms and conditions of the contract are adequately disclose.

3. ROLES AND RESPONSIBILITIES

Operation of the CMP involves four parties, i.e. Business Owner, Complaint Controller, Compliance and Senior Management or Executive Committee (EXCO).

3.1 Business Owner

Business owners ("BO") are members of a function who are best placed to handle the complaints in terms of knowledge, efficiency and seniority ("Subject Matter Experts").

i. The BO should be at a supervisory or executive level and knows the details of how things work in areas that are the subject of complaints.
ii. The BO, however, must not have a conflict of interest in the complaint, e.g. being the subject person of complaint or whose family members are involved.
iii. BO can be members from any department, i.e. customers services, claims department, agency team or operations.
iv. The BO needs to carry out the following steps:
    - report the complaint to complaintsofficer@rahejaqbe.com and copy Compliance
    - acknowledge complaints in writing within service pledge
    - conduct fact findings;
    - consult appropriate persons (including operational and technical members) to get a balanced view of a complaint;
    - evaluate and assess the issues;
    - propose a resolution or settlement;
    - draft and manage, in consultation with Compliance, the response to complainant, i.e. letter, phone calls or face to face meeting; and
    - send all complaint records and status of complaints to complaintsofficer@rahejaqbe.com.

3.2 Complaint Controller ("CC")

The GRO shall acts as the CC and is responsible for maintaining the central register/log of all complaints for RQBE. All departments shall document and send complaints to the CC in the manner specified by the CC.

- The CC has access right to complaintsofficer@rahejaqbe.com which is the central mailbox that keeps track of all progress and records of complaints;
- CC registers all complaints into a central registry [See Appendix 3];
- CC follows up on status of complaints. Responsibility of handling and managing closure of remains with the respective BO;
- To refer unsolved cases to the ExCO for resolution;
- CC prepares complaints report on a quarterly basis and send to ExCo within 10 days after quarter end;

3.3 Compliance

Compliance, as the 2nd Line of Defense, will be responsible for:

- reviewing all incoming complaints to identify cases with indications of breaches, non-compliance incidents in regulations or cases with potential legal exposures;

- determining the Business Owner of the complaint if the subject matter is not explicit and straightforward;
- providing advice and support to BO in the complaint handling
- reviewing and commenting on responses to all serious/substantial complaints;
- managing all complaints referred from the authorities;
- Identifying the root causes and trend analysis of complaints and appropriately advising management of deficiencies in controls and service issues;
- alerting management of cases with contentious legal exposure.

3.4 Senior Management or Executive Committee ("ExCO")

The Senior Management and ExCO are responsible for overseeing the management of complaints. They ensure the proper governance of the complaints management process. In particular, the ExCO:

- Meet monthly to review trend of complaints and identify areas of improvements in processes and systems;
- To ensure the CMP is adequately resourced and properly governed; and as last resort to determine the resolution of complaints.

3.5 CEO/CMD review of Complaints under PRAGATI

The CEO/CMD shall be responsible for review of Complaints under PRAGATI (Pro Active Governance and Timely Implementation) as per regulatory requirements.

4. CONFIDENTIALITY

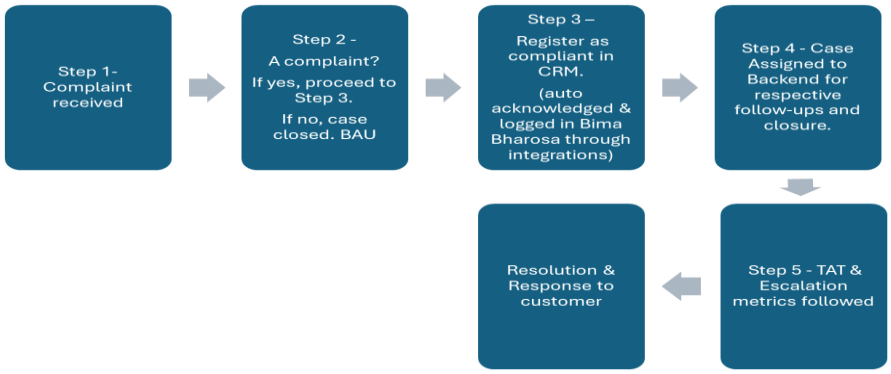
- Information in relation to a complaint is to be treated as confidential and can only be circulated to staff of RQBE on a need-to-know basis;
- Use of the personal information of the data subject are governed by the Personal Information Collection Statement of RQBE; and
- Raheja QBE may disclose information related to complaints to regulatory bodies if so required.

5. MONITORING AND REPORTING

- Management is responsible for monitoring both the quality of customer complaint handling and the causes of complaints to ensure the cases are properly handled, trends identified and problems addressed.

- The CC prepares the complaints report on a monthly basis and sends this to the ExCo 10 days after quarter end;
- ExCo to receive and review complaint reports every month.
- ExCo to meet every 10th of every month to review the CMP and the complaints reports, especially to deliberate on an early resolution of long outstanding complaints.

Appendix 1 – Complaint Handling Process Flow



The following narratives should be read in conjunction with above flow:

Step	Description	What will happen at each stage?
1	Complaint received	If in writing, start the process right away. If received over the phone, members need to encourage the complainant to send a written letter. If complainant refuses to send in written complaints, then complaint can still be handled if there is adequate information and contact details.
2	Definition of complaint	Is it within the RQBE definition of complaint? i.e. expression of dissatisfaction of services / products.
3	Send registration. and copy Head of Compliance	All complaints must be sent to complaintsofficer@rahejaqbe.com for Complaint controller keeps record in the complaint register.

4	Identify Business Owner	In normal situations, business owner for complaint handling should be obvious. In situations where the case is across-functions and may be highly complicated, Head of Compliance will make a recommendation about who should be the Business Owner. In a claims dispute, Legal or Compliance should review the investigation and responses.
5	Acknowledge receipt of complaint, finding and to propose responses or letter)	Business Owner needs to acknowledge complaint in writing (email fact within 2 working days. (Skip if the complaint is straightforward and can be resolved within 2 working days.) Business Owner carries out investigation, forms a view of what went wrong and propose responses / redress.
6	Response review by Head of Compliance	Proposed responses and redress for cases to be sent to Head of Compliance for review. Escalate the complaint to Complaint Management Committee for steering, if applicable.
7	Response to complainant	Business Owner manages the response to complainant. Refer to Section 2 for TAT.
8	Send record and status update to complaintsofficer@rahejaqbe.com	Business Owner sends complaint record to complaintsofficer@rahejaqbe.com for closure of complaints or status of complaint.

Appendix 2 – Complaint acknowledgement letter template

<Letterhead paper, or in the form of e-mail>

Private and Confidential

<<Date: dd mmm yyyy>>

Mr. X
<<Address>>
<<Address>>
<<Address>>
<<Address>>

Dear Mr. X

Ref: Acknowledgement of complaint

Thank you for your letter of complaint to Raheja QBE dated <<dd/mm/yyyy>>.

We are carefully investigating into the complaint lodged by you and will respond to you as soon as possible.

In the meantime, if you have any enquiries, please contact the undersigned at <<Tel no.>>.

Thank you.

Yours sincerely

<<Name>>
<<Job title>>

Appendix 3 – Register of Complaints

Complaints Register to be maintained and updated regularly

Ref No.	YYMM00X
Complaint Owner / Handled by	[Business Owner]
Department	[Distribution/UW/Claims/etc]
Complaint Mode	[Telephone/Letter/ Email/Face-to-Face/Referred by Agent/ Broker]
Verbal / Written	[Verbal / Written]
Date received	DDMMYY
Date acknowledged	DDMMYY
Complaint Classification	☐ (1) Service delivery ☐ (2) Errors or omissions ☐ (3) Employee behavior ☐ (4) Incorrect [or inappropriate] advice ☐ (5) Disputes ☐ (6) Fraud / misappropriation
Outline of Grievances	Short description [Inefficient or Poor service, eg. Delay in responding, no one answering calls, Errors in policy details, missing information, wrong policy version, Rude or uncaring employee, Dispute over Claims settlement, product wordings/coverage, overcharging, Embezzlement by Broker]
Name of Complainant	
Policy No./ Claim No.	
Compliant status	Closed/In process
Reply given with TAT	[Valid / Invalid]
Outstanding beyond 20 days	[Yes / No]
Is Outstanding beyond 20 days?	[Yes / No]
If Outstanding, pls state reason(s)	
Date resolved / final reply	DDMMYY
Root cause	
Lesson Learnt	
Remedial Actions	