

Grievance Management Policy

Niva Bupa Health Insurance Co. Ltd.

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Grievance Redressal Officer: Vikar Alam

Reviewed by:

- 1) Director – Operations & Customer Service and
- 2) Director & Head – Legal, Compliance & Regulatory Affairs

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1. Introduction

- 1.1 At Niva Bupa Health Insurance Co. Ltd. (referred to as the “Company”, “Niva Bupa” in this document), our vision is ‘To become India’s most admired health Insurance Company’. Our mission is ‘To help customers live healthier, more successful lives’. We are committed to servicing our customers with excellence.
- 1.2 As per Regulation 5 of IRDAI (Protection of Policy Holder’s Interest, 2017) and IRDAI circular dated July 27, 2010 bearing reference number 3/CA/GRV/YPB/10-11, a comprehensive Board approved Grievance Redressal Policy has been put in place by the Company for which the details are set out in the following sections.

2. Definitions

- 2.1 **“Complaint”** or **“Grievance”** means written expression (includes communication in the form of electronic mail or other electronic scripts), of dissatisfaction by a complainant with insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities.

On the other hand, an Inquiry and Request would mean the following:

- 2.2 **Inquiry:** An “Inquiry” is defined as any communication from a customer for the primary purpose of requesting information about a company and/or its services.
- 2.3 **Request:** A “Request” is defined as any communication from a customer soliciting a service such as a change or modification in the policy.
- 2.4 **IGMS** stands for the integrated grievance management system created by the IRDAI to centrally track grievances for all health insurance companies.
- 2.5 **CRM** system stands for Niva Bupa customer relationship management system currently in use to manage and resolve all customer grievances.

3. Process of receiving grievances and escalations metrics

- 3.1 The head office and each branch office of the Company have a well-defined procedure and system in place for receiving, registering and disposing of grievances. We encourage our customers to report to us any grievance or issue that they face regarding their policies or dealings with us.
- 3.2 Customers can report grievances to the Company by using any of the below mentioned avenues to ensure that their concerns are dealt with quickly and effectively:
- 3.3 **Step 1**
- 3.3.1 Calling the customer helpline number 1860-500-8888 or
 - 3.3.2 Visit Insta Assist on our Website at <https://rules.nivabupa.com/customer-service> or
 - 3.3.3 Senior citizens may write to us at seniorcitizensupport@nivabupa.com for priority assistance
 - 3.3.4 Customer may also visit us at any of our Branch office / Branch GRO or

3.3.5 Writing to us at:
Customer Services Unit
Niva Bupa Health Insurance Company Limited,
(Formerly known as Max Bupa Health Insurance Company Limited)
Logix InfoTech Park,
D-5, 2nd Floor, Sector-59, Noida Pin Code – 201301.
Near Noida Sector 59 Metro Station.

3.4 Step 2

3.4.1 If issue does not resolve in Step 1 and customer wishes to make a further suggestion or a complaint, customer can write to us at GrievanceRedressal@nivabupa.com

3.5 Step 3

3.5.1 For some reason if customer feels that we have not been able to resolve the issue even in Step 2 and customer wishes to raise a concern, customer can write to Grievance Redressal Officer appointed by Niva Bupa, Vikar Alam at GRO@nivabupa.com

3.6 Step 4

3.6.1 In case a complainant is not satisfied with the resolution from the above escalation authority, they can contact the **Insurance Ombudsman**. The detailed addresses of all the Insurance Ombudsman are mentioned in the policy document and on our corporate website.

Niva Bupa records grievances on Customer Relationship Management (CRM) system which is also integrated with IRDAI's Integrated Grievance Management System (IGMS). Grievance recorded by Niva Bupa are reported to IRDAI on a real time basis along with the generation of an IRDAI token number for each grievance.

4. Categorization of complaints

The Company has adopted methodology of categorization of complaints and time frames for resolution as prescribed by IRDAI and revises the same from time to time as per recommendations received from IRDAI. Process/TAT of Grievance resolution

4.1 *Grievance acknowledgement:* On receipt of a grievance, the Company first assesses it on the basis of its merits and nature of grievance and sends a written acknowledgement to the customer within 3 working days of the receipt of the grievance. The acknowledgement contains the name and designation of the officer who will deal with the grievance. It also contains details of Niva Bupa's grievance redressal procedure and the timeline for resolution of the grievances.

4.2 *Grievance resolution:* Grievance is to be resolved within 15 days of its receipt and the resolution is shared in a written communication (email/letter). This final resolution communication either offers redressal or rejection of the complaint mentioning the reasons for doing so. The resolution communication also informs the complainant about how he can pursue the grievance further, if dissatisfied. The resolution communication will also inform the customer that the company will regard the complaint as closed if it does not receive a reply within 8 weeks from the date of receipt of response by the insured/policyholder.

4.3 If the grievance is resolved within 3 working days, the grievance resolution is communicated along with the grievance acknowledgement.

5. Closure of Grievance

5.1 Niva Bupa endeavors to resolve all grievances to the satisfaction of the customers following the guidelines prescribed by the regulator for treating the grievances as closed by fulfilling the conditions mentioned below:

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

6. Grievance Review Mechanism

The Chief Executive Officer & Managing Director, Chief Operating Officer, and the Head of Customer Service reviews grievance details (e.g. number, nature of grievance and resolution) on a monthly basis. This is also reviewed quarterly by the Board appointed Policyholder Protection Committee.

7. Policy ownership

This Policy is owned by Grievance Management Head and will have the responsibility to implement and ensure compliance to this Policy. Any deviation to this Policy is to be reported to the Board via Policyholders Protection Committee of the Company by the Grievance Redressal Officer.

8. Review

This policy will be reviewed every two years or as and when required.