

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.

As per Master Circular on Operations and Allied Matters of Insurers IRDAI/PPGR/CIR/MISC/97/06/2024. Every insurer shall have in place a Board approved policy for protection of policyholders’ interests and shall include inter-alia matters as set out in sub-regulation

2. Definitions

2.1 “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”.

2.2 **Bima Bharosa 2.0** is a grievance management system created by the IRDAI to centrally track grievances for all health insurance companies.

2.3 **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 or

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 a customer's issue is not resolved in Step – 1 and he/she wishes to make a further suggestion or complaint, they can reach out to Grievance Redressal team at <https://rules.nivabupa.com/customer-service/?page=grievance>

3.5 Step 3

3.5.1 For any reason, if a customer still feels that we have not been able to resolve the issue even in Step 2 and they wish to escalate the issue again, they can reach out to our Grievance Redressal Officer (GRO) at <https://rules.nivabupa.com/customer-service/?page=grievance>

3.6 Step 4

3.6.1 In case a customer 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.

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.

4.1 *Grievance acknowledgement*: On receipt of a grievance, the Company sends an acknowledgement to the customer immediately. The Company further assesses the complaint on the basis of its merits and nature of grievance and updates the customer with the name and designation of the officer who will deal with the grievance. It also contains the timeline for resolution of the grievances.

4.2 *Grievance resolution*: Grievance is to be resolved within two weeks 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.

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** year or as and when required.