

INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY

Parishrama Bhavan, 3rd Floor, Basheerbagh, Hyderabad: 500 004

POLICY HOLDER COMPLAINTS REGISTRATION FORM

(Separate forms to be used for each complaint)

1. Name of the complainant: _____
 2. Address of the complainant: _____

 3.E-mail/Telephone/Fax : _____

4. Whether Individual /Company:
 (Please tick)

Individual Company/other entities

5. Name of the Insurance company:_____

6. Address of the servicing office/branch with office code(if available):

7. Policy number/Proposal deposit number:

8. Nature of complaint: (Please tick)

Life	Non-life
Policy related	Policy related
Non-receipt of policy-bond	Fire Insurance
Non-revival of lapsed policies	Marine Insurance
Transfer of policy from one branch to another	Motor Insurance
(1) Non-refund of proposal deposit.	Health Insurance
(2) Wrong plan and term allotted	(a) Against company
(3) Adjustment of premium	(b) Against TPA
Cancellation of policy	Other Misc Insurance
Issue of duplicate policy	Non-settlement of claim
Alterations in policy	Fire Insurance
Nomination/Assignment of policies	Marine Insurance
Claim related	Motor Insurance
Non-payment of surrender value	Health Insurance
Correct surrender value not paid	(a) Against company
Non-settlement of maturity payment	(b) Against TPA

Non-payment of claim		Other Misc Insurance	
Non-payment of annuities		Repudiation of claim/dispute in quantum	
Repudiation of claim		Fire Insurance	
Agent related		Marine Insurance	
Others		Motor Insurance	
		Health Insurance	
		A) Against Company	
		B) Against TPA	
		Other Misc Insurance	
		Others	

9. Claim No: _____

10. Details of complaint (including details of document copies attached):

SIGNATURE

(FOR OFFICE-USE)

I. REFERRAL/REPLY INFORMATION:

Referral date(to companies):_____

Reply dates(to complainant):_____

II. Status: Pending/Closed/Re-opened.

III.Previous Ref No:_____
(in case reopened)

IV.Remarks:_____

V. Complaint disposed of to the satisfaction of complainant: Yes / No

VI. Complaint justified: Yes / No