



**Reliance Nippon Life Insurance
Company Limited**

9th Floor, R-Tech Park,
Nirlon Compound, Goregoan (E),
Mumbai 400 063.
CIN: U66010MH2001PLC167089

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RELIANCE NIPPON LIFE INSURANCE COMPANY LIMITED

Policy on Redressal of Policyholder Grievances

Version: 1.7

Date: 05-Apr-2019



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Objective:

A key intent of Reliance Nippon Life Insurance Company Ltd. (hereinafter referred to as RNLIC) is to provide excellent customer service. A prompt mechanism to address customer grievances is integral to meeting this objective.

RNLIC pledges to take responsibility of redressal of policyholder grievances and has framed this policy to cover the following goal:

- To ensure that policyholders are aware of alternate options in the event of discontent with any response from Reliance Nippon Life

The RNLIC grievance redressal policy is applicable to grievances / complaints received from our customers and/or policy owners (proposers) in the capacity of policyholders and is not applicable to Queries, Requests and Urgent Requests. This policy also does not apply to concerns raised by mediators, intermediaries or agencies acting on behalf of customers unless legally authorized by the policy owner.

Grievances received through Consumer forums, Courts, Ombudsman offices and any legal notices will be treated separately as directed by the respective forums and will not remain time bound to a specific TAT. These will be decided on a case to case basis.

Customer Service Touchpoints: Following are the various touch points of RNLIC which empower our Customers to get in touch with us and ensure that they get a fair redressal to any policy related grievance:

- Reliance Nippon Life Insurance Branch Network
- Contact Centre – 1800-102-1010 (toll free)
- Website - www.reliancenipponlife.com
- Email – rnlife.customerservice@relianceada.com
- Snail Mail - Reliance Nippon Life Insurance Company Limited, "H" Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai, Maharashtra, 400710

These details are mentioned explicitly in our Policy Document and also in all our customer communication.

Classification of Customer Interactions: We classify customer interactions as follows:

Query: A 'Query' is defined as any communication from a customer for the primary purpose of requesting information about RNLIC or its products /services.

Request: A 'Request' is defined as any communication from a customer soliciting a service such as a change, modification or cancellation in the policy.

Grievance/Complaint: A 'Grievance/Complaint' is defined as any communication that expresses dissatisfaction about an action or lack of action, about the standard of service/deficiency of service of an



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insurance company and/or any intermediary or asks for remedial action. Any instance of a complaint being raised repeatedly (by the same customer referring to the same matter across complaint categories) will be tagged under the status 'Duplicate' available in IGMS.

Urgent Request: We may come across instances, where RNLIC may have fulfilled a policyholder initiated transaction as per regulatory guidelines and in accordance with internal procedures and laid service standards. However, the customer does not concede to /denies fulfillment. Such interactions do not fall under the purview of grievances despite the customer being seemingly dissatisfied. Such instances will be classified as "Urgent Requests" to ensure appropriate evaluation and completion of the transaction/request. e.g.: Reconsideration of a repudiated death claim, cancellation request beyond a reasonable period outside freelook or intimation of non-receipt of policy where RNLIC has a record of dispatch and delivery

Grievance Redressal Procedure:

Our Policyholder may approach our Branch, call us at the Contact Center or write to us with their requirement / query. The receiving unit will do the preliminary check by way of asking probing questions and according to the nature of the interaction categorize the interaction into a Query, Request or Complaint and either provide the information immediately or categorize the interaction correctly, so that they may be processed by the respective service unit.

Customer complaint classification and the required Turn Around Time (TAT) for resolving the complaints would comply with IRDA Guidelines for Grievance Redressal by Insurance Companies (Ref: 3/CA/GRV/YPB/10-11 dated Jul 27, 2010).

Acknowledgement of Complaint:

All Customer Complaints are recorded in our CRM and a unique Service Request number (SR) is generated against each of these. This has a corresponding IGMS token number.

This is used for tracking the interaction at any of our touchpoints. A call shall be made acknowledging the complaint received, followed by an acknowledgement letter to the communication address of the customer. An acknowledgement SMS shall be sent to the customer.

An acknowledgement letter shall be sent to the customer within 3 working days from the complaint registration date carrying the details of the grievance redressal procedure including the touchpoint details duly signed by the Customer Service Head at RNLIC.



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Turn Around Time (TAT) for resolution of Complaints:

RNLIC shall offer a resolution within the timelines provided by Insurance Regulatory Development Authority of India (IRDAI) not exceeding 2 weeks of receipt of complaint/ grievance and communicate the resolution in writing 'In Favour' or 'Not in Favour' of the complainant.

In the event that a complaint exceeds the laid down turnaround time, the customer will be intimated the reasons and revised timelines for resolution.

Closure of Complaints:

A complaint shall be considered as closed when;

- a) RNLIC has acceded to the appeal of the complainant fully.
- b) The complainant has indicated in writing, acceptance of the response of the insurer.
- c) The complainant has not responded to the insurer within 8 weeks of the company's written response.
- d) The Grievance Redressal Officer has certified that the company has discharged its contractual, statutory and regulatory obligations and therefore closes the complaint.

Grievance Redressal Mechanism:

The Grievance Redressal Mechanism, which is approved by the Board of Directors of RNLIC is displayed at our Branches, printed on the policy documents dispatched to every policyholder and published on our website and will be in effect for all Customer interactions pertaining to redressal of policyholders' grievances.

LEVEL I

In case you are dissatisfied with any of our services, please feel free to contact us at:

- a) Contact Centre: 1800-102-1010 (toll free) or,
- b) You can also email us at rnlife.customerservice@relianceada.com. Or,
- c) Contact the Customer Service Executive at your nearest branch of the Company. Or,
- d) Write to: Reliance Nippon Life Customer Care, Reliance Nippon Life Insurance Company Limited, 9th Floor, R-Tech park, Nirlon Compound, Goregaon (E), Mumbai 400063

LEVEL II

If your complaint is unresolved for more than 10 days – Please contact our Branch Service Manager (BSM), who is also the Local Grievance Redressal Officer at your nearest branch.

LEVEL III

If you are unhappy with the resolution offered – Write to Mr. Santosh Ranade - Head of Customer Care at rnlife.headcustomercare@relianceada.com or at the address mentioned above



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If you are still not satisfied with the resolution offered – Write to our Grievance Redressal Officer, Head of Legal & Compliance at rnlife.gro@relianceada.com or at the address mentioned above.

If the issues remain unresolved; any further reference may be made to the Insurance Ombudsman in terms of Rule 12 & 13 of the Redressal of Public Grievance Rules, 1998.

Procedure for filing complaint with Ombudsman:

As per Provision of Rule 13(3) of the Redressal of Public Grievance Rules, 1998 the complaint to the ombudsman can be made:

1. If the grievance has been rejected by the Grievance Redressal Machinery of the Insurer or the complainant had not received any reply within a period of one month from date of lodgment of complaint or complainant is not satisfied with the reply given to him by the insurer.
2. The Complaint has been filed within one year from the date of rejection by the Company if it is not simultaneously under any litigation.

Role of Policyholder Protection Committee

With a view to addressing the various compliance issues relating to the protection of the interests of policyholders, as also relating to keeping the policyholders well informed of and educated about insurance products and complaint handling procedures, RNLIC has also set up Policyholder Protection Committee which directly reports to the Board of RNLIC.

The Committee shall review periodically

- a) The procedures and mechanism to address complaints and grievances of policyholders including mis-selling by intermediaries.
- b) The status of complaints to the policyholders and shall also be responsible for ensuring
- c) Compliance with the statutory requirements as laid in the regulatory framework
- d) Adequacy of disclosure of “material information” to the policyholders. These disclosures shall, for the present, comply with the requirements laid down by the Authority both at the point of sale and at periodic intervals.



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The following key servicing turnarounds are adhered to at RNLIC which are in accordance to the timelines prescribed by the IRDAI

Sr Num.	Service Description	Turnaround Time
1.	Processing of Proposal and Communication of decisions including requirements/ issuance of Policy	15 days
2.	Obtaining Copy of the proposal form	30 days
3.	Request for refund of proposal deposit	15 days
4.	Full Surrender of policy	15 days
5.	Freelook Cancellation	15 days
6.	Partial Withdrawal	15 days
7.	Refund of outstanding proposal deposit	15 days
8.	Renewal Premium Refund	15 days * (refer point 4 below)
9.	Survival Benefit Payout	On due date
10.	Maturity Benefit payout	On due date
11.	Pension / Annuity Payouts	On due date
12.	Death Claim Settlement (warrants investigation)	90 days (Investigation) +30 days
13.	Death Claim Settlement (does not warrant investigation)	30 days
14.	Health Claim Settlement (warrants investigation)	45 days
15.	Health Claim Settlement (does not warrant investigation)	30 days
16.	Grievance Redressal	15 days

Note:

- 1] All the above turnaround times are applicable from the date of receipt of request or date of receipt of last necessary document whichever is later.
- 2] All instances where fund realisation of a previous payment due is pending, will be initiated only upon confirmation of payment clearance and realisation. The date of intimation of realisation will be considered as date of receipt of last requirement if no other requirements are pending.
- 3] All payouts for the services mentioned in the above table will be initiated within the TAT mentioned against each category. The payout will be processed within 7 days from the date the payment is initiated.
- 4] All maturity and survival payouts due on a non-working day or non NAV day will be initiated on the next working day.
- 5] In cases where the renewal premium refund is initiated on account of non completion of requirements raised for policy revival, the payout will be initiated within 15 days from the completion of the 90 day waiting period (provided for completion of requirements raised) is complete.
- 6] In case of any delay in the stipulated turnaround with respect to Maturity, Survival Benefit claims, Pension / Annuity payouts, health and death claims (investigation and without investigation), free look cancellation, surrender, withdrawal, request for refund of proposal deposit, refund of outstanding proposal deposit if any, the Company shall be liable to pay penal interest at a rate, which is 2% above bank rate from the due date of payment or date of receipt of last necessary document from the policyholder/claimant, whichever is later.
- 7] The turnaround time for a service request not covered under the above is 15 days, unless specified otherwise. The service TAT for the respective service category is communicated to the policyholder via SMS on registration of valid request.



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