

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