

# ADITYA BIRLA SUN LIFE INSURANCE COMPANY LIMITED

<b>POLICY TITLE</b>	<i>Grievance Redressal Policy</i>
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## POLICY DETAILS

<b>Policy Owner</b>	<i>Customer Experience and Advocacy</i>
<b>Policy Author</b>	<i>Head - Customer Experience and Advocacy</i>
<b>Approved by</b>	<i>Policyholders' Protection Committee (PPC) &amp; ABSLI Board</i>
<b>Approved date</b>	<i>October 25, 2023</i>
<b>Version Number</b>	<i>2.4</i>
<b>Reason for Last change</b>	<i>Annual review of Grievance Redressal policy</i>

## Version 2.4

October 2023

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**PREFACE:**

IRDA has enacted the Protection of Policyholders’ Interests (PPI) Regulations as issued by IRDAI from time to time for safeguarding the interests of policy holders. Accordingly, Insurance companies are required to have in place, a speedy and effective Grievance Redressal Mechanism. On July 27, 2010, IRDA has subsequently issued guidelines to all insurance companies under ‘Guidelines for redressal of grievances’ regarding time frames for complaint resolution and definition/classifications with respect to grievance redressal to be followed by insurance companies. Accordingly, Aditya Birla Sun Life Insurance Company Limited (“ABSLI”/ “the Company”) has defined a grievance redressal policy for resolving complaints, which is reviewed periodically to ensure adherence to IRDA guidelines from time to time.

As a practice, the policy is reviewed regularly. Accordingly, the policy has been reviewed and some changes have been made.

**1) COMPLAINT MANAGEMENT PHILOSOPHY:**

ABSLI has continued to focus on building and driving a customer centric culture. Our endeavour is to provide Customers with a superior Customer experience, which is achieved by being:

- **Insightful:** Engage with our Customers, build loyalty and deepen relationships
- **Innovative:** Create differentiation in market through technological innovations and providing convenience for Customers
- **Integrating:** Processes/functions integration and usage of effective communication

At ABSLI, we believe that our success depends on creating more happy customers.

**Our Philosophy:**

- **Accessibility:** Be easily accessible to our Customer. All interactions to be dealt with high sensitivity, accuracy and resolved in time
- **Transparency:** Be fair and consistent in all decisions
- **Solution oriented & open to appeal:** Present all solutions/options for escalation to the Customer
- **Feedback oriented:** Learn and improve from each complaint/feedback

**2) DEFINITION OF A CUSTOMER:**

Based on our experience, Customer is defined as the following:

- Applicant
- Policyholder
- Representative of Customer (relative or Authorised person by Customer)
- Customer’s Agent (Distributor)

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- Claimant

Please note: All interactions would need to satisfy the security procedures defined by the Company for any information.

### **3) CATEGORISATION OF CUSTOMER INTERACTIONS:**

- **Query:** Customer contacts the Company primarily for information about the policy and/or its services and/or follows up on a status of a particular request within the stipulated regulatory time frame.  
e.g. Information related to policy features, premium due, fund value, claim procedure, follow up on status of policy within regulatory timeframe as prescribed in the IRDA servicing TATs.
- **Request:** Communication received from a Customer soliciting a service such as a change or modification in the policy/requests for statement.  
  
e.g. change in nomination, increase / decrease in sum assured, placing of a surrender request, request for a duplicate renewal premium receipt, request for unit statement (Policy account statement), etc
- **Complaint/Grievance:** “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  
**Company has defined its ‘service delivery standards’ for its core service delivery processes** in line with the regulatory guidelines. This would be a base to ascertain deficiency of service.
- **Critical Request:** Request /Query received from Customer has been processed by the Company as per regulatory guidelines and in line with the Company’s policy/process; however, the Customer does not acknowledge the same or there has been a failure by the company’s appointed party like a bank. These cases would be categorised as “Critical Requests” for re-execution / re-investigation of the request/query.  
  
e.g. Customer perceives that there has been an error in data entry. However, it is found that the data entry is as per ‘application form’.

Depending on the categorization of the complaint, the TATs and work groups assisting in resolution of the case defers.

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#### **4) MULTI-CHANNEL SERVICE ARCHITECTURE:**

In line with our philosophy, customers have several options to interact with the Company and register a grievance. It is our endeavor to be easily accessible and Customers may opt for any channel based on customer convenience.

- **Contact centre:** Customer may call the contact centre between 9 am – 9 pm, all 7 days a week. A grievance is registered after authenticating the customer by asking the relevant security questions. All the calls are recorded and stored in line with the Company policy
- **E-mail:** Customer may send an e-mail to [care.lifeinsurance@adityabirlacapital.com](mailto:care.lifeinsurance@adityabirlacapital.com) from registered e-mail id with complete details of the concern faced by the Customer. Senior Citizen can send mail to [ABSLI.seniorcitizenlifeinsurance@adityabirlacapital.com](mailto:ABSLI.seniorcitizenlifeinsurance@adityabirlacapital.com) which is displayed at our customer portal.
- **Company website:** Customer may register a grievance on the Company website - [www.adityabirlasunlifeinsurance.com](http://www.adityabirlasunlifeinsurance.com) by clicking on the 'Grievance Redressal' link
- **Branch office/Other Service Partner office:** Customer may visit any ABSLI/other service partner branch office and submit complaint letter addressed to the local GRO duly signed by the policy holder
- **Letter:** Complaint letter addressed to the GRO duly signed by the policy holder may be dispatched to any ABSLI corporate office
- **Social media:** If a customer raises concerns on any ABSLI social media platform, the complaint is addressed and resolution is provided to the customer after due verification of the Customer
- **Chatbot & whats App:** Customers can also register their grievance through ABC – Assist Chabot facility.

In case of any escalated grievances, the authentication is obtained from the policy holders by Complaints Management Team through an outbound call by asking the relevant security questions.

#### **5) CUSTOMER RELATIONSHIP MANAGEMENT (CRM):**

The Company has an automated CRM in place. All the customer contact points use this system to register every interaction with the customer. The CRM enables the customer service teams to get a single view of the customer. For complaints, this system is integrated with IRDA's IGMS portal and provides history of all interactions.

#### **6) GRIEVANCE HANDLING AND RESOLUTION PROCESS:**

The grievance redressal mechanism ensures that policy holders are provided with a quick and fair resolution by establishing a robust resolution process as elaborated below:

- All touch points are equipped to understand and address customer concerns. Based on the categorization norms, a grievance is registered by the respective touch point. The customer is provided with a unique reference number on registering the grievance, which can be quoted for ascertaining the resolution status. This reference number is an auto generated number by the CRM system.
- Complaint resolution is handled by a dedicated team designated as Complaints Management Team who specialize in grievance redressal role and are empowered to take decisions

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- Written acknowledgment is sent to policy holders within 48 hours containing a timeline for resolution, name & designation of the officer addressing the grievance, details of ABSLI's grievance redressal procedure
- The complaint decisions are taken according to the authority matrix in place where monetary limits for various types of approvals have been prescribed for each approver
- After resolving the complaint, Complaints Management Team communicates the response (i.e. acceptance/ rejection) to the complainant as early as possible and within 15 days from the date of the receipt of the complaint. The response sent contains the following:
  - a) The process by which the complainant may pursue the complaint, if dissatisfied with the resolution communicated
  - b) ABSLI will consider the complaint as closed if the complainant does not revert to ABSLI within 8 weeks from the date of ABSLI's response communicated.
- The complaints are disposed fairly and swiftly within a maximum of 15 days maximum turnaround as per IRDA guidelines. The Company has also defined internal TATs for resolution based on the complaint category. Accordingly, the TAT communicated to the customer is based on the TAT defined by the Company for the relevant complaint category

#### **7) ESCALATION MECHANISM:**

To ensure that Customers are provided with fair resolution for their grievances and have access to an appropriate appeal mechanism if not satisfied, a 4-tier escalation mechanism has been set up. The escalation mechanism comprises of the following 4 levels:

**Basic Redressal:**

First time complaints are received at the Basic Redressal level, which is the 1<sup>st</sup> tier of the Grievance Redressal mechanism.

**Grievance Redressal Officer:**

Policy holders can pursue the complaint with the Grievance Redressal Officer, which is the 2<sup>nd</sup> tier of the Grievance Redressal mechanism. All offices of Aditya Birla Sun Life Insurance Company Limited have a designated Grievance Redressal Officer appointed. At the branch level, the senior most official viz. Branch Manager/Branch head etc. has been appointed as Grievance Redressal Officer. At central level, Head – Customer Experience & Advocacy or any other person authorized and appointed by CEO is designated as the GRO.

The details of the GRO/designated Grievance Officer along with the contact details in full shall be published in the website of the insurer and the name and contact details of designated Grievance Officer of respective office and the other Grievance Officers in hierarchy up to GRO at corporate office shall also be displayed in the notice board of respective offices. Grievance Redressal Officer will also act as Grievance Redressal Officer under the Consumer Protection (E-Commerce) Rules, 2020.

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**Chief Grievance Redressal Officer:**

Policy holders can pursue the complaint with the Chief Grievance Redressal Officer, which is the 3<sup>rd</sup> tier of the Grievance Redressal mechanism. The CGRO is the Chief Risk and Compliance Officer of the Company

**Grievance Redressal Committee (GRC):**

Policy holders can pursue the complaint with the Grievance Redressal Committee, which is the 4<sup>th</sup> tier and final level of the Grievance Redressal mechanism in the Company. Claimants can also submit any claims representations/claim repudiation representations before the Grievance Redressal Committee. The Grievance Redressal Committee is a cross functional committee. It is presided by an external member with experience in the Insurance Industry. Besides, the Committee also comprised of the Chief Risk & Compliance Officer, Chief Operating Officer, Head-Legal, Head-Underwriting & Claims, Head – Customer Experience & Advocacy, functional teams. It is the apex decision making body for grievance redressal.

Alternatively, the complainant is also informed of the option to take up the matter before insurance ombudsman at every tier. The details of the name and address of the Ombudsman of competent jurisdiction is made available on the website [www.adityabirlasunlifeinsurance.com](http://www.adityabirlasunlifeinsurance.com).

The branch office also displays the name, address and other contact details of the insurance ombudsman within whose jurisdiction the office falls.

**8 ) Nodal Officer**

The Company shall appoint a nodal officer who shall be senior management official for ensuring compliance under Consumer Protection (E-Commerce) Rules, 2020.

**9) QUALITY EVALUATION:**

There is a complaint evaluation process where complaints resolved by all the Service Assurance team members are evaluated on sample basis. The evaluation is done by neutral team based on various parameters impacting accuracy and quality of resolution provided. Parameters where wrong information is given are marked as fatal errors, which impact the quality scores of the team members.

**10) TRAINING:**

All customer service touch points are provided with training at regular intervals. The training sessions cover the following aspects:

- Complaint handling sensitivity & decision making process
- Soft skills enhancement
- Product knowledge

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**11) Customer Advocacy program:**

As a practice, we believe in capturing representative customer feedback across the service transactions. This helps in understanding customer expectations and gaps in service delivery. Different modes such as SMS, IVR calls and emails are used to capture feedback. This feedback is captured using the NPS (Net Promoter Score) mechanism on a scale of 0 to 10. This initiative is known as “Mission Happiness”

**12) REVIEW MECHANISM:**

- **Root Cause Analysis (RCA):**

Grievances provide the Company with an opportunity to review processes for identifying gaps and initiating corrective action. Accordingly, Root Cause Analysis (RCA) for all complaints received is done where gaps are identified and highlighted to the respective stakeholders for initiating corrective action. Regular MIS reports are circulated and all action plans are tracked till closure.

- **Review Meetings:**

The Grievance Redressal Mechanism is reviewed periodically across various forums as mentioned below:

<b>Forum</b>	<b>Members</b>	<b>Frequency</b>
<b>Policyholder Protection Committee (PPC)</b>	- Elected members of the Board  - Expert Invitee  - Functional Invitees of the Company	Quarterly
<b>Sales Compliance Committee Review</b>	-Leadership Members which includes the following:  Chief Risk & Compliance Officer, Chief Operations Officer, Chief Distribution Officer, Chief Finance Officer, Chief Actuarial Officer Along with Head Legal Head Market Conduct	Need based

**The Company would amend its policy in case of any changes in guidelines and regulations promptly**

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### Revised Version Control

Date	Modified by	Reviewed By	Approved By	Version #	Nature of Change
July 2013	Bashabi Ray/ Gurvinder Sehgal	Lalit Vermani	PPC & Board	1.1	Document revised
Jan 2016	Anil D'Souza/ Gurvinder Sehgal	Gayatri Nathan	PPC & Board	1.2	Document revised
Jan 2017	Anil D'souza/ Sandeep Singh	Gayatri Nathan	PPC & Board	1.3	Document revised
Oct 2017	Vijay Lasrado/ Sandeep Singh	Ashok Suvarna	PPC & Board	1.4	Document revised
Oct 2018	Vijay Lasrado	Ashok Suvarna	PPC & Board	1.5	Document revised
Jan 2020	Sandhya Bhatkar	Ashok Suvarna	PPC & Board	2	Document revised
Oct 2020	Sandhya Bhatkar	Shobha Ratna	PPC & Board	2.1	Document revised
Oct 2021	Sandhya Bhatkar	Shobha Ratna	PPC & Board	2.2	Document revised
Oct 2022	Sandhya Bhatkar	Shobha Ratna	PPC & Board	2.3	Document revised
Oct 2023	Sandhya Bhatkar	Shobha Ratna	PPC & Board	2.4	Document reviewed