

GRIEVANCE REDRESSAL POLICY

AVIVA INDIA

INDEX

GRP/Ver1.5/Apr'23

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Sr. No.	Proposed Changes	Rationale	Relevant Section / Page No. of the document.
1	Annual Review - Version Change	<p>Version changed due to updation of New Aviva Head office address and Toll Free Number. No material change in the policy other than version control number</p> <p>New version GRP/Ver1.4/June'22</p>	On all pages
2	Annual Review - Version Change	<ul style="list-style-type: none"> • Changes in Complaints definition in Point no 2.1 on Page 5 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 insurance company and/or any intermediary and asks for remedial action. Further, complaint shall also include any grievance as defined in Information Technology (Intermediary Guidelines and Digital Media Ethics Code) Rules, 2021 (hereinafter referred as IGDME rules 2021) • Changes in Turn Around Time on Page 6 2.3.1 Complaints related to Standard of Service / Deficiency of Service • Addition of Point 2.3.2 on Page 6 2.3.2 Complaints with regard to the IGDME rules 2021 A complaint under IGDME rules 2021 shall be attended by company by taking all reasonable and practical steps as stipulated in the rules within 24 hours of receipt of complaint. • Addition in 3.1.2 Assigning Severity on Page 9 Complaints with regard to Information Technology (Intermediary Guidelines and Digital Media Ethics Code) Rules, 2021 	<p>Point no 2.1 on Page 5</p> <p>Point no 2.3 on Page 6</p> <p>Point no 2.3.2 on Page 6</p> <p>Point no 3.1.2 on Page 9</p>

1 MANAGEMENT STATEMENT

At Aviva, Complaints Management is viewed as a Feedback Mechanism System, where each complaint is not just a customer's concern but also:-

- 1) An opportunity to build credibility by demonstrating commitment and fairness.
- 2) An opportunity to re-gauge Process Benchmarks basis customer's expectations.
- 3) A tool to enhance Customer Relationship Management.

The above aspects, as mentioned, have exponential benefits for the company in terms of enhancing Quality, Efficiency and strengthening relationship.

1.1 NOTE ON CURRENT PROCESS

In order to deliver to the above-mentioned philosophy, we measure our key service delivery metrics as per the industry's best benchmark, as suggested by 5X7 Complaints Management Process.

This ensures that we are prompt, accurate and ever improving as a single service unit. Our key metrics that we measure include:-

- 1) Efficiency, measured by On-time Resolution of Complaints and Average TAT.
- 2) Accuracy, measured by Fatal Error Accuracy.
- 3) Rate of Complaints, measured though Complaints received per 10,000 policies.

1.2 INITIATIVES TAKEN AND SELF GOVERNANCE STANDARDS

With the recognized framework, our endeavor is to further *Improve Customer Experience and Delivery Standards*, our plans prepare our people, processes and systems to deliver the following:-

- 1) **Enhance FTR** (First Time Resolution) of Complaints.
 - 1.1 Empower Frontline staff to gauge impact (Customer & Resource) and ensure instant resolution.
 - 1.2 Development of knowledge and information portals to centralize all information.
 - 1.3 Monitoring of Reopen complaints to analyze opportunity to enhance FTR.
- 2) Transaction monitoring is done on sample basis to identify quality of redressal.
- 3) Adopt the **practices of treating Customers fairly and empowering customers** by continuously extending touchpoints & mediums of servicing via our Online portal and website, Interactive Voice Responses, mobile app, Short Key SMS Push / Pull services & Live Chat in the customer service framework.
 1. **Enlarge Customer Education** on Policy terms, benefits and updates on fund movements at various touchpoint
 2. Customer can now track complaint details **online as well**.
 3. Enhance Confidence and Transparency with Regulators. Since April 2011 we are live on the integrated grievance management system of the Regulator. Various Reportings are in place at monthly, quarterly and annual frequencies to the Regulator sharing complaint numbers and classification. Few formats have updates on initiatives as well.
 4. Policy Holder Protection Committee(PPC) as stipulated in the guidelines for Corporate Governance issued by the Authority, is in place . The Committee monitors the complaint trends, corrective and preventive actions being taken to reduce complaints alongwith other customer focused initiatives to enhance servicing levels.

5. Risk based decisions are taken at the inception stage of the proposals. Customer focused communications are done like policy bond shared with the customer has details of Grievance and Ombudsman for ready reference. Life Cycle communications are designed to be customer updated about the policy and overleaf side of all complaint communication (Annexure 1)
6. Quality Action Grid are in place to drive Good Customer Outcome and improve Quality of Sales

2 GRIEVANCE REDRESSAL SYSTEM/PROCEDURE:

2.1 DEFINITION

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 insurance company and/or any intermediary and asks for remedial action. Further, complaint shall also include any grievance as defined in Information Technology (Intermediary Guidelines and Digital Media Ethics Code) Rules, 2021(hereinafter referred as IGDME rules 2021)

2.2 ELEMENTS IN EFFECTIVE COMPLAINT MANAGEMENT

- 1) **Commitment** of all, at any level, to ensure/facilitate assured service to our customers.
 - a) Complaints Management is a Companywide initiative and lists all departments in their areas of influence or opportunity.
 - b) Each process owners is accountable in driving to reduce Complaints Rate and Resolution TAT.
- 2) **Fairness** to the contract needs to be exhibited at all times.
 - a) Customers are informed of Turnaround Time, basis the nature of their complaint, immediately.
 - b) Written Acknowledgement being sent to the customer with details of the officer handling customer’s case and expected Turnaround times for resolution.
 - c) Customers are educated and empowered to escalate basis resolution.
- 3) **Resources’ (Man/Machine)** adequacy with appropriate empowerment.
 - a) A skilled centralized team dedicatedly redresses each complaint.
 - b) Robust Communication channel and CRM Support is in place to secure each customer’s interaction and it’s tracking.
- 4) **Responsiveness** i.e. dealing promptly, courteously and in accordance to its urgency.
 - a) Each complaint is responded and provided with unique identity for closer tracking.
 - b) We have a well-defined Turnaround Timelines for resolution, which are adhered to.
- 5) **Complaint Classification** to facilitate concentrated management.
 - a) The trend allows faster resolution, facilitates resolution basis criticality.
 - b) Classification is key to understand complaints opportunities and improvement needs.

2.3 Turnaround times:

2.3.1 Complaints related to Standard of Service/Deficiency of Service

Company ensures that the following minimum time-frames are adopted and adhered, these timelines are in accordance to the Regulatory laid framework:

Acknowledgement to Grievance:

- (a) It is mandatory to send a written acknowledgement to a complainant within 3 working days of the receipt of the grievance.
- (b) The acknowledgement contains the name and designation of the officer who will deal with the grievance.
- (c) It contains the details of the insurer's grievance redressal procedure and the time taken for resolution of the grievance.
- (d) Where the complaint gets resolved within 3 days, the resolution is communicated along with the acknowledgement.

Redressal of Grievance:

- (a) Where the grievance is not resolved within 3 working days, it is mandatory to resolve the grievance within 2 weeks or 14 days of its receipt and send a final letter of resolution.
- (b) Within 2 weeks/14 days, we send the complainant a written response which offers redress or rejects the complaint and gives reasons for doing so.
- (c) We inform the complainant about how he/she may pursue the complaint, if dissatisfied. We share the Ombudsman details of the jurisdiction of customer's residence in case the redressal is not in favour of the complainant.
- (d) We inform the complainant that we will regard the complaint as closed if we do not receive a reply within 8 weeks from the receipt of response by the insured/policyholder.
- (e) Grievance Redressal Procedure is also publicized on the company's website i.e www.avivaindia.com for easy approach by the customers.

2.3.2 Complaints with regard to the IGDME rules 2021

A complaint under IGDME rules 2021 shall be attended by company by taking all reasonable and practical steps as stipulated in the rules within 24 hours of receipt of complaint.

Closure of Grievance:

A complaint shall be considered as disposed of and closed when

- (a) the company has acceded to the request of the complainant fully.
- (b) where the complainant has indicated in writing, acceptance of the response.
- (c) where the complainant has not responded within 8 weeks of the company's written response.
- (d) Customer has the opportunity to Reopen his complaint in case he/she is not satisfied with the redressal. Each time the complaint get Reopen it is the responsibility of the insurer to respond back within timelines
- (e) where the Grievance Redressal Officer has certified that the company has discharged its contractual, statutory and regulatory obligations and therefore closes the complaint.

2.4 Grievance Redressal Officers.

1. Grievance Officer (G R O) from senior management level who certifies that the Customer Redressal desk has discharged its contractual, statutory and regulatory obligations and therefore approves the closure of the complaint. This officer is of senior management level which will be appointed by the Board from time to time and will report to the Board with regard to Grievance redressal issues
2. We have an official Complaint Redressal Officer (CRO) as company's representative. It is the responsibility of the CRO to ensure that internal machinery for handling complaints/grievances operates smoothly and efficiently at all levels. The CRO is responsible for prompt redressal of complaints and improvement of customer service levels. This officer is from middle management and reports the functioning of the grievance mechanism to GRO
3. Every Branch has Local Grievance Redressal Officers whose responsibility is as under.
 - Take the Complaint from the customer
 - Understand the Query
 - 100% check of all the documents required to be submitted by the customer
 - Explain to the customer the complete grievance redressal procedure and TAT's. (Inform complainant that our systems are in place to receive and deal with all kinds of calls including voice/e- mail, relating to grievances, from prospects and policyholders)

2.4 A Escalation Matrix

The centralized team is stationed at 401-A, 4th Floor, Block A, DLF Cyber Park, Sector- 20, NH- 8, Gurugram, Haryana - 122008

Level	Name	Email id	Designation	Designation
Level 1	-	complaints@avivaindia.com	-	95-124-270-9000
Level 2	Anshu Bahl	cro@avivaindia.com	Complaint Redressal Officer	95-124-270-9862
Level 3	Aneela Sinha	gro@avivaindia.com	Grievance Redressal Officer	9999346907

Customer can directly contact on above provided nos. between 9 am to 5 pm (Monday to Friday)

3 (5 X 7 – COMPLAINTS MANAGEMENT FRAMEWORK

3.1 - 5 X 7 – COMPLAINTS MANAGEMENT SYSTEM

5 X 7 Complaint Management:

This refers to all media types through which a complaint can be registered i.e. eMail, Voice, Letter, Live Chat and Portal (IRDA IGMSPortal & Aviva India Customer Portal/Website)

7 step processes to track the registration of the complaint, its resolution and finally elimination of the very cause 16-of the complaint to ensure it does not reoccur. These steps are:-

3.1.1 Complaint Classification

Complaint Classifications is instituted to understand the nature, type and the origin of the complaint. A complaint is classified as per the understanding given by the customer regarding a complaint. A complaint is classified on the basis of:

- 1) Source of Communication (Email, Call, Letter or a Visit at Touchpoint)
- 2) Type of Communication (Query, Request, Feedback, Complaint and Notices which include communication from Ombudsman, Consumer Forum, Legal Bodies etc.)
- 3) Severity of a Complaint (Defined beneath)
- 4) Nature of a complaint.

Nature of a Complaint gets further classified under following headers.

- 1) Sales Related.
- 2) Non Sales Related.

These complaints are further branched into specific concern and the process/sub-processes. Refer Annexure-2.

3.1.2 Assigning Severity

Severity of a complaint indicates the criticality of the allegation. The criticality/severity is assigned basis Root Cause and thorough investigation of the complaint. All complaints are bifurcated into:

Level	Type of Complaint	Description/Details/RCA based
Level 1	Sales	a) Financial impacting redressal b) Illegitimate inducement cases c) Spurious Call
	Non Sales	a) Processing Errors b) Staff Behaviour c) System identified error/bugs d) Complaints with regard to Information Technology (Intermediary Guidelines and Digital Media Ethics Code) Rules, 2021
Level 2	Sales	a) Allegation not concluded/established on forgery, misappropriation of funds
	Non Sales	a) Allegation on disputing payout amount b) System/ Portal related use case issues

3.1.3 Escalation and Notification

Escalation to process owners & designated SPOC is prerequisite to address corrections and to identify the areas generating Complaints Opportunity.

The Escalation matrix defines the channels/processes and levels of hierarchy that would be involved for the resolution, and it's promptness. This matrix also indicates the next escalation point in case a situation regarding customer's complaint is not resolved within the specified Internal Turnaround Time of the process.

Escalation Matrix is more stringent for a Severity 1 complaint and the same is accordingly communicated to all concerned process owners.

3.1.4 Determinant

A complaint, after initial classification, is revisited to determine the cause of the concern and classify the concern broadly among following situations:

- 1) System
- 2) Process
- 3) Training / People
- 4) Customer dependency
- 5) Vendor dependency

This becomes the basis to initiate root-cause-analysis on each type of complaint, by the respective desk / department. Each process owner uses the above data of “Determinant Analysis” and target each listed challenges as follows:

- 1) System - Evaluate current capability and gaps and rework on System Logic.
- 2) Process - Define ownership and MIS for identified gaps to trigger alarms.
- 3) People - Retrain / reinforce / take corrective actions.
- 4) Customer Dependency - Relook at improving customer awareness on situations.
- 5) Vendor Dependency - Rebuild measurabilities and performance management.

“RCA based initiatives” are discussed between the Complaints Redressal Team and Process Owners to deliberate on improvements to reduce further complaints opportunities.

3.1.5 By Pass and Recovery

Currently, the bypass solutions are provided for the complaints categorized under “Non-Receipt/ Delay of Notifications or Communications from the Company” as classified in Annexure 3 .

These request arise due to non receipt of documents such as notices, reminders or statements that a customer is due to receive time to time and also when a adhoc request for any document is not fulfilled within the committed time to the customer.

Customer is recovered from these situations by expediting another copy of the requested document or by giving the expected date of delivery for the document, if already dispatched.

3.1.6 Error and Omission Policy

We have a detailed Error & Omission Policy (See Annexure 3), which documents Error Opportunities, Impact of Error (Internal and Customer’s) and Approving authorities for each impact. This ensures that every redressal event is compulsorily shared to know the impact of the complaint. This also entails fairness and accountability.

The E&O policy also spells empowerment of Complaints Redressal Desk, in order to remove influences and promote objectivity and consistency in resolution framework.

The decisions and timelines taken on each Complaint ensure compliance to IRDA’s Protection of Policy Holders Interest Regulations.

3.1.7 : Prevention and Continous Improvement

Prepare month on month comparative dashboards to track trends and impacts on improvements. The same would also facilitate in reflecting and highlighting anomalies in the trends basis the analysis of complaints, and CTQ (Critical to Quality –Key Metrics) reports.

The inferences of these reports and root-cause-analysis post “Determinations” report will serve as basic data to initiate process improvements.

These process improvements are of two types:-

- 1) By Enhancing Customer education or
- 2) By Reducing / Eliminating error opportunities by Controlled MIS or Automation.

Certain examples on the improvements are as follows:-

- a) **RCA Forum have been institutionalized** in Complaints Redressal. The forum deliberates to works on opportunity to reduce complaints opportunity.
- b) Dedicated **Portal for Sales Complaints**, which facilitates tracking and faster resolution of Complaints Cases.
- c) Projects are undertaken to improve the process and to reduce the Non-Value-Adds. Our endeavour is to automate and standardize applications and processes to the best levels.

4 Integrated Grievance Management System (IGMS)

The Integrated Grievance Management System (**IGMS**) is an online consumer complaints registration system created by IRDA in 2010. Apart from creating a central repository of industry-wide insurance grievance data, **IGMS** is a grievance redress monitoring tool for IRDAI. Policyholders can register their complaints online with their insurance company and track the progress of complaint resolution.. Our Customer Relationship Management application is aligned to IGMS (IRDA Portal) on real time basis.

Key Highlights:

- To provide a gateway to policyholders to register complaints against brokers and insurers. and track their grievances with Insurers with a facility to escalate to IRDA.
- To facilitate IRDA to have access, monitor and track details of all grievances lodged with all Insurers, along with their disposal status.
- Mirroring the complaints database of the Insurers to the IRDA portal.
- Provide MIS reports to IRDA in all aspects of grievance redressal.
- Provide advice to policyholders regarding referring their complaints to the Ombudsman.

Section 5: Periodicity of Review by the Board

The policy will be reviewed by the Board once in a year



AVIVA COMPLAINT REDRESSAL PROCESS

At Aviva Life Insurance, we aim to provide our customers with the best service. Should you have any complaint, please reach out to us at below mentioned touch points:

ESCALATION OF YOUR COMPLAINTS

If you are not satisfied with the response that you receive from the access channels above or if you do not hear from us within 7 working days, you can escalate your complaint through:

(a) An Email to **complaints@avivaindia.com** explaining the details of the concerned issue. You will receive a response within 3 working days of the receipt of your complaint.

OR

(b) You can call us on the toll free numbers **1800-103-7766** (BSNL/MTNL lines) or **0124-2709046** (Non BSNL/MTNL lines). Our team of customer service executives will attend to and resolve your issues.

AVIVA LIFE INSURANCE COMPLAINT REDRESSAL OFFICER (CRO)

If you are not satisfied with the response that you receive or if you do not hear from us within 10 working days of having registered your complaint, please contact our Complaint Redressal Officer (CRO). The CRO for Aviva Life Insurance will examine your issues and provide an impartial resolution and can be reached at:

Complaint Redressal Officer (CRO)

Aviva life Insurance Company. India Ltd., 401-A, 4th Floor, Block A, DLF Cyber Park, Sector-20, NH-8, Gurugram, Haryana-122 008, India, **Email:** cro@avivaindia.com

INSURANCE OMBUDSMAN SCHEME

The Insurance Ombudsman is empowered to receive and consider complaints from any person who has any grievance relating to claims, premium paid or payable, or non issue of policy documents.

The remedy is available only if a complaint has been filed firstly with the insurer and the same has not been resolved satisfactorily.

For a list of Insurance Ombudsman, please visit our website **www.avivaindia.com** or obtain more details from our nearest branch.



Aviva Life Insurance Company India Limited
401-A, 4th Floor, Block A, DLF Cyber Park, Sector-20,
NH-8, Gurugram, Haryana-122 008
www.avivaindia.com



Customer Service Helpline Number
1800-103-77-66 (Toll Free)
0124-270-9046



Email
customerservices@avivaindia.com

ANNEXURE -2

COMPLAINTS CLASSIFICATION BASIS TYPE, SUB-TYPE

ANNEXURE: 3

ERROR AND OMMISION (Payout Grid) POLICY

The Policy aims to remove/minimize customers' financial impact, which they face due either Mis selling or services.

The Chief Executive Officer & Managing Director shall from time to time delegate powers to the Grievance Redressal team to take decisions relating to redressal of grievances of customers including payment of compensation.

Noteworthy is that the company's impact due to waivers, loss of business and compensation is fed back into system as feedbacks.