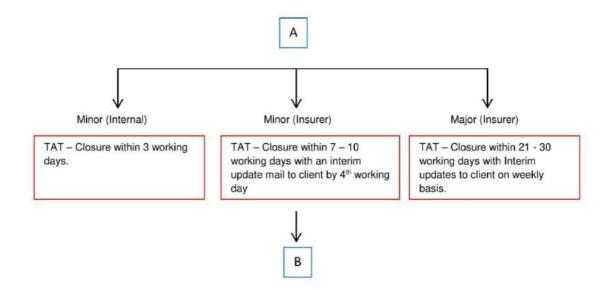


## COMPLAINTS HANDLING PROCEDURE

Registering the complaint with S.No in the Complaint log book received from the Customer (Through Phone Call, E-mail, Fax etc.) Department Responsible: Acknowledging the complaint received with Reference Complaints Handling Dept. Number to be used for future correspondences (CHD) Forward the Complaint to the Health Insurance Dept. of PIB for their action Department Responsible: Health Insurance Dept. (HID) Dept. Head of HID to Identify the Nature of the complaint as below Claims:- Approval Delays, Underwriting:- Like Incorrect Denials / Rejections, schedule of benefit, Terms and Inappropriate Claim settlement, conditions different from what Delays in settlement etc. has been sought for etc. Internal Insurer TAT - Closure within 3 working days -TAT - Closure within 7 - 10 working days with an by ANIB interim update mail to client by 4th working day. After Identification of the Nature of complaint - Dept. Head to forward it to Nominated representative for their swift action and report back to CHD Issue Resolved Yes No Close the Complaint in the Nominated Rep. to escalate to the Head of HID to log book with relevant take up with the Insurers to reach an amicable remarks solution





## Notes -

- 1. Monthly report of all complauts received and status must be submitted to Managing Director
- 2. Fortnightly review by the Internal Auditor
- 3. Case study to be shared during training sessions with PHIRs to avoid recurrences