

PNB MetLife India Insurance Company Limited

‘Policyholder Protection, Grievance Redressal and Claims Monitoring (PPGR&CM) policy’

Version 4.3

Document Control:

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Policy Owner	Compliance, Operations Services
Prepared By	Business Process
Reviewed By	Respective stakeholders
Approved By	Board Dated:

GRIEVANCE REDRESSAL PROCEDURE

Objective:

PNB MetLife India Insurance Co. Ltd (hereinafter called as PNB MetLife) key focus as a service organization is to provide best in class customer experience. While customer complaints are part of assessing the customer satisfaction levels of any service organization and are prime concern for all business processes, our philosophy aims at providing best service. Our customer satisfaction efforts rest on a five-pillar approach, which is detailed in our philosophy.

Grievance Philosophy:

Accessibility:

Provide multiple touch points to customers to approach organization for grievance redressal supported by fully equipped call center, Dedicated service SPOCs, Complaint Management System with integrated Email system

Transparency:

Be fair and consistent in all decisions. All interactions to be dealt with high sensitivity, accuracy and resolved in time

Explore Solutions:

Present all solutions/options for escalation to the Customer

Opportunity to Appeal:

Give chance to appeal and share details of escalation matrix

Benchmarking and surveys:

Learn and endeavor continual improvement from feedback /satisfaction survey and Key performance parameters linked with service standards

“We are committed to provide Best-In-Class services to all our customers, through well-defined Customer Complaint procedures and guidelines supported by robust systems and trainings to ensure that all complaints are resolved in a Consistent, Fair and Transparent manner within well-defined timelines”

Principles of Grievance Redressal:

- Treat all grievances and complaints in fair, efficient and impartial manner
- Deal with courtesy and as per defined timelines
- Educate customers about the touch points for escalation of their complaints / grievances
- Inform about the right to alternate remedy, in case of disagreement with the response
- Identify process gaps and rectify from grass root levels to eliminate reoccurrence

Definition of Complainant / Customer:

“Complainant” means a policyholder or prospect or nominee or assignee or any beneficiary of an insurance policy who has filed a complaint or grievance against an insurer and /or distribution channel.

Guidelines of Handling Grievances:

- All complaints/grievance are recorded in our complaint management system
- Customers are provided with the Service request number to facilitate follow-up, if required and future references
- Acknowledgment is provided to the customer for complaints received
- Timelines are defined for the resolution
- Current status of lodged complaints can be accessed by the Customer at any of the Service Touch points, Close looping is done by communication of resolution to the customer
- Complainants are informed about how he/she can /may pursue the complaint, if dissatisfied
- Complaint management system is updated with every communication – email/ letter sent to the customer
- Periodic reporting and review by senior management
- A multi-layered approach for resolution with dedicated centralized teams and senior officials to address, investigate and resolve

The Company will ensure the following:

- endeavor to move towards "zero grievances" by adopting consumer friendly processes.
- have a system of obtaining customers' feedback on a regular basis, particularly post resolution of the grievance(s). The feedback may also cover the policyholders' experience with the grievance redressal process and the level of their satisfaction.
- provide, in its resolution communication, the contact details of concerned insurance ombudsmen where his / her complaint can be escalated, in case the policyholder is not satisfied by the grievance redressal provided by the insurer.
- integrate its grievance portal with the Bima Bharosa portal to facilitate the registering/ tracking of grievance on-line by the policyholders. The insurer's system must be equipped with a real-time mirroring functionality that ensures their grievance database is consistently synchronized with the Bima Bharosa.
- facilitate recording of the grievances on Bima Bharosa received from prospects / policyholders in any form including telephone calls, e-mail, physical posts/couriers, in-person complaint at the insurer's places of business.
- have a designated officer to deal with grievances at every place of business and a proper internal escalation matrix in case grievances are not addressed to the satisfaction of the complainant. The details of the grievance redressal mechanism shall be displayed prominently on the websites of the insurer and in all their offices.
- display in a prominent place, the name, address and other contact details of the insurance ombudsman within whose jurisdiction the office falls.

Changes to the Standard Operating Procedure (SOP)

Changes in the Standard Operating Procedure (SOP) may be made by the management from time to time as these are more related to operational matters. The board approves this delegation to the management.

Part A

GRIEVANCE REDRESSAL PROCESS/ PROCEDURE

This SOP is drawn up in line with the delegation approved in the grievance redressal policy

1. Introduction

1.1. Business Objective

The objective of this document is the following:

- Provide guidance to user/ stakeholders / departments for handling and resolving grievances
- Define the procedure to be followed for handling grievances received in an efficient, fair and impartial manner

1.2. Definition of Customer Interaction:

Complaints/Grievances received from individuals (Policy Holders/Claimants) are valuable ways of measuring the areas in which we need to improve. It is therefore important to monitor all complaints and address them within the prescribed regulatory TAT provided as per Grievance Redressal procedure.

1.3. Categorization of Interactions:

Query:

When Customer contacts the Company touch points primarily for information about the policy and/or its services and/or follows up on a status of a particular request e.g. Information related to Due premium, Fund value, Policy Status, Policy Features & Benefits Claim procedure, follow up on status on policy request

Request:

Written communication received from a customer against the policy for certain services such as a change or modification in the policy details /information e.g. change in nomination, Increase / decrease in sum assured, Surrender request, Request for a duplicate renewal premium receipt, request for unit statement (Policy account statement), etc.

“**Complaint**” or “**Grievance**” means written expression (includes communication in the form of electronic mail or voice based electronic scripts) of dissatisfaction by a complainant with respect to solicitation or sale or purchase of an insurance policy or related services by insurer and /or by distribution channel. Explanation: An inquiry or service request would not fall within the definition of the “complaint” or “grievance”.

1.4. Who can log Complaints?

Existing policyholders and prospective customers can directly log in complaints relating to

their policies or proposals through touch points. In addition, grievance can be logged by the following person on behalf of customer:

1. Bancassurance Channel Partner
2. Bancassurance Sales Force
3. Branch Operations / Services
4. Financial Advisors
5. Corporate Agencies & Brokers
6. Agency Sales Force

2. 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.

2.1. Touch Points

Contact Centre:

Customers may call the Contact Centre by calling at our Toll Free 1-800-425-6969 between 10 am – 7 pm, Monday to Saturday. 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 Indiaservice@pnbmetlife.co.in from registered Email ID with complete details of the concern

Company Website:

Customer may register a grievance on the Company website:

- By logging in to the Policy Information Portal (PIP)
<https://www.pnbmetlife.com/wps/portal/metcustomer>
- By clicking on the Grievance section

Letter:

- The Customer can lodge a complaint by written communication through Post / Courier to PNB MetLife @
Grievance Redressal Department
Unit no. 302, 3rd floor, Tower-3, Worldmark, Village Maidawas, Sector 65, District Gurugram, Haryana-122018
- Submitting a letter at any of the PNB MetLife's branches (the list of the existing branches is available on the PNB MetLife India website).
- The Customer can also lodge a written complaint through FA / CSO / Channel Partners

Social media:

If a customer raises concerns on any PMLI social media platform with all details, the complaint is addressed and resolution is provided to the customer after due verification of the Customer

Regulator Website:

The Customer can lodge a complaint to IRDAI by clicking the following link

<https://bimabharosa.irdai.gov.in/>

3. Grievance Redressal Mechanism

At PMLI we have a multi-layered approach for resolution of grievance with dedicated centralized teams and senior officials to address, investigate and resolve customer concern.

3.1. Grievance Classification:

The customer care personnel can come across various other types of complaints from Customers other than the types listed below. The list provided below is an indicative list & not an exhaustive list of complaints. Also, the classifications prescribed by the Authority from time to time shall be adopted and incorporated in the systems.

Type of Interactions**New Business Related Complaints:**

1. Complaints regarding delay in policy issuance
2. Delay in receiving the status of the application / requirement
3. Customer dissatisfaction over Company's decision (policy postponed, declined)
4. Delay in receiving a refund
5. Complaints regarding non-receipt policy document / delay in receiving the policy document

Policy Service Related Complaints:

1. Correction in Address / Name / Title / Beneficiary
2. Delay in processing the Fund Switch
3. Delay in processing the free-look cancellation request and delay in receiving the refund cheque
4. Delay in processing change of frequency request (mode change)
5. Incorrect account statement / charges related complaints
6. Delay in receiving survival benefit cheque
7. Surrender related complaints
8. Complaints regarding assignment / re-assignment
9. Unprofessional behavior exhibited by any of the PNB MetLife's customers facing roles like Branch Operations, Sales, contact center etc.
10. Other issues such as delay in Death / Maturity payout

Remittance Related Complaints:

1. Complaints regarding the renewal premiums and accounting the same towards the due policy
2. Complaints regarding the incorrect lapsation and delay in reinstatement
3. Non receipt of renewal premium receipt (RPR)/ renewal premium notice (RPN)

4. Complaints regarding the SI / ECS related issues (delay in processing, double debit, delay in refunding the excess amount, incorrect processing, delay in allocating units)
5. Complaints regarding APL (Automatic Policy Loan) or Policy Loan
6. Complaints regarding receipt of incorrect reminder information through email / SMS.
7. Delay in processing the renewal premium payments

Sales Complaints:

1. Mis-selling by Front Line Sales (FA etc.)
2. Unfair Business Practices and Malpractice
3. Misrepresentation of information on the policy
4. Fraudulent Practice (For e.g.: Signatures forged, tampering and manipulation on the information declared by the customer)
5. Complaints regarding the cash payment made to FLS which is not accounted against premium
6. Inadequate service / support by the sales representative
7. Forgery of Documents complaint by FA /Customer

Claims:

1. Complaints from nominee/ assignees in case of death claim
2. Complaints regarding delay in survival/ maturity benefits

3.2. Closure of Grievance:

A complaint/grievance shall be considered as disposed of and closed when:

- a) The Company has acceded to the request of the complainant fully or
- b) Where the complainant has indicated in writing, acceptance of the response of the insurer or
- c) Where the complainant has not responded to the insurer within 8 weeks of the Company's written response

3.3. Grievance Redressal Department

If a customer is not satisfied with the resolution provided on any service/ product by our service touch points, he or she can approach Grievance Redressal Department by writing to Indiaservice@pnbmetlife.co.in. A dedicated team who reviews all such grievances received and provides a resolution to the customer on a priority basis. All such Grievances are entered into our Complaint Management System for further resolution.

- The Central Grievance Redressal Team handles all grievances received through IRDAI, Escalations to Managing Director/ Senior Management, etc.
- An acknowledgement is sent to the Customer acknowledging his/ her complaint/ grievance on receipt of the complaint/grievance. Simultaneously, Grievance Cell to log an interaction in our Grievance Management system (/CRM Next)"
- Once the complaint is acknowledged, team need to ensure that final resolution/ rejection is communicated to the complainant within TAT as per regulatory guideline. In case of rejection, the reason for rejection would be mentioned. In case due to complexity of the matter involved the additional due diligence or investigation resulted in breach of internal TAT, interim need to be dispatched to customers with

reason specifying timelines for resolution of the complaint

- If the Customer is not satisfied with the resolution provided by India grievance department, the Customer can go for second level of escalation as mentioned in the PNB MetLife Website

3.4. Grievance Redressal Officer (GRO):

In the event, the customer is not satisfied with the resolution provided by the above touch points, then he/she can raise his/ her grievance by directly writing to the Grievance Redressal Officer via email at GRO@pnbmetlife.co.in or through a letter sent to the Registered Office

3.5. Grievance Officers:

The Company also has designated Grievance Officer (GO) at other offices of the Company as mandated by regulators. The details of the GRO/designated Grievance Officer along with the contact details in full are published on the website of the Company.

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 is also displayed at the notice board of respective offices.

Role of Grievance Officer at the Branch Level: All the designated Grievance Officers (GO) for their respective offices, on receipt of a grievance from customers, will do a detailed investigation and log their case synopsis/details of discussion to Central Grievance Redressal Team. Final closure with the customer would be done centrally in consultation with GRO.

GRO is a representative of Customer and ensures appropriate resolution by interfacing with different functions within PNB MetLife.

3.6. Bima Bharosa:

In the event, the customer is not satisfied with the resolution provided by the above touch point, then he/she can lodge a complaint to Bima Bharosa by clicking the following link <https://bimabharosa.irdai.gov.in/>

3.7. Ombudsman

Alternatively, Customer may approach the concerned office of Insurance Ombudsman. Contact details are as below: -

<https://www.cioins.co.in/Ombudsman>

4. System Support & Tools for Grievance Management

4.1. CRM Next

Grievance management is supported by integrated system / CRM tool called "CRM Next". The main functionalities of the system are: -

Interactive call logging system for all touch points

All touch points can log a complaint and scan images of the complaint letter through the system. The system generates a Service Request number which is communicated to the customer.

Seamless tracking of all complaints

Once all touch points log the complaints in the system, the complaint status can be tracked by various stakeholders at any given point of time.

Real time integration of Bima Bharosa portal with CRM (Integrated Grievance Management System)

IRDAI's comprehensive Bima Bharosa portal solution has the ability to provide a centralized and online access to the Policyholder and provide complete access and control to IRDAI for monitoring the grievance redressal procedure of the Company. When the Customer dissatisfaction is tagged as a complaint in CRM Next, the same gets registered on Bima Bharosa portal real time.

Auto escalations basis predefined timelines

Upon logging of the Complaint in the system, there are auto escalations built which gets triggered in the event of the complaint not getting resolved within the defined turnaround time. All escalations pertaining to respective Call Type/ Sub Type have a maximum of 3 (three) level escalation culminating into the Head-Customer Service & Operations. An auto mailer is sent to the escalation point updating him/her about the details of the complaint and for immediate closure.

View MIS basis Complaint Category, Classification, Turnaround time and by Location

The system has the capability to generate periodic MIS for review basis complaint category, classification, turnaround time and by location.

4.2. Quality Evaluation:

There is a complaint evaluation process where complaints resolved are evaluated on a sample basis. The evaluation is done by a 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. This is a daily process. Also, the audited sample cases get audited by SMEs to ensure standardization and understanding of the process at all levels.

4.3. 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
- Escalation matrix

5. Review and Monitoring process

5.1. Periodic Review

The periodic reports/MIS are published on complaints with Business Head highlighting the complaint Trends across channels for review and formalize appropriate action and strategy to reduce complaints

5.2. Root Cause Analysis

Centralized Customer Experience Team with dedicated members analyzes complaints and performs Root Cause Analysis to identify process gaps or service deficiency to eliminate

complaints of similar nature in future. The Root Cause Analysis is shared with respective functions and also gets discussed for closure of the gaps appropriately.

5.3. Review Committee

The Grievances trends and observations are reviewed periodically across various fora as mentioned below:

Forum	Members	Frequency
Policyholder Protection, Grievance Redressal and Claims Monitoring Committee (PPGR&CM)*	<ul style="list-style-type: none"> Independent Director/s MD & CEO Non-executive Directors 	Quarterly
Risk Management Committee (RMC)	<ul style="list-style-type: none"> MD & CEO Chief Risk and Compliance Officer (CRCO) Chief Financial Officer (CFO) Appointed Actuary (AA) Chief Legal Officer (CLO) Chief Internal Auditor Mancom members (Invitees) 	Quarterly
Functional Review	<ul style="list-style-type: none"> Function Head Department Head 	Monthly
Customer First (erstwhile name was customer Council)	<ul style="list-style-type: none"> Managing Director Chief Distribution Officer Chief Marketing Officer Chief Compliance Officer Chief Operations Officer Grievance Redressal Officer 	Quarterly

Apart from the above review committee, 20 cases per week are also reviewed by MD/CEO as mandated by IRDAI. The details get submitted to the regulator once in month. Also, Sales complaints MIS is shared with sales on a monthly basis for respective channels.

*Note: As per IRDAI (Corporate Governance) Regulations, an expert / representative of customer shall be invited for committee meetings

6. Preventive Measures to avoid Grievances

6.1. Pre-Sales

1. Customer Profiler: Mandatory profiler that helps to identify customer needs and suggests a list of the best suiting products for the customer

2. Benefit Illustration: This specifies the product charges with indicative returns
3. Except in respect of pure risk and pure health products, the Life Insurer (for direct sales) or Agent or Intermediary, as the case may be, shall collect suitability information of every prospect and make recommendations on purchase of life insurance product only basis such information and enclose it to the proposal. This suitability aspect is elaborated in the Sales Practice policy of the Company.
4. Certification by managers confirming personal meetings with customers and having explained the products.
5. Product Info on Website/Brochures: Detailed and explicit information on our products is available on our website and brochures
6. Training: Mandatory training in the sales force on products and time to time reinforcements of policy features etc.
7. Pre-Issuance Video Verification (PIVV)/: Process as applicable under PIVV/ is followed for Video verification of customers.

6.2. Post-Sales

1. Welcome Calling: Process as applicable under Welcome calling is followed for the customers to take feedback and explain product features on a case-to-case basis
2. Communication to Sales hierarchy on receipt of complaints.
3. Sales Action & Counselling: For established sales complaints cases appropriate action is recommended based on the material evidence
4. Periodic MIS to sales on complaints to sensitize on the volumes and category on complaints.
5. Key Feature Document: A summary of key policy features is sent along with the Policy Document in a single sheet for ease of understanding
6. Copy of application Form: A copy of the application form is sent to the customer along with the Policy Document for their review
7. Specialist Team: Dedicated central team of specialists to handle any complaints, which addresses the issue, provides root cause analysis, recommends corrective action & presents the concern areas to the management
8. Investigation Unit: In befitting cases, dedicated team for investigation of customer grievances internally and/or through external agencies related to mis-selling, forced sale etc. and helps in elimination of factors leading to customers concerns

7. Redressal of Grievances related to Outsourced Services

PNB MetLife in all respects would address any grievance received from customers and provide appropriate resolutions within prescribed timelines. It is PNB MetLife's responsibility to do a root cause analysis of all such complaints received & shared internally with respective functions/departments. PNB MetLife will ensure that all such departments duly appraise respective authorized vendors and ensure actionable are documented to be adhered by them.

All departments to ensure SLA with authorized vendors are available which will address the same.

PNB MetLife customers can register their grievances as per touch points available to them – as mentioned in section 3.1 above

This policy shall be amended in accordance with the regulatory changes from time to time

Part B

Information relating to GRIEVANCE REDRESSAL MECHANISM of PNB MetLife India Insurance Co. Ltd. as submitted to the Regulator

1	Name and designation of the Grievance Redressal Officer (GRO)	Grievance Redressal officer as approved by PPGR&CM
2	Contact Details (If GRO is different from Head-Customer Service, please mention details of Head, Customer Service also)	PNB MetLife India Insurance Co. Ltd, Unit no. 302, 3rd floor, Tower-3, Worldmark, Village Maidawas, Sector 65, District Gurugram, Haryana-122018 O: +91-124-4179000
3	Contact Details of the GRO Full address Telephones Fax E-mail Id	PNB MetLife India Insurance Co. Ltd, Unit no. 302, 3rd floor, Tower-3, Worldmark, Village Maidawas, Sector 65, District Gurugram, Haryana-122018 O: +91-124-4179000 Email: gro@pnbmetlife.co.in
4	Non-personal email ID for IRDAI escalation	GRO@pnbmetlife.co.in
5	Call center details - Toll free number: Email ID:	18004256969 Indiaservice@pnbmetlife.co.in
6	Whether the Grievance Redressal Policy of your Company has been approved by the Board?	Yes
7	Other features of your redressal mechanism that need to be disclosed to the policyholder	<p>We aim to provide the best-in-class customer service. In the rare event if customers are not satisfied with the services provided, they can highlight their concern on the below mentioned touch points:</p> <p><u>Level 1</u></p> <p>For any complaint/grievance, approach any of our following touch points:</p> <ol style="list-style-type: none"> 1. Call 1800-425-69-69 (Toll free) or 080-26502244 2. Email at Indiaservice@pnbmetlife.co.in 3. Write to "Grievance Redressal Department", PNB MetLife India Insurance Co. Ltd., Unit no. 302, 3rd floor, Tower-3, Worldmark, Village Maidawas, Sector 65, District Gurugram, Haryana-122018 4. Online through our website www.pnbmetlife.com 5. Our nearest PNB MetLife branch across the

	<p>country</p> <p><u>Level 2:</u> In case not satisfied with the resolution provided by the above touch points, customer can write to our Grievance Redressal Officer at gro@pnbmetlife.co.in or send a letter to the PNB MetLife India Insurance Co. Ltd, Unit no. 302, 3rd floor, Tower-3, Worldmark, Village Maidawas, Sector 65, District Gurugram, Haryana-122018</p> <p><u>Level 3:</u> In case the customer is still not satisfied with the decision of the above officer, he/she can lodge a complaint to Bima Bharosa by clicking the following link https://bimabharosa.irdai.gov.in/</p> <p><u>Level 4:</u> In case the customer is still not satisfied with the decision of the above officer, customer may contact the office of the concerned Insurance Ombudsman.</p>
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