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India Insurance Company limited

CITIZENS' CHARTER

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Citizens Charter

This Citizen's Charter is a statement of our dedication for providing quality services to our policyholders and stakeholders with efficient, transparent and focused customer services. It outlines our commitments, the standards of service delivery and the mechanisms to address customer grievances, ensuring a seamless and trustworthy experience.

This charter is a summary of what PNB MetLife proposes to offer to the community and to the customers. This charter does not become a part of the policy contract of the customers of PNB MetLife.

CORE OBJECTIVES

Customer - Centric Approach	Transparency	Excellence	Continuous Improvement
To prioritize customer needs and provide accessible, fair and timely services	To communicate clearly about our products and processes to customers	To strive for excellence in operational performance to provide superior customer experience	To continuously leverage digital technology to improve and innovate our services' basis evolving customer needs

OUR COMMITMENT

To the community, we will

- offer insurance cover and financial security to every insurable segment of the society including the socially and economically weaker sections
- consider socio economic changes to meet the insurance needs of the society
- follow ethical business practices with utmost importance to the interest of the society
- not discriminate the customer for insurance coverage on any grounds including gender, race, religion, ethnicity, nationality, civil status, genetic characteristics, congenital disorders, physical disability, mental health illnesses and immunocompromised status e.g. HIV/AIDS

To our customers, we will

- provide financial security and peace of mind through reliable, accessible and high-quality services
- prioritize customer satisfaction and trust
- foster long term relationships through empathy and care
- share regular and meaningful information about products and services
- manage the funds with strong governance with focus on the primacy of customer's interests

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OUR SERVICE STANDARDS

Standards For Fairness in Dealing with Customers

We are committed to ensuring fairness, transparency and integrity in all interactions with our customers. We will

- deal in an open and transparent manner
- treat equitably, honestly and fairly at all stages of the relationship
- ensure special attention shall be given to the needs of vulnerable groups
- continuously expand our product line and services to afford wider choice
- ensure the prospects or the policyholders have equitable and inclusive access to insurance products and services either directly or through the distribution channel
- ensure the solicitation process is transparent and has built-in practices to enable fair and equitable treatment of the prospect or the policyholder at all points of time
- provide all necessary information about the products to enable them to take informed decision about purchasing insurance policies
- establish a mechanism to inform prospects and policyholders about insurance products during and after sale, including the costs (Premium, charges etc.), risks, and exclusions or limitations. Wherever possible, classify exclusions into standard, specific, optional and inform about policy conditions during contract stages (pre-contract, during contract, claims, renewal, etc.), as applicable
- receive advice, the advice is suitable and takes account of their needs and circumstances
- provide the product(s) which suits their requirement and meets their reasonable expectation.
- ensure measures are taken to prevent mis-selling and unfair business practices, by building suitable conduct measures including suitability assessment, documentation, appropriate grievance redressal framework. Also, set up reasonable turnaround times for various activities and services to provide timely completion and resolution

Standards For Easy Access to Information for Customers

We are committed to empowering our customers with timely, accurate and easily accessible information. We will

- educate the customers and the public of the various options available in products and services
- make available to the customers the literature and brochures relating to our products and services in "easy to understand" style
- make available various information about products and services including rights and obligations (pre-sale, post-sale, claim, renewal) through our Web Page on the Internet.
- enhance the content, frequency and quality of our communication with the customers, especially through the mass media like Press, Television, Radio, etc.
- provide easy access through multi- channel servicing options to customers for interacting with the Company

Standards for Policy Servicing

We are committed for providing seamless and customer centric policy servicing. We will

- endeavor to ensure service performance in line with the TATs defined in the regulations
- periodic review of service standards to improve, wherever necessary
- respond to all customer enquiries promptly, opportunities to give feedback about their perception of our services and to suggest improvements through customer surveys
- learn and endeavor continual improvement from feedback /satisfaction surveys and Key performance parameters linked with service standards
- enhance customer convenience through adoption of higher technologies in the areas of information and communication, simplification of processes, review and revamp of the systems and methods
- make continuous efforts to provide digital tools, dashboards, and portals for customer self-service and transparency
- aim to reduce the paperwork by digitizing paperwork-based processes
- inform customers through various modes to verify and keep contact information (mobile no./ email id) always updated in company records for a seamless servicing experience

Standards For Claim Settlement

We are committed to ensuring a transparent, efficient and customer centric approach to claim settlement. We will

- strive to settle all maturity claims well in time preferably on or before the due date, on receipt of all requirements from the policyholders
- strive to settle all death claims within the regulatory timelines, If there is a delay on our part beyond stipulated days, we will pay interest as prescribed by IRDAI.
- establish systems and processes for expeditious settlement of claims by ensuring the following-
    - Provide necessary support and guidance for registering claim;
    - Provide fair treatment at all times in processing the claim;
    - Provide information at various stages of claim settlement;
    - Call for all necessary documents as specified in the policy document at one go and avoid calling such documents/information in a piece meal manner;
    - Settle the claims with speed and efficiency within a reasonable time

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Standards For Redressal of Customer Grievances

We are committed to address customer grievances with transparency, efficiency and fairness. We will

- nominate a Grievance Redressal Officer at the respective branch to address the customer's complaint
- 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 including provide information to the aggrieved customers about the availability of the external grievance redressal machinery in the form of Ombudsman
- 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
- not face post-sale barriers imposed by insurers and distribution channels, if any, to change product, submit a claim or make a complaint

SERVICE PARAMETERS AND TURN AROUND TIME (TAT)

Policy Issuance/ New Business Related	
Service	Maximum TAT (in Calendar Days)
Processing of Insurance Proposal and seeking further requirements for consideration of the proposal	7
Decision on proposal from contract creation date/ application acceptance date	7
Providing copy of the policy along with the proposal from issuance date	15
No proposal deposit can be taken prior to acceptance of risk, for cases where proposal deposit has been paid by the customer the Company has defined the turnaround time for Refund (postpone, decline, NTU, withdrawn etc.) of proposal deposit from date of UW decision	15 (One week for acceptance/ additional requirement/ rejection + Refund within one week post rejection that is postponed, decline, etc.)
Requests concerning mistakes/ corrections in the Policy document	7

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Post Issuance/ Policy Servicing Related	
Non payout requests from the date of receipt of service request specified	
Service	**Maximum TAT (in Calendar Days)**
Changes or corrections in customer details like Address/ Contact details, Change/ registration of Nomination, Change/ registration of Policy assignment, Change in Name/ DOB, Bank account updation etc. (KYC Norms to be complied)	7
Change or correction in Policy Features like Mode change, Change in Premium/ Sum Assured, Policy loan, Unit /Index Linked Insurance Policy - Switch, Top-up, and other related Services (alterations in original policy conditions - where applicable)	7

Post Issuance/ Policy Servicing Related	
Non payout requests from the date of receipt of service request specified	
Service	**Maximum TAT (in Calendar Days)**
Issue of Premium Payment Certificates (PPC)	7
Issue of Duplicate Policy	7
Pay-out requests	
Decision on Policy Revival after receipt of all requirements	7
Customer induced payouts-Surrender, Partial withdrawal, Refund of proposal deposit, Refund of outstanding proposal deposit from receipt of request / last necessary document from the customer	7
Customer induced payouts-Free look cancellation and Refund	7
Company Induced payouts- Maturity Claim/ Survival Benefit/ Immediate Annuity/ Monthly Income:	
Where KYC and bank details are received 7 days prior to the claim due date: T+3 working days (T is the due date)	3
KYC/ NEFT details submitted post the due date or < 7 Days prior to the due date: 7 days from the last requirement received date	7

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Claims/ Benefits Related	
Request for Death Claims (Life Insurance Policy)	
Service	Maximum TAT (in Calendar Days)
Claim decision (without Investigation)- from date of intimation of claim	15
Claim decision and payment (with Investigation)- from the date of intimation of claim	45
Request for Claims (Health Insurance Policy)	
Claim decision– from date of intimation of claim	15

Grievance-Complaints Related	
Service	Maximum TAT (in Calendar Days)
Acknowledgement of grievance - Grievances received till 3:00 pm on a working day on same day, for rest by T+1 working day, T is the date of the receipt of grievance)	Immediate (Not exceeding T+1)
Resolution of grievance (Calendar days) - Seek and obtain further details, if any, from the complainant within 7 days (permitted only once)	14
If complaint is not resolved by the insurer, communicate the details to the policyholder of options including referring to Insurance Ombudsman/ Consumer Court.	14

Note:

1. Penal interest as prescribed in the applicable regulations will be paid for delay in making any pay-outs on part of the Company
2. Health Riders under Life Products will have TAT as per Death Claims
3. Standalone Health products will have Health TAT
4. Auto action by Insurer

Intimation to customers on due premium	One month before due date
Policy payment intimation (Survival benefits, maturity benefits etc.)	One month before due date

PNB MetLife India Insurance Company Limited, Registered address: Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka. IRDAI Registration number 117. CIN No U66010KA2001PLC028883. The marks "PNB" and "MetLife" are registered trademarks of Punjab National Bank and Metropolitan Life Insurance Company, respectively. PNB MetLife India Insurance Company Limited is a licensed user of these marks. Call us Toll-free at 1-800-425-6969. Website: www.pnbmetlife.com, Email: indiaservice@pnbmetlife.co.in or Write to us: 1st Floor, Techniplex -1, Techniplex Complex, Opp Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062, Maharashtra. AD-F/2024-25/1776

BEWARE OF SPURIOUS PHONE CALLS AND FICTIOUS /FRAUDULENT OFFERS!
IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.