



PPI Policy on Protection of Interests of Policyholders and Grievance Redressal

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1. Introduction

- 1.1 At Acko our vision is *'Our vision is an India where every Indian can confidently secure their future and where Insurance is available, accessible and affordable to all'*. Our mission is *'To bring peace of mind by making insurance accessible to every Indian in a simplified, easy to understand and convenient manner'*. We serve our customers through various group and individual products, delivered through our strong online presence and embedded partnerships. One of the key differentiators for Acko Life Insurance is service excellence to its customers.
- 1.2 IRDAI (Protection of Policyholders' Interests) Regulations, 2002 and clarifications/guidelines issued thereunder have been superseded by recent IRDAI (Protection of Policyholders' Interests) Regulations, 2017 dated June 22nd, 2017 ("**Regulation 2017**"). Regulation 2017 requires insurers to have a Board approved policy for the 'Protection of Interests of Policyholders' ("**Policy**").
- 1.3 IRDAI (Guidelines for Grievance Redressal by Insurance Companies), 2010 ("Guideline") requires insurers to have a Board approved Policy for 'Grievance Redressal'. This Policy shall also include and comply with the requirements under the Guideline.

2. Definitions

"Board" means the Board of directors of the Company.

"Complainant" means a policyholder or prospect or any beneficiary of an insurance policy who has filed a Complaint or 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 the Company, distribution channels, intermediaries, insurance intermediaries or other regulated entities involved in insurance sales and services about an action or lack of action about the standard of service or deficiency of service of the Company or its distribution channels, intermediaries, insurance intermediaries or other regulated entities

Explanation: An inquiry or request would not fall within the definition of "Complaint" or "Grievance".



Policyholder Protection Committee (“PPC”) means the Company’s Board-appointed committee to oversee the various compliance requirements in relation to the protection of policyholders’ interests.

3. Scope

The scope of this Policy includes the following:

- **Steps to be taken by the Company for enhancing insurance awareness so as to educate prospects and policyholders about insurance products, benefits and their rights and responsibilities (section 4 below);**
- Service parameters including turnaround times of various services rendered by the Company (section 5 below);
- Procedure for expeditious resolution of Complaints (section 6 below);
- Steps to be taken by the Company to prevent mis-selling and unfair trade practices at point of sale and service (section 7B below);
- Steps to be taken to ensure that, during policy solicitation and sale, the prospects are fully informed and made aware of the benefits of the product being sold vis-a-vis the product features attached thereto and the terms and conditions of the product so that the benefits / returns of the policy are not mis-stated / mis-represented (section 7A below).

The supporting policies and practices to meet the above requirements have been detailed in the ensuing sections.

4. Insurance awareness

Insurance awareness has been an area of focus for Acko Life Insurance since inception of the Company and special attention has been given to this initiative.

The Awareness Policy includes campaigns and new initiatives to be taken by Acko Life Insurance to spread awareness among prospects and policyholders about insurance products, benefits and their rights and responsibilities. Such activities and their effectiveness shall be reviewed quarterly by the PPC.

5. Services parameters and turnaround times

Policyholder servicing parameters and turnaround times shall be as follows. These are basis the regulatory requirements, wherever applicable, and for other service parameters for which there are no regulatory requirements, to set maximum turnaround times, the same shall be driven by this Policy.

Service parameters	Maximum turnaround time (calendar days)	Turnaround time to be calculated from
Written communication of decisions on the proposal / raising additional requirements on the proposal	15 days	Date of receipt of the proposal or the date of receipt of any requirement called for, whichever is later



Providing copy of accepted proposal form	30 days	Date of acceptance of the proposal
Cancellation of proposal and/or refund of proposal deposit	15 days	Date of case decision/ date of receipt of last necessary document/date of receipt of request for cancellation of proposal, whichever is later
Post policy issuance cancellations and refunds/ corrections/queries/non-claim related service requests	10 days	Date of identification of error/receipt of request, whichever is later
Requests for refund towards free look cancellation, surrender and withdrawal; refund of proposal deposit; refund of outstanding proposal deposit, if any	15 days	Date of receipt of request/last necessary document, whichever is later
Processing of maturity/survival benefit claim/annuities	On or before the due date	Due date
Raising claim requirements after receipt of death claim	15 days	Date of receipt of death claim
Settlement (paid, rejected or repudiated) of death claims (when investigation is not required)	30 days	Date of receipt of all relevant papers and clarifications under death claim
Investigation of death claims when required	90 days	Date of receipt of claim intimation
Death claim settlement/repudiation (when investigation is required)	30 days	Date of completion of investigation of death claim
Settlement of health claims (when investigation is not required)	30 days	Date of receipt of last necessary document
Investigation of health claims when required	30 days	Date of receipt of last necessary document
Settlement of health claims (when investigation is required)	45 days	Date of receipt of last necessary document
Acknowledgement of Grievance	3 working days	Date of receipt of Grievance
Resolution of Grievance	30 days	Date of receipt of Grievance

Interest shall be paid to the policyholder / nominee by the Company in case of delays as mentioned in the Regulations 2017.

6. Procedure for expeditious resolution of Grievances

The Company shall have in place an effective Grievance redressal procedure to address Grievance of policyholders efficiently, and with speed and communicate the action taken by the Company on the Grievance to the Complainant along with the information in respect of Insurance Ombudsman as may be necessary.

Grievance organization structure

The Managing Director & CEO or the Deputy Managing Director or Chief Operating Officer of the Company are authorized to appoint the Grievance Redressal Officer of the Company at the corporate



office (from time to time), who shall be a senior level officer in full time employment of the Company and will be the contact person for the Authority. The Grievance Redressal Officer shall have the overall responsibility to ensure that the Grievance redressal procedure is adhered to, along with the reporting of Grievances to the management on monthly basis.

The details of the Grievance Redressal Officer along with the contact details in full shall be published on the website of the Company. The name and contact details of the Grievance Redressal Officer shall also be displayed in the notice board of the corporate office. Every office of the Company shall also display in a prominent place, the name, address and contact details of the insurance ombudsman within whose jurisdiction the office falls.

The Company shall publicize its Grievance redressal procedure and ensure that it is specifically made available on its website.

Process of receiving Grievances

The Company shall have a well-defined process of receiving and registering Grievances.

- Customers may use any of the following avenues to report Grievances to the Company:
- **Company website & email contact: Visit us at www.acko.com/life or write to us at support.life@acko.com**
- In case the resolution provided by the Company is not to the satisfaction of the Complainant, the policyholders may register a Grievance in the integrated Grievance management system ("Bima Bharosa") of the Authority and track the Grievance online.

Grievance Redressal System

Acko Life Insurance has a robust customer relationship management (CRM) system for receiving, registering and disposing Grievances. The Company also has in place systems to receive and deal with all kinds of calls, including voice/e-mail relating to Grievances from prospects and policyholders. **For Grievances received via voice calls, the prospects and policyholders shall be requested to submit a written Complaint.**

Each Grievance registered in the CRM system shall generate a unique reference number which shall be shared with the Complainant upon registering the Grievance. As



per IRDAI's requirement and direction, the CRM shall be integrated with the Bima Bharosa of the Authority where Grievances received by Acko Life Insurance will be reported to IRDAI on a real time basis, along with the generation of an IRDAI token number for each Grievance.

Process and resolution times for Grievances

Grievance acknowledgement: On receipt of a Grievance, the Company shall first assess it on the basis of its merits and nature. Thereafter, the Company shall send an acknowledgement, through SMS or email, where available, to the Complainant within 3 working days of the receipt of the Grievance.

Grievance resolution: The Company shall endeavour to resolve the Grievance within 30 days of its receipt and each redressal or rejection of the issue shall be conveyed vide email or letter, along with reasons. Such communication shall also inform the Complainant about how the customer can pursue the Grievance, if dissatisfied with the resolution provided.

Acko Life Insurance shall endeavour to resolve all Grievances to the satisfaction of its customers. As per Regulation 2017, a Grievance shall be considered as disposed of and closed when:

- Acko Life Insurance has acceded to the request of the Complainant fully, or
- The Complainant has indicated in writing, acceptance of the response of the Company, or
- The Complainant has not responded to the Company within 8 weeks of the Company's written response to the Grievance.

Process of escalation

In case customers do not receive a response within the above mentioned turnaround times from the Company or where the Grievance is not resolved in favour of the policyholder or partially resolved in favour of the policyholder, the Company shall inform the Complainant of the option to take up the matter before Insurance Ombudsman giving details of the name and address of the Ombudsman of competent jurisdiction. The detailed addresses of all the Insurance Ombudsman shall be as mentioned in the policy pack and on the Company's corporate website.

7. Strengthening market conduct

A. Explaining benefits of products

Acko Life Insurance shall consider taking the following steps, as applicable, to ensure that prospects/policyholders are fully informed of the product:

- i. During the buying journey over web and app, Customers will be asked various questions regarding their lifestyle to carry out their need analysis in terms of type of plan and insurance cover required before selling.
- ii. The benefits of the Insurance plans will be mentioned in a self-explanatory form along with various animations and videos to help the Customer understand the features of the plans before proceeding with the purchase.
- iii. The customers can also go through the detailed brochure of the insurance plan which they are considering to go through the terms and conditions of the plan in detail before buying the policy. This brochure will be available for download by the customers.
- iv. Benefit illustrations shall be presented with the prospect in order to explain the illustrative benefits of the insurance policy in accordance with the IRDAI regulations. **A copy of the benefit illustration shall be included in the policy pack.**
- v. **The policy pack sent to policyholder post issuance of policy shall contain a key features document along with a copy of the signed/authenticated proposal form.**



- vi. **Critical information of insurance policy (payment term, premium, mode, policy maturity date) shall be made visible prominently in the policy pack in order to ensure that customers do not miss important information.**
- vii. Acko Life Insurance will carry out the pre-issuance verification as per the Board approved Guidelines on Pre-Issuance Verification attached herewith as **Annexure A**.

These controls shall undergo continuous evolution and modifications against the changing backdrop of sales practices, customer on-boarding processes and mis-selling related Grievances, subject to the approval of the Grievance Redressal Officer (as appointed from time to time).

The Company shall place in its website the terms and conditions of every insurance product that is offered for sale as it was approved by the Authority under File and Use procedure or filed with the Authority under Use and File procedure, including products modified or products withdrawn. The UIN allotted by the Authority to every insurance product shall also be mentioned against each product.

B. Process for handling a mis-selling Grievance and consequence management

I. Investigation

A process for investigation of a mis-selling allegation shall include the following:

- a. Study of the following:
 - i. status of policy pack dispatch and delivery,
 - ii. whether renewal premium was paid and by which mode,
 - iii. past complaints/queries made by policyholder, if any;
- b. Where ever applicable, policyholder shall be contacted to check if he/she has evidence to support the mis-selling Grievance;
- c. Discussions shall be undertaken with the active distributor to understand their perspective on the Grievance.

II. Implementation of internal controls

- Acko Life Insurance shall take continuous measures to spread awareness amongst sellers and distributors by:
 - i. Doing awareness campaigns over emails and SMS or other relevant messaging channels, on right selling practices and code of conduct of the Company;
 - ii. Conducting trainings on regular basis for the agents and intermediaries;
 - iii. Conducting regular snap audits on adherence to the code of conduct of the Company;
 - iv. Adding Grievances as a parameter in the key result areas of major distribution channels;
- Acko Life Insurance shall conduct an independent assessment using methodologies like mystery shopping, of sellers in the proprietary channels i.e. agency and customer advisory team, once in two years, on the solicitation process in order to identify improvement areas of such channels. Since the corporate agency channel has open architecture, mystery shopping will be initiated by the Company only upon the request of the corporate agent to conduct the same.

III. Corrective steps/actions against errant employees/agents

A consequence management grid shall be put in place for distribution channels, defining the action to be taken on errant employees/agents, who are involved in any mis-selling



of policies or any other malpractices at the time of policy solicitation. The action could include issuance of warning letters or the termination of the errant employees/agents.

8. Governance of the Policy

To protect the interest of policyholders and in line with the other existing IRDAI guidelines, Acko Life Insurance shall set up a PPC, reporting to the Board. The PPC shall review trends on all the aspects of the Policy as per frequency below and recommend improvements in processes and controls to protect policyholders' interests. The PPC shall also be responsible for ensuring compliance to statutory requirements as laid down in the regulatory framework and adequacy of disclosing of 'material information' to the policyholders.

Item	Frequency of review and noting
Insurance awareness activities.	Quarterly
Grievance resolution trends; Service parameters and turnaround time along with exceptions.	Quarterly
Strengthening fair practice, market conduct and consequence management framework.	Annually
Root cause analysis of exceptions to service turnaround time and corrective actions.	Annually

Management shall review the issues impacting policyholders' interests at least once in a quarter, in meetings chaired by the COO/CEO. The objective of these meetings shall be to define the architecture of customer experience management, explore innovation to build customer experience as a competitive advantage, define the purpose and behavioral building blocks for related functions, and enable/empower employees for service excellence.

The senior leadership team of Acko Life Insurance, including the Managing Director and the Grievance Redressal Officer, shall review Grievance details (e.g. number, nature of Grievance and resolution) every month. This shall also be reviewed quarterly by PPC.

9. Ownership of the Policy

The Policy is owned by the Grievance Redressal Officer (as appointed from time to time) and shall be reviewed annually.



Annexure A

Guidelines on Pre-Issuance Verification

Background and Objective

In order to curb mis-selling and to ensure that the prospect is fully aware of the terms and conditions of the policy he/she is purchasing, Acko Life Insurance introduced the process of “pre-issuance verification calls” in the year 2023 for high risk policies.

Regulatory Reference: As per Regulation 5 (1) of IRDAI Protection of Policyholders’ Interests Regulations, 2017, “Every insurer shall have in place a board approved policy for protection of policyholders’ interests and sub clause (iv) states that such policy should include steps taken to prevent mis-selling and unfair business practices at the point of sale and service. Further, IRDAI issued a circular (IRDAI/Life/Misc./CIR/116/05/2020) dated May 12, 2020, wherein they encouraged insurers to conduct pre issuance verification call to the extent possible and certainly in important cases. In this circular, IRDAI also stated that board approved guidelines on pre issuance verification call may be put in place.

In accordance with the aforesaid IRDAI circular, guidelines on “pre-issuance verification” (“the Guidelines”) have been formulated for the Company. Such verification is proposed to be mostly done by digital means as per current practices rather than by call, an approach for which management believes meets the spirit of the aforesaid IRDAI circular given that the objective of the pre-issuance verification is to ensure that the prospect is fully informed and made aware of the terms and conditions of the products being purchased, including:

- To verify a prospect’s contact details and obtain additional contact details if any.
- To reiterate the salient features and benefits of the product being sourced and confirm that the prospect understands and agrees with them.
- To address the concerns or queries that the prospect may have during the purchase journey.
- To verify prospect’s declaration of his/her health status in the proposal form recorded through digital medium.
- To reduce instances of grievances related to mis-selling post issuance of the policy.

Responsibility

Operations team has the overall responsibility to monitor the pre-issuance verification process and take required steps to ensure that the Guidelines are followed in the interests of the policyholders and Company.

Further, Operations team is responsible for monitoring the market best practices and reviewing the standard operating procedure document (“SOP”) to be followed under the Guidelines on an annual basis or earlier as required basis the regulatory or other relevant developments.

Pre-Issuance Verification Process

Acko Life Insurance has formulated the following guiding principles to carry out the pre-issuance verification:

Modes of carrying out pre-issuance verification

There are 2 modes of clearing Pre-issuance verification process

- Digital
- Non-digital

Digital process is also known as Point of Sale Verification (POSV): This process of verification is digitally integrated with the issuance journey upfront wherein the prospect confirms the policy details on a customized link sent to his / her mobile phone/ registered email id. In certain cases, email link is manually triggered to the prospect’s registered email id for the purpose of pre issuance verification. In identified high risk cohorts, enhanced pre-issuance verification through In-person mode is triggered.



Non-digital process/ Pre Issuance Verification Call (PIVC)/ manual calling process is applicable in case of physically-applied cases and also applicable for digital cases where no response is received from the prospect's end. PIVC can also be done for negative cases or cases wherein he/she requests to initiate a call on the alternate contact nos. post receiving requisite approvals as per the SOP.

The SOP shall contain details of the below-mentioned guiding principles and shall be reviewed on an annual basis:

- 1) **Pre-issuance verification eligibility criteria and exception handling** – Following parameters are to be applied while deciding the eligibility criteria and exceptions to pre-issuance verification process
 - Sourcing channel i.e. region
 - Mode of sourcing (physical/digital)
 - Type of product
- 2) **Policy cancellation criteria for negative cases post verification**– Criteria to be based on type of product in line with the cancellation SLAs.
- 3) **Revival process post cancellation** – Revival is possible post prospect's agreement on the negative scenarios.
- 4) **Maintenance of verification records**– Define frequency/time period of maintenance of call/digital input records, archival and extraction process.
- 5) **Policyholder communication plan**- Policyholder needs to be communicated with at every stage i.e. positive verification, negative verification, cancellation, revival, etc. etc.
- 6) **Verification call scripts** - Pre-approved scripts to be used for point of sale verification/pre-issuance verification call which may vary based on product type, sourcing channel, policyholder buying journeys, etc.
- 7) **Review of the Guidelines** - The Guidelines will be reviewed annually as part of the Company's Policy on Protection of Interests of Policyholders and Grievance Redressal and changes if any, will be approved in the Policyholder Protection Committee (PPC)

---End of Note---