# ACKO GENERAL INSURANCE LIMITED

# GROUP HEALTH & ACCIDENT CARE

# CLAIMS MANUAL

## Introduction:

Claims for Group Health & Accident Care policy will be handled centrally by Acko claims department. Claims team will manage the claims which are handled by the third party administrator (TPA) or assistance provider. Based on the geographical distribution and the requirement, Acko central claims team may at a later stage decentralize the process of lodgment and assessment at regional/branch levels but all the payment processes will be handle centrally.

## Methods of Intimation/Notifications:

A claim notification can be made using one of the following communication channels:

- Call Toll Free No. 1860 266 2256
- Email notification to central email address hello@acko.com
- By letter/ Fax to our office
- By completing a manual claim form along with written claim intimation and mailing it to corporate office
- Via the website www.acko.com whenever available
- Third party administrator or assistance service providers

## Minimum Information required for the Intimation:

The person/team receiving the claim intimation shall take down the required initial details during the first interaction for furtherance of the claim.

Once the claim is registered, a unique intimation ID/claim reference number will be provided to the notifier and an estimated reserve will be assigned based on the cover type and nature of claim. The reserve will be revised during claim life cycle based on the confirmation of exact extent of the disability. For accidental death claim intimations, the default reserve would be kept as that equal to the SI under the policy. Once the intimation is received, it will be entered in the claims register and duplication check will be done to ensure that a duplicate claim is not registered. In case we identify duplication i.e. multiple intimation being received for same claim, we will appropriately cancel and close all the duplicate claim numbers.

It is our prime responsibility to educate the insured/claimant/notifier on the claims procedure, documentation and full assistance will be extended during the claims life cycle.

## Claims Lodgment:

Capture complete details of incidence like

- Date and time of accident, hospitalization or termination (for claims due to injury)
- Description of the accident, illness, loss of job or critical illness
- Admissibility of the Loss
- Estimated Loss.
- Type of critical illness
- Reason of termination (in case of loss of job)
- Employer Letter of termination, if require (in case of loss of job)
- Immediate Past salary slips, proof of employment (in case of loss of job)

Reserve will be revised based on facts of the claim. Reserve will be kept at the Sum Insured amount in case of any fixed benefits coverage. In case of the reimbursement based claims, the reserves will be decided on the basis of information available at the time of claim lodgment.

## Claim Assessment:

In case of Personal Accident Cases, claims team on receipt of intimation mail received from Call center / customer service team, along with claim number would lodge the claim in the Claim Register.

Post lodging of claim in the claim register the claim team member will make a call to the contact number/contact person for acknowledging the receipt of intimation and to check and verify the address etc. after the call being made. A written acknowledgement of telephonic intimation cum letter of document requirement (details mentioned below under documentation requirement section) would be sent to the claimant. This letter will advise claimant to submit the required documents in 15 Days. In case if the documents are received at the first level only then the claim will move to appraisal stage. In case if the documents are not received within 15 Days reminder letter would be sent to the claimant again with document checklist and 15 days' time would be given to provide such documents. Still if the claims mandatory documents are not received, a 2nd reminder letter would be sent to claimant requesting him to submit the documents.

In case, if at any of the intervals as mentioned above documents are submitted by claimant, claims team would check policy cover limits and extensions. An investigator may be appointed by claims handler for personal accident claims. It is however, the discretion of claims team member to ascertain whether an investigation is necessary depending on the merits of the case. There can also be cases where claims team may appoint an agency/service provider which are empaneled with Acko to assist/facilitate collection of documents from the claimant or issuing authorities for speedy resolution of the case.

For hospitalization/ Illness/ Critical Illness claims, Acko General will be working with IRDA approved service providers to facilitate the Smooth process of near "cashless" hospitalization claim settlement across geographies.

Acko receives the claim documents from insured and reviews the same to check admissibility of claim based on the terms and conditions of the policy. Ensure all the necessary documents are available as specified under documentation requirement section below.

Acko will have agreements with emergency evacuation service providers who will help our customers/travelers for primary medical aids on need basis. When an adequate medical facility is not available proximate to the Eligible Participant, as determined by the consulting physician and the Eligible Participant's attending physician, our service provider will arrange transportation under appropriate medical supervision, by an appropriate mode of transport to the nearest medical facility capable of providing the required care. Acko's liability for this service will be upto the Sum insured. Customer can settle the charges over & above the Sum Insured with the service provider directly.

## Pre-authorization process:

Acko General will have tripartite agreement with this TPA's and hospitals across the county for facilitating cashless facility to avail cashless claim settlement. Most of these Hospital's systems will be integrated with either Acko and/or its providers to make the Claim settlement process faster by exchanging required documents among us. Once the patient is admitted or planned for any hospitalization treatment or surgery, hospital will send a pre-authorization request to verify a patient's active coverage under insurance policy and verifying the authenticity of his or her claims. In order to avoid claim rejection, the verification process must be done before/as soon as the patient is admitted into a hospital or treatment is initiated. The TPA sends the approval/rejection of pre-authorization request to the hospital based on verification of documents & policy terms. Further enhancement approvals may be issued on request, subject to terms and conditions of the policy. Denial of "Cashless Service" or "Pre-Authorisation" request is not denial of treatment. Insured can continue with the treatment, pay for the services to the hospital, and later send the claim to Acko/TPA for processing

and reimbursement.

### Claim Investigation:

The policyholder can often think of claim fraud as being primarily perpetrated by an organized gang. However, an individual can be motivated to commit an insurance fraud by any number of factors, including greed, lack of income and the feeling that they are not being dishonest by defrauding insurers. The common thread among all types of fraud is the appearance of normalcy. The objective is to make a groundless or exaggerated claim that looks like all other legitimate claims so as not to raise the claim handler's suspicion.
Acko will implement claims fraud prevention & loss mitigation framework to mitigate a potential fraud during claims life cycle. There are two key strategy that Acko is working viz. rule based fraud triggers in claims system & fraud analytics. Acko will carry out investigation based on the pre-set of system fraud triggers, claims handler will initiate the investigation requirement and the same will be assigned to an expert who will verify and rule out the fraud triggers. Upon satisfactory completion of assessment and/or investigation a claim will be finalized by the Claims processor and the claim will be referred to claims head for approval.
The analytics team will carry out fraud trend analysis for an investigation decision.

## Treatment of fraudulent claims:

Inappropriate rejection of a claim has the potential to give our organization a bad publicity / image and hence, requires exercise of abundant caution. Rejecting a claim has serious financial consequences for the customer, so great care must be taken to ensure that we would be able to sustain our burden of proof / establish even for the smallest of claims under the terms and conditions of the policy and have been fair and reasonable to the Insured during the entire process.
Once the fraud is committed & established supported by documentary evidences, claims handler will trigger the same to Head of Claims for approval of rejection. The details will be notified to Underwriter & operation department.
Head of Claims shall re-verify all documents, evidences, reports and ensure that a customer has been given enough opportunity to establish the genuinity of the loss. Head of Claims can take a decision of rejection of a claim.

## Deficient Documentation:

Post submission of the claim documents to Acko the claim file will be reviewed to ascertain if Acko is able to proceed with settlement of the claim. In case there are any additional documents required for settlement of claim, Acko will advise claimant to provide the requisite documentation within 15 days of receipt of such advice from Acko. In case of non-receipt of the requisite documents, first reminder will be advising an extension of further 15 days period.

## Claim Finalization:

Upon satisfactory completion of assessment and/or investigation a claim will be finalized by the Claims processor and the claim will be referred to a relevant authority for approval.

Once the admissibility of a claim is finalized, Acko would affect payments/remittance to insured/beneficiary/nominee as applicable.

A letter/communication will be sent to the payee advising the payment details such as date of remittance and cheque number/UTR number and reasons for deductions if any. On successful completion of this process the claim will be settled in the system.

Once the final payment has been made to all parties involved in a claim the claim will then be

considered settled. All reserves will be reversed to zero in this instance.

## Delegation of Authority:

Claim adjudication at all levels plays a critical role and is underpinned by the claims philosophy of the company. As such, appropriate authority for reserving/approving/authorizing and settling of claims would play an important part in ensuring that we stay true to our values and value proposition, to ensure that the reserving and payments present a true and fair view of the company's financial performance.
The purpose is to enable claims staff to provide localized service with sufficient autonomy, flexibility and authority with suitable supervision and controls to ensure that the needs of the customers are serviced.

We, at Acko General Insurance, have internally defined "Claims Authority Matrix" under "Claims Management – Delegation of Financial Authority" document. This document implements the delegation of financial authority for claims reserving and settlement of claims to the following two key officials of the Company as below:

1. MD & CEO – Actual
2. Head of Claims – Up to 10,000,000 (INR or equivalent in overseas currency)

The Head of Claims is authorized to delegate/revoke/modify authority for creation of reserve, authorize and approve claims to claims staff based on experience, expertise and suitability of the claims staff, but within the overall limits delegated to the Head of Claims as per approved "Claims Authority Matrix". The "Claims Authority Matrix" is a part of the above referred "Claims Management – Delegation of Financial Authority" document and is attached alongside this Memo as Annexure A.

## Declination of Claims:

If a claim is not valid under the policy, the claim will be reviewed by the competent authority. In some instances, the claim may be referred to underwriting prior to the final decision being taken. All rejection/declination under the policy needs to be forwarded to Head of claims along with recommendation and reason for rejection of claim. The details of the same would be shared with CEO of the company by HoD wherever required. Once a decision has been reached to decline the claim, the customer will be notified in writing of our decision and reasons for doing so. Included in the letter, the customer will also be advised of the Grievance Redressal process should they disagree with the decision to decline the claim.

Once a claim is declined, a declinature reason will be recorded against the claim. (e.g. not covered under policy, annual benefit limits exceeded etc.).

**Documentation Requirement**:

| Sr. No. | Name of Benefit | Documents required |
|---|---|---|
| | Common Documents | • Our duly filled and signed Claim Form<br>• Name and address of the Insured Person in respect of whom the claim is being made;<br>• Copies of valid KYC documents of the Nominee/claimant, any other regulatory requirements, as amended from time to time; |
| 1. | Accidental Death Benefit | • Original COI (Wherever applicable)<br>• Copy of FIR (First Information Report)/Spot Panchnama/Inquest Panchnama-where applicable attested by issuing authorities.<br>• Death Certificate attested by issuing/ appropriate authority.<br>• Post Mortem Report where applicable- attested by issuing authorities.<br>• Original legal heir certificate (in case nomination has not been filed by deceased) |
| 2. | Permanent Total Disability (PTD) | • Written intimation of the claim<br>• Investigation reports attested by Appropriate/issuing authorities<br>• Photograph of the injured with reflecting disablement<br>• FIR / MLC Copy (if MLC is done)/ Spot Panchnama-where applicable- Attested by issuing authority<br>• Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor attested by issuing authority.<br>• Investigation reports Medical Any relevant claim document, post verification of submitted claim, if required |
| 3 | Permanent Partial Disability | • Investigation reports<br>• Photograph of the injured with reflecting disablement<br>• FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority<br>• Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor<br>• Leave certificate from the employer<br>• Details of any other related document<br>• Medical reports, case histories, investigation reports, treatment papers as applicable |
| 4 | Temporary Total Disability | |
| 5 | Medical Expenses Reimbursement | • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority<br>• Details of any other related document Medical Bills with Prescription<br>• Medical reports, case histories, investigation reports, treatment papers as applicable<br>• Medical Investigations report with prescription and subsequent prescription<br>• Discharge summary |
| 6 | Loan Protector | • Investigation reports<br>• Photograph of the injured with reflecting disablement<br>• FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority<br>• Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor<br>• Leave certificate from the employer Details of any other related document Copy of loan approval letter<br>• Medical reports, case histories, investigation reports, treatment papers as applicable<br>• Loan due statement<br>• Last EMI paid proof |

| Sr. No. | Name of Benefit | Documents required |
|---|---|---|
| 7 | OPD Treatment | • Investigation reports<br>• Photograph of the injured with reflecting disablement<br>• FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority<br>• Leave certificate from the employer<br>• Details of any other related document Medical Bills with Prescription<br>• Medical reports, case histories, investigation reports, treatment papers as applicable<br>• Medical Investigations report with prescription First Consultation and subsequent prescription |
| 8 | Child Education Cover | • Investigation reports<br>• Photograph of the injured with reflecting disablement<br>• FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority<br>• Death certificate in case of death<br>• Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor in case of PTD<br>• Medical reports, case histories, investigation reports, treatment papers as applicable<br>• Declaration that Child does not have any Independent Source of income and is aged less than 25 years of age. |
| 9 | Hospital Fixed Allowance | • Copy of the Discharge Summary<br>• Copy of First Information Report (FIR) /Medico-Legal certificate (MLC)(if MLC is done)-where applicable- Attested by issuing authority<br>• Treating doctor certificate giving details of Injury Sustained<br>• Original bills and payment receipts |
| 10 | Disappearance Cover | • Copy of FIR (First Information Report)/Spot Panchnama/Inquest Panchnama<br>• Original legal heir certificate (in case nomination has not been filed by deceased) |
| 11 | Repatriation of Mortal Remains | • Same as Accidental death requirements |
| 12 | Mobility Cover | • Same as Permanent Total disability and Permanent partial disability<br>• Treating Doctor's consultation indicating need for mobility equipment purchased |
| 13 | Funeral Expenses | • Same as Accidental death benefit |
| 14 | Compassionate Visit | • Medical Certificate from treating Doctor<br>• Original Bills and payment receipt<br>• Medical reports, case histories, investigation reports, treatment papers as applicable<br>• Proof of the immediate family member such as Ration Card<br>• Travel bills of the relative |
| 15 | Compassionate Visit Stay | • Medical Certificate from treating Doctor<br>• Original Bills and payment receipt<br>• Medical reports, case histories, investigation reports, treatment papers as applicable<br>• Proof of the immediate family member such as Ration Card<br>• Travel and Accommodation bills of the relative |

| Sr. No. | Name of Benefit | Documents required |
|---|---|---|
| 16 | Convenient Travel Option | • Medical Certificate from treating Doctor<br>• Original Bills and payment receipt<br>• Medical reports, case histories, investigation reports, treatment papers as applicable<br>• Bills of modified Travel Mode |
| 17 | Outstanding Bills Protection Benefit | • Investigation reports<br>• Photograph of the injured with reflecting disablement<br>• FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable-Attested by issuing authority<br>• Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor<br>• Leave certificate from the employer Details of any other related document Copy of loan approval letter<br>• Medical reports, case histories, investigation reports, treatment papers as applicable<br>• Outstanding Bills/Proofs/certificates |
| 18 | Ambulance & Emergency Transportation | • Investigation reports Photograph of the injured with reflecting disablement<br>• FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable-Attested by issuing authority<br>• Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor<br>• Leave certificate from the employer<br>• Details of any other related document Original Bills and payment receipt<br>• Medical reports, case histories, investigation reports, treatment papers as applicable<br>• Treating Doctor's consultation indicating need<br>• Original Bills and payment receipt |
| 19 | Modification of Vehicle/Home | • Written intimation of the claim<br>• Investigation reports attested by Appropriate/issuing authorities<br>• Photograph of the injured with reflecting disablement<br>• FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable-Attested by issuing authority<br>• Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor attested by issuing authority.<br>• Investigation reports Medical Any relevant claim document, post verification of submitted claim, if required<br>• RTO certificate/endorsement of modification of vehicle<br>• Original invoice and payment receipt |
| 20 | Evacuation (Medical & Catastrophe) | • Written intimation of the claim<br>• Investigation reports attested by Appropriate/issuing authorities<br>• FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable-Attested by issuing authority<br>• Investigation reports Medical Any relevant claim document, post verification of submitted claim, if required<br>• Treating Doctor's consultation indicating need<br>• Original invoice and payment receipt |
| 21 | Physiotherapy | • Written intimation of the claim<br>• Investigation reports attested by Appropriate/issuing authorities<br>• FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable-Attested by issuing authority<br>• Investigation reports Medical Any relevant claim document, post verification of submitted claim, if required<br>• Treating Doctor's consultation indicating need |

| Sr. No. | Name of Benefit | Documents required |
|---|---|---|
| | | • Original invoice and payment receipt |
| 22 | Chauffer Benefit | • Written intimation of the claim<br>• Investigation reports attested by Appropriate/issuing authorities<br>• FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority<br>• Investigation reports Medical Any relevant claim document, post verification of submitted claim, if required<br>• Treating Doctor's consultation indicating need<br>• Original invoice and payment receipt |
| 23 | Emergency Hotel Requirement | • Duly completed Claim Form with your signature<br>• Medical reports, case histories, investigation reports, treatment papers as applicable<br>• Leave certificate from the employer Details of any other related document<br>• Accommodation booking confirmation with payment receipts. |
| 24 | Hospital Daily Allowance | • Copy of the Discharge Summary<br>• Copy of First Information Report (FIR) /Medico-Legal certificate (MLC) (if MLC is done)-where applicable- Attested by issuing authority<br>• Treating doctor certificate giving details of Injury Sustained |
| 25 | EMI Protection | • Investigation reports<br>• Photograph of the injured with reflecting disablement<br>• FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority<br>• Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor<br>• Leave certificate from the employer Details of any other related document Copy of loan approval letter<br>• Medical reports, case histories, investigation reports, treatment papers as applicable<br>• EMI due statement<br>• Last EMI paid proof |
| 26 | Missed Bill Payment | • Investigation reports<br>• Photograph of the injured with reflecting disablement<br>• FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority<br>• Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor<br>• Leave certificate from the employer Details of any other related document Copy of loan approval letter<br>• Medical reports, case histories, investigation reports, treatment papers as applicable<br>• Outstanding Bills/Proofs/certificates |
| 27 | Personal Liability | • FIR/ MLC Copy/ Spot Panchnama-where applicable- Attested by issuing authority<br>• Death Certificate attested by issuing/ appropriate authority.<br>• Post Mortem Report where applicable- attested by issuing authorities.<br>• Medical Certificate from treating Doctor attested by issuing authority.<br>• Disability Certificate from appropriate Government Authority.<br>• Judgement of the court |
| 28 | Loss of Baggage and Personal Effects | • Duly completed Claim Form with your signature<br>• Proof of ownership and or invoice<br>• FIR copy |
| 29 | Electronic Equipment Cover | • Duly completed Claim Form with your signature<br>• Proof of ownership and or invoice<br>• FIR copy |

| Sr. No. | Name of Benefit | Documents required |
|---|---|---|
| 30 | Hardship Allowance | • Investigation reports<br>• Photograph of the injured with reflecting disablement<br>• FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority<br>• Leave certificate from the employer<br>• Details of any other related document Medical Bills with Prescription<br>• Medical reports, case histories, investigation reports, treatment papers as applicable<br>• Medical Investigations report with prescription First Consultation and subsequent prescription |
| 31 | Kidnap/Hijack/Extortion Coverage | • FIR copy<br>• Claimant/Nominee details |
| 32 | Loss of Job | • Income Tax Return (ITR) for number of years specified in Certificate of Insurance<br>• Proof of Employment (Appointment Letter)<br>• Latest copy of Salary Revision (if any)<br>• Salary slip for last 3 months<br>• Form 16 (if applicable)<br>• Contact details of Employer<br>• Proof of Loan taken and EMIs due (in cases where EMI is Sum Insured) from bank/financial institution where such loan has been taken<br>• Reason for Retrenchment mentioned in the Relieving Letter |
| 33 | Critical Illness Fixed Benefit | • Nature of Critical Illness<br>• Medical Certificate from treating Doctor<br>• Details of any other related document Medical Bills with Prescription<br>• Medical reports, case histories, investigation reports, treatment papers as applicable<br>• Medical Investigations report with prescription First Consultation and subsequent prescription<br>• Discharge summary |
| **Cover Benefits** | | |
| A | Personal Accident (Common Carrier) | • Written intimation of the claim<br>• Investigation reports attested by Appropriate/issuing authorities<br>• Photograph of the injured with reflecting disablement<br>• FIR/ MLC Copy/ Spot Panchnama-where applicable- Attested by issuing authority<br>• Disability Certificate from appropriate Government Authority.<br>• Medical Certificate from treating Doctor attested by issuing authority.<br>• Investigation reports Medical Any relevant claim document, post verification of submitted claim, if required<br>• Death Certificate attested by issuing/ appropriate authority.<br>• Post Mortem Report where applicable- attested by issuing authorities.<br>• Original legal heir certificate (in case nomination has not been filed by deceased) |
| B | Additional Permanent Total Disability | • Same as Permanent Total Disability requirements |
| C | Additional Temporary Total Disability | • Same as Temporary Total Disability requirements |

| Sr. No. | Name of Benefit | Documents required |
|---|---|---|
| D | Global Coverage | • Basic claim document<br>• Passport copy/Visa copy<br>• Travel tickets |
| E | Pre-Existing Disease Waiting Period | • Same as Medical Expenses Reimbursement requirements |
| F | Initial Waiting Period for Hospitalization | • Same as Medical Expenses Reimbursement requirements |
| G | Specific illness waiting period | • Same as Medical Expenses Reimbursement requirements |

### Deviation Approvals:

There could be instances wherein insured/claimant is not able to submit the requisite documents as asked, for all such cases claim team reserves the right to take a deviation call and process the claim.

Claims team member (assessor) may recommend a deviation approval to be taken in case of following:

1) **In case if the original Certificate of Insurance document are not received (Certificate Copy)**: In cases where the claim is not containing original certificate due to whatsoever reason (Certificate not received by customer/original copy is lost/Original not traceable etc.), Acko claims team member assessing the claim may recommend approve/accepting such cases provided the attested Xerox copy of the same duly attested by Head of claims.

2) **In case if the Death Certificate is not attested by issuing authority**: In cases where the address of the issuing authority is far off form the place, where the claimant stays/Issuing authority is not co- operating to attest the death certificate, Acko claims team member assessing the claim may recommend to approve such cases provided the Xerox copy of the same is submitted by the claimant is duly attested by CEO or COO/Notarized with stamps of the government approved Notary/Attested by an competent authority who has been vested the authority to attest the documents.

**In case if the Final Police report is not available (As it takes at least two-three months to received final police report):** then, Acko claims team member assessing the claim may recommend to approve such cases provided the FIR/MLC/Panchnama/Inquest copy of accident from the police station where the case is registered is attached in the claim, this copy of the FIR need to be attested by issuing police station only, in case if the respective police station is far off form the place of residence of the claimant or not co-operating and claimant is justified in informing Acko that it would not be possible for him/her to procure these copies from issuing police station then Acko claims team may recommend for approval to accept Xerox copy of the same submitted by the claimant which needs to be Notarized with stamps of the government approved Notary/ duly attested by an authorized Acko Official/Attested by a competent authority who has been vested the authority to attest the documents.

3) **In case if the copy of Panchnama/FIR/MLC/Inquest is not attested by issuing authority** :In case if the submitted copy of these documents are not attested by issuing authorities then Acko claims team member assessing the claim may recommend for approval to accept Xerox copy of the same submitted by the claimant which needs to be Notarized with stamps of the government approved Notary/ duly attested by an authorized Acko Official/Attested by an competent authority who has been vested the authority to attest the documents.

4) **In case if the Post mortem report is not attested by issuing authority**: In case if the

submitted copy of the Post mortem report are not attested by issuing authorities then Acko claims team member assessing the claim may recommend for approval to accept Xerox copy of the same submitted by the claimant which needs to be Notarized with stamps of the government approved Notary/ duly attested by an authorized Acko Official/Attested by an competent authority who has been vested the authority to attest the documents.

5) Any other deviations from the policy terms which are required to be taken to facilitate the speedy settlement of claims and reduce customers inconvenience Acko claims team member assessing the claim recommend such deviations based on the merits of the case.

All such deviation approvals must be approved by the approving authorities i.e. Head Claims, wherever deemed fit. The recommendation of such deviations would be made post verification of all the facts as represented on the merits of the case by the claim processor and verifier.

## Grievance Redressal:

In the first instance all grievances will be managed by claims handling team. If the grievance cannot be resolved to the customer's satisfaction the matter will be escalated to the internal Grievance redressal team in the corporate office.

After consultation, the internal review outcome may be to pay the claim. In such instances the internal review team will notify the claims team who will notify the customer & proceed to settlement. Should an internal review uphold the claims team's original decision the customer will be informed of the outcome of the review and advised of the external grievance redressal process.

Should a customer prevail upon the use of mediation or litigation these matters will be managed, tracked and reported centrally through either the Grievance Redressal team (mediations) through the Litigation Claims Team (Litigated matters).

**Authority Matrix of Grievance redressal:**

| | |
|---|---|
| Level 1 | Grievance Redressal Officer |
| Level 2 | Chief Operation Officer (COO) |
| Level 3 | Chief Executive Officer (CEO) |