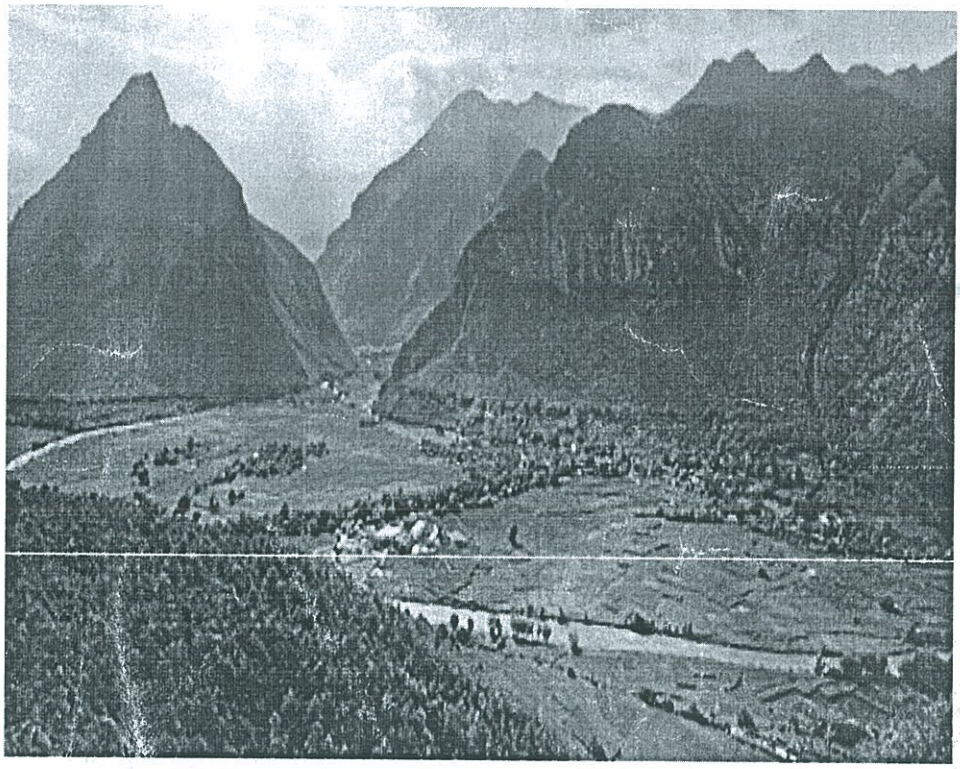
OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL



CONSOLIDATED ANNUAL REPORT OF THE OFFICE OF THE GBIC AND OFFICES OF THE INSURANCE OMBUDSMEN FOR THE YEAR ENDED 31.03.2016.

All Partners / Stake -holders of
Governing Body of Insurance Council

CONSOLIDATED ANNUAL REPORT FOR THE YEAR 2015-16

We have the pleasure to present the Consolidated Annual Report and Audited Accounts of the Office of the Governing Body of Insurance Council and the Offices of the Insurance Ombudsmen for the year ended 31st March, 2016.

Through this Annual Report, we have endeavored to draw attention of Members to areas which require improvement in servicing of policyholders and make functioning of the Institution of Insurance Ombudsmen more effective.

We welcome your valuable feedback to make the Annual Report more meaningful.

(S.GOPAKUMAR)
SECRETARY GENERAL (GBIC)

Mumbai, Dated 30th September, 2016.

OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL

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(A) INTRODUCTION

The Institution of Insurance Ombudsman was created by the Government of India under the Redressal of Public Grievances Rules- 1998, notified in Official Gazette, on 11th Nov. 1998. The Governing Body of Insurance Council (GBIC) consisting of one representative from each Insurance Company (both Life and General), appoints Insurance Ombudsman who are drawn from the Civil Services, Judiciary and Insurance Industry. This Institution was created to provide cost-effective, impartial, efficient and speedy resolution of grievances to aggrieved policyholders.

In terms of Rule 20 of RPG Rules, Insurance Ombudsmen are required to furnish a Report every year, to the Govt. of India, containing a review of quality of services rendered by Insurers and recommendations on improving these services; the activities of the Ombudsman Centre during the preceding financial year, and other information considered necessary. Arising out of this rule, the Government vide its letter Ref: F.No.11/02/2001-Vig (Ins.) dated 25th February 2002, directed the Governing Body of Insurance Council (GBIC) to consolidate the Annual Reports of all Insurance Ombudsmen and submit such consolidated Report to Govt. of India. Accordingly, Annual Reports from the year 2002-2003 are being consolidated every year at the Office of GBIC and forwarded to the Government of India.

The Annual Reports for the financial year 2015-16 have been received from all Offices of the Insurance Ombudsman. A brief of the Reports, Office-wise, highlighting their observations and suggestions is also reproduced in subsequent pages.

In the financial year under reference:

1. All the Offices of Insurance Ombudsman have confirmed that the prescribed procedures as envisaged in RPG Rules 1998, in dealing with complaints have been followed.

2. Offices of the Insurance Ombudsman have conducted outstation hearings for the convenience of the complainants as envisaged in the Rules, wherever required.

3. Insurers' Meets were arranged by Offices of the Insurance Ombudsmen .

4. Offices of the Insurance Ombudsmen are regularly submitting their monthly returns in respect of Complaint Statistics, Trial Balance, Bank Reconciliation etc., in time.

5. As per the feedback received from all Offices of the Insurance Ombudsman, the Complaints Management System (CMS) module is working smoothly at all the Offices of Insurance Ombudsman.

6. During the year under review, the Offices of the Insurance Ombudsmen, Noida and Patna have commenced their operations from the newly acquired and renovated leased premises at Noida and Patna respectively.

7. Premises have been acquired on lease from LIC of India for relocating the Office of the Insurance Ombudsman, Ahmedabad. On completion of the requisite infrastructure work, the Office is set to operate from its new premises in the financial year 2016-17.

8. Bima Lokpal Day was celebrated with great enthusiasm on 11th November, 2015 at all the offices of the Insurance Ombudsman with an aim to create awareness among the policyholders about Insurance Ombudsman Scheme.

9. Retired Officials from Public Sector General Insurance Companies were engaged as Professional Experts on contractual basis in the Offices of Insurance Ombudsmen after going through the selection process in the fiscal. Similar exercise is underway to engage Retired Officials of Life Insurance Companies as Professional Experts in the year 2016-17

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TERRITORIAL JURISDICTION OF INSURANCE OMBUDSMEN			
Sr. No.	Name of the Office and Year of Inception	State-wise Area of Jurisdiction	Name of the Current Ombudsman
1.	Ahmedabad- July, 1999	State of Gujarat and Union Territories of Dadra and Nagar Haveli and Daman and Diu.	**Vacant since July 2014.**
2.	Bengaluru- August, 2014	State of Karnataka	Shri M.Parshad, Ex-CMD, Agriculture Co. Ltd. Took charge on 14.08.2014.
3.	Bhopal- April, 2000	States of Madhya Pradesh and Chattisgarh	Shri Raj Kumar Srivastava, Ex-District & Sessions Judge (Selection Grade) (demitted office on 26.5.2016)
4.	Bhubaneswar- May, 2000	State of Orissa	Shri B.N.Mishra, Ex-District & Sessions Judge Took Charge on 22.07.2014
5.	Chandigarh- July, 1999	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union Territory of Chandigarh	Shri Manik Sonawane, IAS, Ex-Chief Secretary to Government, Haryana **Demitted Office on 20.09.2015.**
6.	Chennai- August, 1999	State of Tamil Nadu and Union Territories- Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).	Shri Virander Kumar, Ex-General Manager, The New India Assurance Co. Ltd. (Demitted Office on 08.05.2016)
7.	Delhi- July, 1999	State of Delhi	Smt.Sandhya Baliga Indian Revenue Services (Customs & Central Excise) (Retd) Took charge on 15-07-2014
8.	Guwahati- September, 1999	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	**Vacant since July 2014.**
9.	Hyderabad- August, 1999	State of Andhra Pradesh Telangana and Union Territory of Yanam and part of Union Territory of Pondicherry.	Shri G. Rajeswara Rao, Ex. Chief Commissioner of Income Tax. (Demitted Office on 14.05.2016)
10.	Jaipur- October, 2014	State of Rajasthan	Shri Ashok K.Jain, IRS Ex-Chief Commissioner of Income Tax, Bhopal Took charge on 10.10.2014

11.	Kochi-June, 2000	States of Kerala and Union Territory of (a) Lakshadweep (b) Mahe- a part of Union Territory of Pondicherry	Shri P.K.Vijayakumar, IRS Ex-Director General of Income Tax(Investigation), Kochi (Demitted Office on 13.9.2016)
12.	Kolkata–March, 2000	States of West Bengal, Sikkim and Union Territories of Andaman & Nicobar Islands	Shri K.B.Saha, Ex-Executive Director, L.I.C. of India, Took charge on 30.07.2014
13.	Lucknow – October, 1999	**Districts of Uttar Pradesh** Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorakhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharthnagar.	Shri N.P.Bhagat, IRS Ex-Director General of Income Tax(Investigation), Patna, Took charge on 04.08.2014
14.	Mumbai-November, 2000	State of Goa and Mumbai Metropolitan Region excluding Areas of Navi Mumbai and Thane.	Shri A.K.Dasgupta, Ex-Managing Director, LIC of India. (Demitted Office on 16.05.2016)
15.	Noida September 2014.	State of Uttaranchal and the districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farukkabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	Shri Ajesh Kumar Chief Commissioner of Customs, Central Excise & Service Tax (Retd.) Took charge on 5.1.2015.
16.	Patna-September, 2014	States of Bihar and Jharkhand	Shri Sadasiv Mishra, Ex-General Manager, The New India Ass. Co. Ltd. Took charge on 09.09.2014
17.	Pune-September, 2014	State of Maharashtra - Areas of Navi Mumbai and Thane but excluding Mumbai Metropolitan.	Shri A.K.Sahoo, Ex-Executive Director LIC of India Took charge on 10.09.2014

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(B) ACCOUNTS

All the Offices of the Insurance Ombudsman have submitted their audited Trial Balances as at 31.03.2016. M/s G.M.Kapadia & Co., Chartered Accountants, Mumbai who have been appointed as External Auditors for conducting the audit of consolidated accounts of the Governing Body of Insurance Council and all Offices of the Insurance Ombudsman for the financial year 2015-16 have completed their Audit and signed the Accounts. The Auditors have given their observations which is briefed as under :

- "Expenses of the Office of the Governing Body of Insurance Council and the Insurance Ombudsmen are shared by all the Member Companies at the end of the year which were transferred to the Account Head – 'collection for Fixed Assets" - should have been determined by GBIC and its Offices and disclosed separately as liability and Member Insurance Company wise details must also have been maintained". –

Necessary corrective action shall be taken to set right the observations of the Auditors.

Consolidation of Final Accounts at GBIC for all the Offices of the Insurance Ombudsman and Office of the GBIC was done in an automated manner, through "Tally-ERP 9" Package where consolidated statements of accounts were generated automatically without error.

As per the earlier decision of the Governing Body of Insurance Council, from fiscal 2015-16, the funding of the expenses of GBIC and the Offices of Insurance Ombudsmen was changed and based on the previous year's Market share, the share of expenses was collected in advance from Member Companies. These advances were later adjusted as per actual share and thereafter properly accounted.

A copy of the consolidated Audit Report for the Governing Body of Insurance Council and the Offices of the Insurance Ombudsman along with the Income and Expenditure Account and Balance Sheet as at 31.03.2016 is placed below as Annexure.

G. M. KAPADIA & CO.
(REGISTERED)
CHARTERED ACCOUNTANTS
1007, RAHEJA CHAMBERS, 213, NARIMAN POINT, MUMBAI 400 021. INDIA
PHONE : (91-22) 6611 6611 FAX : (91-22) 6611 6600

INDEPENDENT AUDITOR'S REPORT

To,

The Secretary
The Governing Body of Insurance Council and 17 Offices of Insurance Ombudsmen,
Jeevan Seva Annexe, 3rd Floor, S.V.Road,
Santacruz (West),
Mumbai- 400 054

Report on the Financial Statements

1. We have audited the attached Balance Sheet of **Governing Body of Insurance Council and 17 Offices of Insurance Ombudsmen** (GBIC and its Offices) as at March 31, 2016 and the Statement of Income and Expenditure for the year then ended and a summary of significant accounting policies and other explanatory information. The financial statements of 16 Offices of Insurance Ombudsmen have been audited by Other Auditors and same has been relied upon by us.

Management's Responsibility for the Financial Statements

2. The GBIC and its Offices' Management are responsible for the preparation of these financial statements that give a true and fair view of the Balance Sheet and Statement of Income and Expenditure of the GBIC and its Offices in accordance with the requirements of the Insurance Act 1938 and Redressal of Public Grievances Rules, 1988. This responsibility includes the design, implementation and maintenance of internal control relevant to the preparation and presentation of the financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

3. Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with the Standards on Auditing issued by the Institute of Chartered Accountants of India. Those Standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

G. M. KAPADIA & CO. MUMBAI Chartered Accountants

An audit involves performing procedures to obtain audit evidence, about the amounts and disclosures in the financial statements. The procedure selected depends on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the GBIC and its Offices preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of the accounting estimates made by Management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

Basis for Qualification

4. *Collection for Fixed Assets amounting to Rs.3,62,80,472 includes replenishment received for acquisition of fixed assets from the Member Insurance Companies and excess of replenishment received from Member Insurance Companies over expenses incurred on their behalf. As stated in Redressal of Public Grievance Rules, 1998, insurance companies will incur expenses of Ombudsman and his staff in the proportion decided by the Office of GBIC. Accordingly, such excess of replenishment over share of expenses should have been determined by GBIC and its Offices and disclosed separately as liability and Member Insurance Company-wise details must also have been maintained.*

Qualified Opinion

5. In our opinion and to the best of our information and according to the explanations given to us, except for the effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements have been prepared in accordance with the requirements of the Insurance Act, 1938 and Redressal of Public Grievances Rules, 1998 to the extent applicable and in the manner so required, and give a true and fair view in conformity with the accounting principles generally accepted in India, as applicable to the GBIC and its Offices.

   (i) In case of Balance Sheets give a true and fair view of the state of affairs of the GBIC and its Offices as at March 31, 2016; and

   (ii) In case of Statement of Income and Expenditure, of the deficit for the year ended on that date.

G. M. KAPADIA & CO. MUMBAI Chartered Accountants

Emphasis of Matter

6. Without qualifying our opinion, we draw attention to :

   a) Note 2 in Schedule B to the financial statements regarding Opening balances. The GBIC started its operations in 1998. Until 2000-2001, the Accounts were maintained by LIC. The GBIC started maintaining Accounts independently from the year 2001-2002. For the year 2001-2002, GBIC had only its Income & Expenditure Accounts certified by the Auditor. Hence, the opening balances brought down on 1st April, 2001 were unaudited figures.

   b) The financial statements regarding accounts of the 16 offices of Ombudsman offices have been audited by various auditors. The consolidation of the same is being done after considering the fact that the amount received from Member Insurance Companies towards their share of expenses is not a surplus, but an advance / reimbursement towards their share of contribution. Further the amount received towards Capital Expenditure is reflected as a liability for contribution for Fixed Assets.

   c) Note 6 in Schedule B to the financial statements regarding maintaining member wise breakup of the excess / short funds received from Member Insurance Companies during the financial year 2015-16. Such allocation of excess / deficit of funds is pending as the financial statements of some of the Member Insurance Companies for financial year 2015-16 are yet to be finalized.

   d) Note 7 in Schedule B to the financial statements regarding Balances of Sundry Creditors and Sundry Debtors which are subject to confirmations and reconciliations.

   e) Note 11 in Schedule B to the financial statements regarding non filing of Income Tax returns. The management has obtained opinion on its obligation to file Income Tax Return. As per Opinion obtained, GBIC is not required to file Income Tax Return, as it is not carrying on any commercial activity.

   f) Note 12 in Schedule B to the financial statements regarding difference in inter-office balances. As the books of accounts were closed and audited, rectifying entries could not be incorporated. Such rectification has been done in FY 2016-17.

Report on Other Legal and Regulatory Requirements

7. As required by the Insurance Act, 1938 and Redressal of Public Grievances Rules, 1998, as amended, except to the extent stated hereinabove, we report that:

G. M. KAPADIA & CO. MUMBAI Chartered Accountants

a) We have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of our audit and have found them to be satisfactory.

b) In our opinion and to the best of our information and according to the explanations given to us, proper books of account as required by law have been maintained by the GBIC and its Offices so far as appears from our examination of those books;

c) The Balance Sheet and Statement of Income and Expenditure of the GBIC and its Offices refer to in this report are in agreement with the books of accounts and returns; and

d) In our opinion, the Balance Sheet and Statement of Income & Expenditure comply with the applicable accounting standards.

For G. M. Kapadia & Co.
Chartered Accountants
Firm Registration No. 104767W

G. M. KAPADIA & CO. MUMBAI Chartered Accountants

Atul Shah
Partner
Membership No. 39569

Place: Mumbai
Dated: June 21, 2016

GOVERNING BODY OF INSURANCE COUNCIL & 17 OMBUDSMAN OFFICES

CONSOLIDATED BALANCE SHEET AS ON 31ST MARCH, 2016

LIABILITIES	As at 31/03/2016 (Amt in Rs)		As at 31/3/2015	ASSETS	As at 31/03/2016 (Amt in Rs)		As at 31/3/2015
				Fixed Assets (At Cost)			
Collection for Fixed Assets				Gross Block	46,201,320.48		27,645,001.22
Opening Balance	39,685,169.36			Less : Accumulated Depreciation	20,435,469.26		17,840,581.92
Less: Depreciation on Fixed Assets for this year	3,404,697.68	**36,280,471.68**	39,685,169.36	**(As per Schedule 'A' attached herewith)**		**25,765,851.22**	9,804,419.30
Member Insurance Companies-							
Replenishment received from Member Insurance Companies for F.Y.2015-16	354,271,311.00			Capital work in progress		-	8,954,115.00
Less: Expenses incurred for FY 2015-16	322,231,287.86	**32,040,023.14**					
				Debtors (Unsecured and considered good)			
Current Liabilities				Amount due from GBIC members	-		144,404,631.00
Amount due to LIC of India		-	144,404,631.00	Housing Loan Subsidy recoverable(LIC)	336,642.00		568,355.00
Advance from Member Companies for FY 2016-17		**70,111,359.00**	44,541,210.00	Other Miscellaneous Debit(PLLI)	418,997.00		158,428.00
Advance Recovery from Ombudsman		**73,048.00**	-	Amount due	-		1,319,810.47
						755,639.00	146,451,224.47
Sundry Creditors							
				Advances to Staff		**1,708,849.00**	738,406.00
Outstanding Expenses	41,030,514.80		6,608,735.71				
Income Tax other than salary	17,727.00		1,720.00	**Prepaid Expenses**		**454,541.82**	319,527.83
Cheque cancelled A/c	5,622.00		1,706.00				
Unremitted Professional Tax	-		4,700.00	**Deposits**		**1,856,984.05**	1,884,981.65
		41,053,863.80	6,616,861.71				
				Stamps on Hand		**3,565.00**	4,036.96
Earnest Money received towards Security Deposit		**50,400.00**	-	**Cash Balance**		**52,150.50**	62,042.78
				Bank Balance		**149,108,228.15**	67,029,118.18
Inter-Office Balances		**96,643.12**	-				
Total		**179,705,808.74**	**235,247,872.07**	**Total**		**179,705,808.74**	**235,247,872.07**

Notes to Accounts as per Schedule "B" annexed.

AS PER OUR ANNEXED REPORT
FOR G. M. KAPADIA & CO.
CHARTERED ACCOUNTANTS
Firm Registration No. - 104767W

Atul Shah
PARTNER
Membership No. 39569
PLACE : MUMBAI
DATE : 21/06/2016

G. M. KAPADIA & CO. MUMBAI Chartered Accountants

SECRETARY

SECRETARY GENERAL

बीमा परिषद नियंत्रण निकाय कार्यालय मुंबई Office of the Governing Body of Insurance Council Mumbai

बीमा परिषद नियंत्रण निकाय कार्यालय
Office of the Governing Body of Insurance Council

GOVERNING BODY OF INSURANCE COUNCIL & 17 INSURANCE OMBUDSMAN OFFICES

CONSOLIDATED STATEMENT OF INCOME & EXPENDITURE FOR THE YEAR ENDED 31ST MARCH, 2016

Account Code	Expenses	Year ended 31/03/2016 (Amt. in Rs.)	Year ended 31/03/2015 (Amt. in Rs.)	Account Code	Income	Year ended 31/03/2016 (Amt. in Rs.)	Year ended 31/03/2015 (Amt. in Rs.)
401	Basic Salary to Ombudsman	5,789,359.65	4,582,948.12		Cheque Cancelled A/c	0.00	16542.00
402	D.A. to Ombudsman	12,122,849.60	10,289,393.82	303	LIC Designated Office A/c.	0.00	218480110.31
403	HRA to Ombudsman	2,098,924.67	1,819,972.54	501	Sundry Receipts	209658.58	186975.41
405	Conveyance to Ombudsman	2,628,001.67	1,964,134.18		Liabilities W/back(Kolkata)	0.00	887.00
					Licence fee Deduction	3237.00	0.00
406	Basic Salary to Others	113,662,559.57	43,232,901.04		**Excess of Expenditure over Income**		
407	Spl Allowanceto Others	17,510.00			**- Net Expenses for FY 2015-16**		
408	D.A. to Others	32,928,194.29	43,259,941.33		**incurred on behalf of Members**	**322,231,287.86**	0.00
409	HRA to Others	9,351,451.40	3,119,521.10		**-Fixed Assets related non-cash**		
410	CCA to Others	2,758,530.47	917,669.55		**Expenses already collected in**		
411	FPA to Others	1,847,040.34	567,564.15		**earlier years**	**3,404,697.68**	0.00
412	Conveyance to Others	2,904,180.08	956,317.28				
413	Deputation Allowance to Others	25,174,604.31	8,415,236.44				
414	Functional Allowance to Others	18,787.50	4,500.00				
415	Washing Allowance to Others	6,195.00	1,800.00				
416	Qualifn. Pay to Others	3,170.00	0.00				
417	Other allowance to Others	2,973,816.00	153,783.68				
419	PLLI	0.00	67,807.00				
420	Employer's Contribution to Pension	8,153,900.29	2,877,333.26				
421	Employer's Contri. to PF	5,270,946.00	1,276,080.50				
422	Employer's Contribn to Gratuity	4,974,149.86	1,751,895.30				
423	Employer's Contribution to Mediclai	822,201.39	540,335.41				
424	Employer's Contribution to GSLI	38,532.79	20,329.15				
425	Leave Encashment	1,534,540.05	2,089,569.28				
426	Travelling Expenses on Tour	6,892,534.50	4,701,848.00				
427	Transfer T E	2,002,766.03	961,811.79				
428	L T C Expenses	1,522,925.60	783,947.00				
429	Motor Car Expenses	786,846.64	719,927.50				
430	Auditors Fees	261,122.00	204,215.00				
431	Law Charges	108,085.00	211,709.00				
432	Printing & Stationery	1,868,348.57	1,700,755.95				
433	Postage,Revenue Stamps	1,818,903.56	1,355,255.72				
434	Bank Charges	31,895.25	20,039.25				
435	Telephone Charges	1,676,148.46	1,636,742.75				
436	Electricity Charges	3,870,013.32	3,057,650.00				
437	Carriage & Freight	267,944.08	197,380.00				
438	Repairs & Maintenance	632,233.20	593,212.81				
439	Staff Amenities	5,915,531.00	4,286,126.00				
440	Lumpsum Medical Benefit	2,369,868.77	983,826.00				
441	All Insurance Premiums	281,584.83	211,151.25				
442	Entertainment Expenses	1,050,262.03	785,855.85				
443	Contractual Payments Other Than /	11,823,601.02	6,330,011.32				
444	AMC Payments	1,099,637.44	966,852.72				
445	Office Upkeep	928,408.50	691,176.35				
446	Subscription to Newspaper	450,859.50	373,980.50				
447	Conference Expenses	2,449,365.00	1,514,548.00				
448	Training Fees	566,184.00	339,570.00				
449	Consultancy Fees	437,159.00	46,541.00				
450	Rent,Rates & Taxes	30,576,328.43	25,479,467.25				
451	Depreciation	3,404,697.68	1,689,418.69				
452	PR and Publicity	4,960,761.00	1,203,641.00				
453	Other Misc.Expenses	1,459,488.18	397,302.48				
454	Shifting Expenses	17,106.00	15,513.00				
455	Exp. Of Remodelling of Rented prei	418,237.00	2,895,668.00				
456	ExponExternalCommittee	512,402.08					
457	Sundry Office Equipment<Rs.5000/	246,875.00	99,763.00				
460	S R A/c	3.52	50.05				
461	Library Expenses	61,310.00	43,796.00				
	Loss on sale of Fixed assets(Kolkata)		6,351.00				
	EXCESS OF INCOME OVER EXPENDITURE		**26,270,377.36**				
	Total	**325,848,881.12**	**218,684,514.72**			**325,848,881.12**	**218,684,514.72**

Notes to Accounts as per Schedule "B" annexed.

As per our report of even date
FOR G.M. KAPADIA & CO.
CHARTERED ACCOUNTANTS
Firm Registration No. - 104767W

Atul Shah
PARTNER
Membership No. 39569
PLACE : MUMBAI
DATE : 21/06/2016

G. M. KAPADIA & CO. MUMBAI Chartered Accountants

SECRETARY

SECRETARY GENERAL

Office of the Governing Body of Insurance Council Mumbai

बीमा परिषद नियंत्रण निकाय कार्यालय
Office of the Governing Body of Insurance Council

OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL & 17 OMBUDSMAN OFFICES

SCHEDULE FOR FIXED ASSETS AS ON 31.03.2016

Schedule 'A' : FIXED ASSETS

Code	Particulars	Rate	Gross Block				Depreciation				Net Block	
			As on 1/4/2015	Additions	Deletions	**As on 31/3/2016**	up to 31/3/2015	During the year	Deletions	**up to 31/3/2016**	**As on 31/3/2016**	As on 31/3/2015
216	Office Equipments (A)	4%	85,64,450.15	28,53,231.40	1,800.00	1,14,15,881.55	43,46,556.06	3,95,168.93	1,800.00	47,39,924.99	66,75,956.56	42,17,894.09
216	Office Equipments (B)	10%	6,46,190.53	19,07,646.00	42,892.00	25,10,944.53	5,56,678.16	1,14,881.00	42,327.00	6,29,232.16	18,81,712.37	89,511.77
217	Computers	30%	90,92,223.74	17,75,567.00	5,90,094.84	1,02,77,695.90	64,58,889.74	13,87,111.76	5,37,211.84	73,14,664.66	29,63,031.24	26,33,334.00
218	Air Conditioner, Fridge etc.	10%	40,55,327.53	23,95,151.50	2,03,014.00	62,47,465.03	24,84,601.08	4,52,240.60	1,96,388.00	27,40,453.68	35,07,011.35	15,70,726.45
219	Electrical Fittings	5%	17,47,965.54	13,96,909.00	2,925.00	31,41,949.54	11,05,168.92	1,50,000.06	2,925.00	12,52,243.98	18,89,705.56	6,42,796.62
221	Fax, Phone, Epabx etc.	10%	6,21,467.00	34,367.00	-	6,55,834.00	4,97,383.80	36,377.60	-	5,33,761.40	1,22,072.60	1,24,083.20
222	Xerox machine	20%	6,82,545.40	-	-	6,82,545.40	5,72,843.40	41,647.00	-	6,14,490.40	68,055.00	1,09,702.00
223	Liabrary Books	20%	5,77,985.01	14,213.00	23,233.00	5,68,965.01	5,26,820.51	19,172.00	23,233.00	5,22,759.51	46,205.50	51,165.00
224	Miscellaneous Capital Equip.	10%	15,82,034.32	4,05,329.00	11,800.00	19,75,563.32	12,28,612.05	78,510.55	11,800.00	12,95,322.60	6,80,240.72	3,53,422.27
224	Miscellaneous Capital Equip.	4%	27,962.00	-	-	27,962.00	16,191.20	1,118.48	-	17,309.68	10,652.32	11,770.80
224	Miscellaneous Capital Equip.	30%	46,850.00	5,400.00	-	52,250.00	46,837.00	1,485.00	-	48,322.00	3,928.00	13.00
231	Lease Hold Improvements	10%	-	86,44,264.20	-	86,44,264.20	-	7,26,984.20	-	7,26,984.20	79,17,280.00	-
	TOTAL		**2,76,45,001.22**	**1,94,32,078.10**	**8,75,758.84**	**4,62,01,320.48**	**1,78,40,581.92**	**34,04,697.18**	**8,15,684.84**	**2,04,35,469.26**	**2,57,65,851.22**	**98,04,419.20**

SECRETARY, GBIC.

SECRETARY GENERAL
GBIC, MUMBAI

बीमा परिषद नियंत्रण निकाय कार्यालय मुंबई
Office of the Governing Body of Insurance Council
Mumbai

CONSOLIDATED ACCOUNTS OF THE GOVERNING BODY OF INSURANCE COUNCIL & 17 OMBUDSMAN OFFICES

SCHEDULE 'B'

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31-3-2016

1. **SIGNIFICANT ACCOUNTING POLICIES**

A. **SYSTEM OF ACCOUNTING**

The GBIC has adopted the mercantile system of Accounting, except leave encashment which is accounted on Cash basis.

B. **FIXED ASSETS**

i. Fixed Assets are stated at cost less depreciation.

ii. Depreciation shall be provided at the rates prescribed as below and on the original cost of the assets on a Straight-Line Method as followed by the LIC of India. All assets costing upto Rs.5000/- each shall be charged to revenue (written off to account code 457 – Sundry Office Equipment <Rs. 5000) in the year of purchase.

Account Code	Asset	Rate of Depreciation
216	Office Equipments(A)	4%
216	Office Equipments(B)	10%
217	Computers	30%
218	Air Conditioners, Fridge etc.	10%
219	Electrical Fittings	5%
221	Fax, Phone, EPABX etc.	10%
222	Xerox Machine	20%
223	Library Books	20%
224	Misc. Capital Equipments	10%
231	Lease-hold Improvements	10%

During the current FY year 2015-16, GBIC received quotations from the LIC of India towards infrastructure development work to be carried out at 2 proposed Insurance Ombudsman Offices viz., Noida and Patna. The said quotations and required budget were approved by the Council. On receiving final bills for the infrastructure works carried out at Bangalore, Jaipur, Noida, Pune and Patna Centres, cost of the infrastructure work has been transferred to the respective Ombudsman Centres in the FY 2015-16.

2. The GBIC started its operations in 1998. Until 2000-2001, the Accounts were maintained by LIC. The GBIC started maintaining Accounts independently from the year 2001-2002. For the year 2001-2002, GBIC had only its Income & Expenditure Account certified by the Auditor. Hence, the opening balances brought down on 1st April, 2001 were unaudited figures.

.....contd.2

CONSOLIDATED ACCOUNTS OF THE GOVERNING BODY OF INSURANCE COUNCIL & 17 OMBUDSMAN OFFICES

SCHEDULE 'B'

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31-3-2016

3. The accounts of the 17 offices of GBIC have been audited by various auditors. The consolidation of the same is being done after considering the fact that the amount received from all the Member Insurance Companies would be found excess or short on receiving the requisite data i.e., Paid-up Capital and Gross Premium Income from all the Member Insurance Companies. Accordingly, the excess / short will be duly adjusted from the funds required from all the Member Insurance Companies for the subsequent financial year.

4. Upto the financial year 2014-15, GBIC and all Insurance Ombudsman Offices used to receive a lump sum amount from the LIC of India for the funding of their expenses. The GBIC then calculates the market share of each member - LICI, GIPSA Companies and other private Insurance companies. The amount, which has been received from LICI, is apportioned as per their market share. During current FY 2014-15, Office of the GBIC carried out a provisional exercise for sharing of expenses based on the available market share data which pertains to previous FY i.e. 2013-14. Accordingly, provision was made in the books of accounts of the GBIC for amount received from the LICI in excess of its share which was refunded to them during the FY 2015-16. As per the provision, the amount due to be paid to the LIC as on 31.03.2015 for `.14,44,04,631/- was paid.

5. From the financial year 2015-16, as approved in its Council meeting, Office of the GBIC had decided to discontinue the practice of receiving funds in advance only from the LIC and instead it has been decided to approach all the member Insurance Companies including LIC for advance towards funding of their expenses. Accordingly, the GBIC had received Rs. 35,42,71,311.00 from all the Member Insurance Companies towards Advance Sharing of Expenses for the FY 2015-16, and an amount of Rs.28,14,45,941.08 has been provided as replenishment to 17 Ombudsman Centres for the FY 2015-16. Also, the GBIC had received an amount of Rs.7,01,11,359/- from some of the Member Insurance Companies upto 31.3.2016 towards Advance Sharing of Expenses for the FY 2016-17.

6. We had called for the funds from the Member Insurance Companies for the FY 2015-16 based on the 2013-14 data of the Companies available with us. We have already called for the requisite data i.e., Paid-up Capital and Gross Premium Income from the Member Insurance Companies for the FY 2015-16. Once the necessary exercise (Collection of the data & arriving at the Share of Expenses of the Member Insurance Companies) is over, Office of the GBIC will be in a position to identify status of each and every Member Insurance Company with regard to the excess or short remittance received from them, and accordingly a Schedule showing company-wise fund details, will be prepared for the financial year 2015-16, and the excess / short will be duly adjusted from the funds required from all the Member Insurance Companies for the FY 2016-17. This exercise would be completed upon the receipt of the requisite data from the 53 Member Insurance Companies on their books being closed for the FY 2015-16 and thereafter allocation between Capital & Revenue Expenses for each Member Company will be done.

7. Balances of Sundry Creditors and Sundry Debtors are subject to confirmations and reconciliations.

.....contd.3

CONSOLIDATED ACCOUNTS OF THE GOVERNING BODY OF INSURANCE COUNCIL & 17 OMBUDSMAN OFFICES

SCHEDULE 'B'

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31-3-2016

8. In case of 4 Centers, the salary of officials on deputation from the LIC of India is paid directly by respective Ombudsman Centre, whereas normally the parent company (such as LIC, New India Assurance etc.) pays the salary and the Ombudsman Centre reimburses it to them.

9. The Statement of Outstanding Expenses includes estimated provision made for reimbursement of arrears of salary paid by respective insurance companies to the officers deputed to various offices of Insurance Ombudsman due to wage revision for the period from August 2012 to January 2016 by LIC &GIPSA Companies amounting to Rs.3,12,17,511.16 (approx.).

10. During the FY 2014-15, Shri B.P Parija, Former Insurance Ombudsman, Bhubaneswar had filed Writ Petition No. 7698/2014 against GBIC before the Hon'ble High Court of Orissa at Cuttack. He had claimed further Earned Leave encashment of 15 days, amounting to Rs.76,000/- approx., which is pending for decision before the High Court. Office of the GBIC has not made any provision towards this contingent liability in its books of accounts.

11. As per the opinion received, GBIC is not required to file Income Tax Returns.

12. There is a net difference of Rs. 96,643.12 in Inter-office balances. As the respective books of accounts were closed and audited, entries could not be incorporated to rectify these differences. Had these entries were passed prior to March 31, 2016 the expenses for the year would have been lower by Rs. 98,097.50. These have been rectified in the FY 2016-17.

13. During the year, status of complaints are as under (as compiled by the management) :

Particulars	Complaints O/s. as on 01.04.2015	Received during the year	Disposed during the year	Outstanding as on 31.03.2016
For Life Insurance	4,397	17,257	19,645	2,009
For General Insurance	2,385	8,920	10,621	684
Total	6,782	26,177	30,266	2,093

AS PER OUR REPORT OF EVEN DATE

For G.M. KAPADIA & Co.
CHARTERED ACCOUNTANTS
FIRM REGISTRATION No. 104767W

For GOVERNING BODY OF INSURANCE COUNCIL

G. M. KAPADIA & CO. MUMBAI Chartered Accountants

Atul Shah
PARTNER
Membership No.39569

SECRETARY

SECRETARY GENERAL

PLACE : MUMBAI
DATE : 21/06/2016

बीमा परिषद नियंत्रण निकाय कार्यालय मुंबई • Office of the Governing Body of Insurance Council • Mumbai

(C) COMPLAINT STATISTICS

The Complaints Statistics have been generated through the CMS. The following consolidated statements as at 31.03.2016 are attached herewith:

No	Description	Statement
1	Complaints Disposal (Summary – Life & General Insurance)	L1G1
2	Complaints Disposal Centre Wise Life Insurance)	L2
3	Complaints Disposal (Company Wise Analysis- Life Insurance	L3
4	Complaints Disposal (Centre Wise General Insurance)	G2
5	Complaints Disposal (Company Wise General Insurance)	G3
6	Details of Awards & Recommendations – Amount Wise (Centre Wise- Life & General Insurance)	L4G4
7	Details of Awards & Recommendations – Amount Wise (Company Wise Analysis – Life Insurance)	L5
8	Details of Awards & Recommendations – Amount Wise (Company Wise Analysis – General Insurance)	G5
9	Nature wise classification of complains received (Centre Wise- Life & General Insurance)	L7G7
10	Nature Wise Classification of complaints received (Summary-Life)	L8
11	Nature wise Classification of Complaints received (Company wise analysis – Life Insurance)	L9
12	Nature wise Classification of complaints received (Centre wise – General Insurance)	G8
13	Nature wise classification of complaints received (Company wise analysis – General Insurance)	G9

OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL
Complaints Received & Disposal statement as at 31.3.2016

STATEMENT L1G1
LIFE AND GENERAL INSURANCE

Name of	Total No of Complaints			Number of complaints dispoesd off by way of					Durationwise disposal of Complaints				Durationwise Outstanding complaints			
Centre /On HOLD	O/s at the Beginning of the Year	Received DURING APR to MAR	Total	Recomen-dations/ Awards	Withdrawal /Settlement	Dissmissal AWARDS FVG.INS.CO	Non-acceptance/ NE	Total Disposed	Within 3 months	3 months to 1 year	Above 1 Year	Total Disposed	Within 3 months	3 months to 1 Year	Above 1 Year	Total Oustanding
Ahmedabad	221	1798	2019	425	436	132	965	1958	1718	224	16	1958	61	0	0	61
Bhopal	77	908	985	134	33	186	614	967	748	213	6	967	18	0	0	18
Bubaneshwar	300	750	1050	252	1	227	506	986	547	431	8	986	64	0	0	64
Chandigarh	1137	3194	4331	1621	8	660	1303	3592	1926	1373	293	3592	398	341	0	739
Chennai	0	1163	1163	204	89	99	771	1163	1153	10	0	1163	0	0	0	0
Delhi	657	1939	2596	1138	291	24	1100	2553	1713	775	65	2553	43	0	0	43
Jaipur	362	1139	1501	456	235	246	564	1501	1157	181	163	1501	0	0	0	0
Guwahati	146	413	559	137	63	73	259	532	302	181	49	532	22	5	0	27
Hyderabad	118	1372	1490	233	51	115	992	1391	1064	322	5	1391	99	0	0	99
Bengaluru	34	1980	2014	304	181	127	1402	2014	2008	6	0	2014	0	0	0	0
Kochi	298	1184	1482	760	30	245	447	1482	1168	280	34	1482	0	0	0	0
Kolkata	1804	2641	4445	1014	661	462	1193	3330	1259	439	1632	3330	347	746	22	1115
Patna	154	247	401	141	64	20	174	399	200	51	148	399	1	1	0	2
Lucknow	213	1463	1676	338	18	161	1019	1536	1091	297	148	1536	68	72	0	140
Noida	188	1011	1199	326	169	0	523	1018	601	290	127	1018	128	53	0	181
Mumbai	791	3602	4393	886	316	525	2481	4208	2912	1148	148	4208	180	5	0	185
Pune	282	1373	1655	502	242	205	687	1636	1136	428	72	1636	19	0	0	19
Total	6782	26177	32959	8871	2888	3507	15000	30266	20703	6649	2914	30266	1448	1223	22	2693

OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL
COMPLAINTS DISPOSAL STATEMENT AS AT 31.3.2016

STATEMENT L2 : LIFE INSURANCE

Name of Centre	Total No of Complaints			Number of complaints dispoesd off by way of					Durationwise disposal of Complaints				Durationwise Outstanding complaints			
	O/s at the Beginning of the Year	Received During April to March	Total	Recomen-dations/ Awards	Withdrawal /Settlement	Dissmissal awards fvg Ins.co	Non-acceptance/ NE	Total Disposed	Within 3 months	3 months to 1 year	Above 1 Year	Total Disposed	Within 3 months	3 months to 1 Year	Above 1 Year	Total Oustanding
Ahmedabad	90	867	957	117	299	42	477	935	827	94	14	935	22	0	0	22
Bhopal	47	682	729	89	19	125	487	720	571	145	4	720	9	0	0	9
Bubaneshwar	239	510	749	182	0	182	340	704	349	348	7	704	45	0	0	45
Chandigarh	1061	2180	3241	1364	8	547	712	2631	1120	1218	293	2631	301	309	0	610
Chennai	0	659	659	80	40	31	508	659	657	2	0	659	0	0	0	0
Delhi	418	1312	1730	642	206	20	838	1706	1221	443	42	1706	24	0	0	24
Jaipur	320	916	1236	397	196	182	461	1236	938	144	154	1236	0	0	0	0
Guwahati	125	335	460	116	50	57	220	443	250	149	44	443	16	1	0	17
Hyderabad	86	944	1030	134	28	70	723	955	757	195	3	955	75	0	0	75
Bengaluru	19	1177	1196	208	115	59	814	1196	1195	1	0	1196	0	0	0	0
Kochi	144	664	808	378	18	121	291	808	663	137	8	808	0	0	0	0
Kolkata	1324	2059	3383	752	610	236	862	2460	919	365	1176	2460	283	618	22	923
Patna	147	182	329	114	61	19	134	328	147	38	143	328	1	0	0	1
Lucknow	167	1262	1429	265	17	112	907	1301	943	233	125	1301	56	72	0	128
Noida	123	742	865	210	139	0	395	744	453	196	95	744	76	45	0	121
Mumbai	15	1963	1978	98	83	34	1742	1957	1903	53	1	1957	21	0	0	21
Pune	72	803	875	285	67	87	423	862	701	159	2	862	13	0	0	13
Total	4397	17257	21654	5431	1956	1924	10334	19645	13614	3920	2111	19645	942	1045	22	2009

OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL
COMPLAINTS DISPOSAL STATEMENT AS AT 31.3.2016

STATEMENT L3 : LIFE INSURANCE

Name of Company	Total No of Complaints			Complaints disposed by way of							Durationwise disposal of Complaints				Durationwise Outstanding complaints			
	O/s at the Beginning of the YEAR	Received during the year	Total	Recomen-dations	Awards	Withdrawal /Settlement	Non-acceptance	Dissmissal awards fvg ins.co	NE	Total Disposed	Within 3 months	3 months to 1 year	Above 1 Year	Total	Within 3 months	3 months to 1 Year	Above 1 year	TOTAL OUTSTANDING
Aegon Religare Life Ins.Co.Ltd.	167	832	999	55	312	75	0	45	353	840	585	169	86	840	76	83	0	159
Aviva Life	74	311	385	7	105	30	0	48	140	330	226	65	39	330	18	37	0	55
Bajaj-Allianz Life	213	686	899	18	198	70	0	102	436	824	554	164	106	824	41	33	1	75
BHARTI AXA LIFE	156	786	942	75	284	55	0	62	385	861	632	192	37	861	46	34	1	81
Birla-Sun Life	554	997	1551	47	389	290	0	142	516	1384	698	362	324	1384	65	101	1	167
Canara HSBC Oriental Bank Life	4	46	50	1	5	0	0	5	37	48	43	4	1	48	0	2	0	2
DHFL Pramerica Life Ins.Co.Ltd.	38	182	220	5	73	10	0	28	93	209	158	39	12	209	6	5	0	11
Edelweiss Tokio LIC Co.	3	38	41	2	3	6	0	3	25	39	33	5	1	39	2	0	0	2
Future Generali	98	567	665	35	168	56	0	33	250	542	392	101	49	542	59	64	0	123
Hdfc-Standard Life	750	2434	3184	103	809	377	0	206	1380	2875	1861	592	422	2875	113	195	1	309
ICICI-Prudential	328	903	1231	38	282	112	0	129	566	1127	710	264	153	1127	39	64	1	104
IDBI Federal Life Ins.Co.Ltd.	33	137	170	0	31	23	0	11	75	140	98	26	16	140	11	19	0	30
IndiaFirst insurance co.	7	53	60	1	6	2	0	5	45	59	50	6	3	59	1	0	0	1
Exide Life Insurance Co.	103	627	730	31	159	65	0	30	311	596	433	116	47	596	85	49	0	134
Kotak Mahindra-OM	107	457	564	10	120	48	0	68	252	498	375	101	22	498	30	36	0	66
LIC of India	686	4017	4703	78	638	250	0	569	2947	4482	3467	663	352	4482	120	87	14	221
Max Life Insurance	102	531	633	9	123	45	0	49	373	599	460	101	38	599	18	15	1	34
PNB Met-Life	130	418	548	16	154	42	0	46	232	490	320	133	37	490	36	22	0	58
RELIANCE LIFE	567	1900	2467	128	585	298	0	163	988	2162	1393	542	227	2162	134	170	1	305
SAHARA India Life	1	3	4	0	0	1	0	0	3	4	3	1	0	4	0	0	0	0
SBI LIFE	148	883	1031	34	154	51	0	129	630	998	751	170	77	998	22	11	0	33
SHRIRAM LIFE	32	151	183	4	50	17	0	11	83	165	114	40	11	165	11	7	0	18
Star Union Dai-ichi Life Ins.Co.	8	66	74	1	8	6	0	5	52	72	58	11	3	72	0	2	0	2
TATA AIA LIFE	88	232	320	4	73	27	0	35	162	301	200	53	48	301	9	9	1	19
Total	4397	17257	21654	702	4729	1956	0	1924	10334	19645	13614	3920	2111	19645	942	1045	22	2009

OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL
Complaints Disposal statement as at 31.3.2016

STATEMENT G2
GENERAL INSURANCE

Name of Centre	Total No of Complaints			Number of complaints dispoesd off by way of					Durationwise disposal of Complaints				Durationwise Outstanding complaints			
	O/s at the Beginning of the Year	Received during APR to MAR	Total	Recomen-dations/ Awards	Withdrawal /Settlement	Dissmissal awards fvg.ins.co	Non-acceptance/ NE	Total Disposed	Within 3 months	3 months to 1 year	Above 1 Year	Total Disposed	Within 3 months	3 months to 1 Year	Above 1 Year	Total Oustanding
Ahmedabad	131	931	1062	308	137	90	488	1023	891	130	2	1023	39	0	0	39
Bhopal	30	226	256	45	14	61	127	247	177	68	2	247	9	0	0	9
Bubaneshwar	61	240	301	70	1	45	166	282	198	83	1	282	19	0	0	19
Chandigarh	76	1014	1090	257	0	113	591	961	806	155	0	961	97	32	0	129
Chennai	0	504	504	124	49	68	263	504	496	8	0	504	0	0	0	0
Delhi	239	627	866	496	85	4	262	847	492	332	23	847	19	0	0	19
jaipur	42	223	265	59	39	64	103	265	219	37	9	265	0	0	0	0
Guwahati	21	78	99	21	13	16	39	89	52	32	5	89	6	4	0	10
Hyderabad	32	428	460	99	23	45	269	436	307	127	2	436	24	0	0	24
Bengaluru	15	803	818	96	66	68	588	818	813	5	0	818	0	0	0	0
Kochi	154	520	674	382	12	124	156	674	505	143	26	674	0	0	0	0
Kolkata	480	582	1062	262	51	226	331	870	340	74	456	870	64	128	0	192
Patna	7	65	72	27	3	1	40	71	53	13	5	71	0	1	0	1
Lucknow	46	201	247	73	1	49	112	235	148	64	23	235	12	0	0	12
Noida	65	269	334	116	30	0	128	274	148	94	32	274	52	8	0	60
Mumbai	776	1639	2415	788	233	491	739	2251	1009	1095	147	2251	159	5	0	164
Pune	210	570	780	217	175	118	264	774	435	269	70	774	6	0	0	6
Total	2385	8920	11305	3440	932	1583	4666	10621	7089	2729	803	10621	506	178	0	684

OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL
COMPLAINTS DISPOSAL STATEMENT AS ON 31.3.2016

STATEMENT G 3: GENERAL INSURANCE

Name of Company	Total No of Complaints			Complaints disposed by way of							Durationwise disposal of Complaints				Durationwise Outstanding complaints			
	O/s at the Beginning of the YEAR	Received during APR to MAR	Total	Recomen-dations	Awards	Withdrawal /Settlement	Non-acceptance	Dissmissal awards fvg ins.co	NE	Total Disposed	Within 3 months	3 months to 1 year	Above 1 Year	Total	Within 3 months	3 months to 1 Year	Above 1 year	TOTAL OUTSTANDING
Agriculture Ins. Co.	2	7	9	0	3	0	0	0	6	9	7	0	2	9	0	0	0	0
Apollo Munich Health	86	367	453	19	132	47	0	54	156	408	251	129	28	408	37	8	0	45
Bajaj-Allianz General	59	254	313	8	75	23	0	50	134	290	197	69	24	290	14	9	0	23
Bharati AXA Gen.Ins.	21	157	178	9	42	17	0	17	89	174	136	30	8	174	2	2	0	4
CHNHB Association	0	2	2	0	0	0	0	0	1	1	1	0	0	1	0	1	0	1
Cholamandalam MS	19	95	114	3	21	5	0	16	59	104	78	20	6	104	7	3	0	10
Cigna TTK Health Ins. Co.	1	13	14	0	1	1	0	1	10	13	11	2	0	13	1	0	0	1
ECGC	0	1	1	0	0	0	0	0	1	1	1	0	0	1	0	0	0	0
Future Generali Gen.	15	48	63	1	18	7	0	8	27	61	44	12	5	61	2	0	0	2
HDFC ERGO Gen.Ins.	31	197	228	16	44	14	0	31	116	221	153	59	9	221	6	1	0	7
ICICI-Lombard	75	435	510	20	98	44	0	55	258	475	349	95	31	475	28	7	0	35
IFFCO TOKIO	27	119	146	8	37	11	0	17	64	137	91	36	10	137	8	1	0	9
L & T General	5	34	39	1	7	2	0	9	18	37	24	11	2	37	2	0	0	2
LIBERTY VIDEOCON	3	17	20	0	5	1	0	2	11	19	15	4	0	19	1	0	0	1
MAGMA HDI Genl.	7	21	28	0	8	1	0	4	14	27	16	8	3	27	1	0	0	1
MAX BUPA Health	76	272	348	41	86	26	0	46	126	325	199	107	19	325	14	9	0	23
Raheja QBE Gen.Ins.	0	14	14	0	0	0	0	0	14	14	14	0	0	14	0	0	0	0
Reliance General	57	255	312	14	74	21	0	41	145	295	215	59	21	295	12	5	0	17
Religare Health Ins.	23	176	199	16	36	15	0	28	90	185	142	40	3	185	12	2	0	14
Royal-Sundaram	38	100	138	8	25	13	0	26	61	133	87	29	17	133	4	1	0	5
SBI General	9	130	139	6	15	8	0	11	93	133	115	14	4	133	4	2	0	6
Shriram Gen.Ins.Co.Ltd.	8	45	53	3	9	5	0	7	27	51	37	11	3	51	1	1	0	2
Star Health & Allied Ins.	137	731	868	32	150	104	0	186	356	828	630	166	32	828	28	12	0	40
TATA-AIG General	38	199	237	15	31	27	0	27	126	226	173	39	14	226	6	5	0	11
The National	388	1160	1548	44	413	116	0	235	633	1441	918	348	175	1441	63	44	0	107
The New India	512	1515	2027	52	603	171	0	285	781	1892	1187	553	152	1892	107	28	0	135
The Oriental	332	1127	1459	55	465	103	0	196	559	1378	876	388	114	1378	65	16	0	81
The United-India	400	1340	1740	35	619	144	0	223	625	1646	1043	490	113	1646	75	19	0	94
Universal Sompo Gen.	16	89	105	5	12	6	0	8	66	97	79	10	8	97	6	2	0	8
Total	2385	8920	11305	411	3029	932	0	1583	4666	10621	7089	2729	803	10621	506	178	0	684

OFFICE OF GOVERNING BODY OF INSURANCE COUNCIL

COMPLAINTS RECEIVED & DISPOSED STATEMENT FOR THE PERIOD 1.4.2015 TO 31.3.2016

RECOMMENDATIONS AND AWARDS FOR THE PERIOD FROM 01.04.2015 to 31.03.2016

Rs. in Lacs L4G4

Name of the Insurer	LIFE		GENERAL		TOTAL	
	RECOMMENDATION AND AWARDS		RECOMMENDATION AND AWARDS		RECOMMENDATION AND AWARDS	
	Number	*Amount*	*Number*	*Amount*	*Number*	*Amount*
AHMEDABAD	159	130.29	398	115.58	557	245.87
BHOPAL	214	43.29	106	6.52	320	49.81
BHUBANESHWAR	364	89.83	115	12.49	479	102.32
CHANDIGARH	1911	766.45	370	302.39	2281	1068.84
CHENNAI	111	59.22	192	129.95	303	189.17
DELHI	662	72.30	500	10.41	1162	82.71
JAIPUR	579	588.52	123	63.75	702	652.27
GUWAHATI	173	3.19	37	3.85	210	7.04
HYDERABAD	204	308.85	144	151.75	348	460.60
BENGALURU	267	144.47	164	37.57	431	182.04
KOCHI	499	202.92	506	73.74	1005	276.66
KOLKATA	988	915.19	488	15.14	1476	930.33
PATNA	133	17.83	28	8.45	161	26.28
LUCKNOW	377	316.24	122	60.78	499	377.02
NOIDA	210	51.09	116	34.80	326	85.89
MUMBAI	132	69.13	1279	371.34	1411	440.47
PUNE	372	272.91	335	179.55	707	452.46
Total	7355	4051.72	5023	1578.06	12378	5629.78

OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL
Complaints Disposal statement for the period 1.4.2015 upto 31.3.2016

STATEMENT L 5
LIFE INSURANCE
(FIGURES IN LACS)

Name of Insurer	RECOMMENDATIONS		AWARDS		RECOMMENDATIONS & AWARDS	
	April 2015 to March 2016		*April 2015 to March 2016*		*April 2015 to March 2016*	
	Number	*Amount*	*Number*	*Amount*	*Number*	*Amount*
Aegon Religare Life Ins.Co.Ltd.	55	47.56	357	297.75	412	345.31
Aviva Life	7	0.90	153	137.13	160	138.03
Bajaj-Allianz Life	18	0.85	300	131.77	318	132.62
BHARTI AXA Life	75	133.76	346	227.10	421	360.86
Birla-Sun Life	47	39.12	531	235.47	578	274.59
Canara HSBC Oriental Bank Life	1	0.00	10	7.18	11	7.18
DHFL Pramerica Life Ins.Co.Ltd.	5	0.87	101	53.39	106	54.26
Edelweiss Tokio Life Ins.	2	1.99	6	8.97	8	10.96
Future Generali	35	25.85	201	105.76	236	131.61
HDFC Standard Life	103	48.02	1015	560.83	1118	608.85
ICICI-Prudential	38	34.01	411	352.35	449	386.36
IDBI Federal Life Ins.Co.Ltd.	0	0.00	42	22.89	42	22.89
IndiaFirst Life Insurance co.	1	0.00	11	11.02	12	11.02
Exide Life Insurance Company Ltd	31	14.91	189	114.42	220	129.33
Kotak Mahindra-OM	10	15.52	188	55.92	198	71.44
LIC of India	78	0.00	1207	415.72	1285	415.72
Max-Newyork Life	9	3.99	172	71.19	181	75.18
PNB Metlife India Ins. Co. P.Ltd	16	2.85	200	91.77	216	94.62
RELIANCE LIFE	128	137.30	748	367.72	876	505.02
SAHARA India Life	0	0.00	0	0.00	0	0.00
SBI LIFE	34	1.99	283	177.10	317	179.09
SHRIRAM LIFE	4	2.09	61	48.51	65	50.60
Star Union Dai-ichi Life Ins.Co.	1	0.13	13	0.95	14	1.08
TATA AIA LIFE	4	0.09	108	45.01	112	45.10
Total	702	511.79	6653	3539.93	7355	4051.72

OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL

COMPLAINTS DISPOSAL STATEMENT FOR THE PERIOD 1.4.2015 TO 31.3.2016

STATEMENT G5 (FIGURES IN LACS)

LIFE INSURANCE

NAME OF THE INSURER	RECOMMENDATIONS		AWARDS		RECOMMENDATION & AWARDS	
	APRI 2015 TO MARCH 2016		APRI 2015 TO MARCH 2016		APRI 2015 TO MARCH 2016	
	Number	Amount	Number	Amount	Number	Amount
Agriculture Ins. Co.	0	0.00	3	0.05	3	0.05
Apollo Munich	19	0.62	186	57.63	205	58.25
Bajaj-Allianz General	8	13.60	125	67.88	133	81.48
BharatiAXA Gen.Ins.	9	0.67	59	30.50	68	31.17
CHNHB Association	0	0.00	0	0.00	0	0.00
Cholamandalam	3	0.12	37	14.58	40	14.70
Cigna TTK Health Ins. Co	0	0.00	2	0.31	2	0.31
ECGC	0	0.00	0	0.00	0	0.00
Future Generali Gen.	1	0.90	26	14.26	27	15.16
HDFC ERGO Gen.Ins.	16	0.30	75	80.96	91	81.26
ICICI-Lombard	20	5.01	153	96.98	173	101.99
IFFCO TOKIO	8	0.18	54	48.86	62	49.04
L & T Gnel. Ins. Co.	1	0.00	16	16.04	17	16.04
Liberty Videocon Gen.Ins.	0	0.00	7	0.80	7	0.80
Magma HDI Gen. Ins.Co.	0	0.00	12	3.89	12	3.89
MAX BUPA	41	0.05	132	40.87	173	40.92
Raheja QBE Gen.Ins.	0	0.00	0	0.00	0	0.00
Reliance General	14	4.88	115	63.11	129	67.99
Religare Health Ins.	16	0.10	64	13.43	80	13.53
Royal-Sundaram	8	0.08	51	20.84	59	20.92
SBI Genl. Ins. Co.	6	0.00	26	34.27	32	34.27
Shriram Gen.Ins.Co.Ltd.	3	0.00	16	2.86	19	2.86
Star Health & Allied Ins.	32	6.73	336	79.21	368	85.94
TATA-AIG General	15	0.67	58	17.21	73	17.88
National Ins.	44	0.78	648	145.71	692	146.49
The New India	52	2.32	888	247.04	940	249.36
The Oriental	55	1.70	661	185.59	716	187.29
United-India	35	5.95	842	238.83	877	244.78
Universal Sompo Gen.	5	0.00	20	11.69	25	11.69
Total	411	44.67	4612	1533.39	5023	1578.06

Complaints Received and Disposal statement for the period 1.4.2015 to 31.3.2016

NATURE WISE CLASSIFICATION OF COMPLAINTS RECEIVED AS AT 31.3.2016

STATEMENT L 7G7

LIFE INSURANCE & GENERAL INSURANCE

NAME OF THE INSURER	NON ENTERTAINABLE						*ENTERTAINABLE*						TOTAL
	Beyond Scope of Rule (12 b to f)	Not within Jurisdiction 13(1)	Not availed of Insurance Co. Grievance Redressal Mechanism 13 (a)	Sub-judice in courts/ forums 13 (c)	Time barred 13(b)	TOTAL A	Partial or total repudiation of claim.	Dispute in regards to premiums paid or payable in terms of policy.	Dispute on the legal construction of the policies in so far as such dispute relates to claim	Delay in settlement of claims.	Non-issue of insurance document to customer after receipt of premium.	TOTAL B	A+B
AHMEDABAD	837	19	97	0	12	**965**	821	2	0	8	2	*833*	**1798**
BHOPAL	298	2	299	1	14	**614**	136	137	8	10	3	*294*	**908**
BUBANESWAR	56	10	167	265	8	**506**	156	1	1	84	2	*244*	**750**
CHANDIGARH	109	43	1127	9	15	**1303**	448	1414	4	20	5	*1891*	**3194**
CHENNAI	309	44	409	1	8	**771**	324	44	9	10	5	*392*	**1163**
DELHI	210	543	327	0	20	**1100**	702	109	20	4	4	*839*	**1939**
JAIPUR	218	13	322	0	11	**564**	565	5	0	5	0	*575*	**1139**
GUWAHATI	37	7	156	1	58	**259**	87	36	1	26	4	*154*	**413**
HYDERABAD	284	243	445	4	16	**992**	289	4	77	10	0	*380*	**1372**
BENGALURU	693	68	631	2	8	**1402**	412	144	4	11	7	*578*	**1980**
KOCHI	101	6	331	1	8	**447**	654	24	49	8	2	*737*	**1184**
KOLKATA	436	133	546	0	78	**1193**	311	1059	14	52	12	*1448*	**2641**
PATNA	38	1	130	3	2	**174**	44	12	5	8	4	*73*	**247**
LUCKNOW	284	259	468	2	6	**1019**	205	203	0	30	6	*444*	**1463**
NOIDA	88	30	372	6	27	**523**	109	375	0	1	3	*488*	**1011**
MUMBAI	826	863	758	7	27	**2481**	953	163	1	3	1	*1121*	**3602**
PUNE	84	10	567	6	20	**687**	96	577	1	2	10	*686*	**1373**
Total	**4908**	**2294**	**7152**	**308**	**338**	**15000**	*6312*	*4309*	*194*	*292*	*70*	***11177***	**26177**

Complaints Received & Disposed statement as at 31.3.2016
NATURE WISE CLASSIFICATION OF COMPLAINTS RECEIVED AS AT 31.3.2016

STATEMENT L 8
LIFE INSURANCE

NAME OF THE INSURER	NON ENTERTAINABLE						ENTERTAINABLE						
	Beyond Scope of Rule (12 b to f)	Not within Jurisdiction 13(1)	Not availed of Insurance Co. Grievance Redressal Mechanism 13 (a)	Sub-judice in courts/ forums 13 (c)	Time barred 13(b)	TOTAL A	*Partial or total repudiation of claim.*	*Dispute in regards to premiums paid or payable in terms of policy.*	*Dispute on the legal construction of the policies in so far as such dispute relates to claim*	*Delay in settlement of claims.*	*Non-issue of insurance document to customer after receipt of premium.*	*TOTAL B*	TOTAL A+B
AHMEDABAD	407	16	45	0	9	**477**	386	1	0	2	1	*390*	**867**
BHOPAL	268	1	205	0	13	**487**	54	123	7	8	3	*195*	**682**
BUBANESWAR	34	6	79	215	6	**340**	95	0	1	72	2	*170*	**510**
CHANDIGARH	55	22	613	7	15	**712**	39	1413	2	13	1	*1468*	**2180**
CHENNAI	255	26	223	1	3	**508**	86	43	9	9	4	*151*	**659**
DELHI	148	442	234	0	14	**838**	341	108	20	3	2	*474*	**1312**
JAIPUR	178	7	266	0	10	**461**	449	5	0	1	0	*455*	**916**
GUWAHATI	37	7	122	0	54	**220**	55	36	1	19	4	*115*	**335**
HYDERABAD	228	167	311	4	13	**723**	130	4	77	10	0	*221*	**944**
BENGALURU	385	42	380	1	6	**814**	206	140	4	11	2	*363*	**1177**
KOCHI	74	1	209	0	7	**291**	302	19	46	4	2	*373*	**664**
KOLKATA	343	107	339	0	73	**862**	76	1055	14	41	11	*1197*	**2059**
PATNA	32	1	98	1	2	**134**	28	10	3	3	4	*48*	**182**
LUCKNOW	256	231	412	2	6	**907**	131	202	0	18	4	*355*	**1262**
NOIDA	50	15	307	1	22	**395**	60	287	0	0	0	*347*	**742**
MUMBAI	600	577	555	2	8	**1742**	64	155	0	1	1	*221*	**1963**
PUNE	62	7	334	6	14	**423**	40	331	1	2	6	*380*	**803**
Total	3412	1675	4732	240	275	10334	2542	3932	185	217	47	*6923*	**17257**

NATURE WISE CLASSIFICATION OF COMPLAINTS RECEIVED AS AT 31.3.2016

STATEMENT L 9
LIFE INSURANCE

NAME OF THE INSURER	NON ENTERTAINABLE						ENTERTAINABLE						
	Beyond Scope of Rule (12 b to f)	Not within Jurisdiction 13(1)	Not availed of Insurance Co. Grievance Redressal Mechanism 13 (a)	Sub-judice in courts/ forums 13 (c)	Time barred 13(b)	TOTAL A	Partial or total repudiation of claim.	Dispute in regards to premiums paid or payable in terms of policy.	Dispute on the legal construction of the policies in so far as such dispute relates to claim	Delay in settlement of claims.	Non-issue of insurance document to customer after receipt of premium.	TOTAL B	TOTAL A+B
Aegon Religare Life Ins.Co.Ltd.	102	55	178	6	12	353	113	338	19	8	1	479	832
Aviva Life	46	11	75	6	2	140	51	113	4	0	3	171	311
Bajaj-Allianz Life	137	73	191	8	27	436	85	150	10	2	3	250	686
BHARTI AXA LIFE	114	65	190	10	6	385	151	223	13	11	3	401	786
Birla-Sun Life	161	79	242	13	21	516	121	341	10	4	5	481	997
Canara HSBC Oriental Bank Life	17	8	11	0	1	37	2	7	0	0	0	9	46
DHFL Pramerica Life Ins.Co.Ltd.	34	16	41	0	2	93	25	62	0	1	1	89	182
Edelweiss Tokio LIC Co.	7	4	13	0	1	25	7	6	0	0	0	13	38
Future Generali	60	44	136	6	4	250	105	188	15	7	2	317	567
HDFC-Standard Life	483	218	624	22	33	1380	343	680	14	12	5	1054	2434
ICICI-Prudential	184	105	252	14	11	566	101	221	6	6	3	337	903
IDBI Federal Life Ins.Co.Ltd.	16	17	37	2	3	75	19	42	1	0	0	62	137
IndiaFirst Life Insurance Co.Ltd.,	19	4	22	0	0	45	8	0	0	0	0	8	53
Exide Life Insurance	109	34	153	10	5	311	81	216	12	5	2	316	627
Kotak Mahindra-OM	95	36	105	2	14	252	33	166	2	4	0	205	457
LIC of India	990	470	1336	92	59	2947	717	170	36	131	16	1070	4017
Max-Newyork Life	132	61	164	8	8	373	47	96	12	3	0	158	531
Met-Life	69	40	113	5	5	232	53	125	2	5	1	186	418
RELIANCE LIFE	300	173	471	13	31	988	278	606	15	12	1	912	1900
SAHARA India Life	2	1	0	0	0	3	0	0	0	0	0	0	3
SBI LIFE	220	111	272	13	14	630	133	108	10	2	0	253	883
SHRIRAM LIFE	24	13	35	4	7	83	27	40	0	1	0	68	151
Star Union Dai-ichi Life Ins.Co.	25	4	19	4	0	52	4	8	0	2	0	14	66
TATA AIG LIFE	66	33	52	2	9	162	38	26	4	1	1	70	232
Total	3412	1675	4732	240	275	10334	2542	3932	185	217	47	6923	17257

Complaints Received and Disposed statement as at 31.3.2016
NATURE WISE CLASSIFICATION OF COMPLAINTS RECEIVED AS AT 31.3.2016

STATEMENT G 8
GENERAL INSURANCE

NAME OF THE CENTRE	NON ENTERTAINABLE						ENTERTAINABLE						TOTAL
	Beyond Scope of Rule (12 b to f)	Not within Jurisdiction 13(1)	Not availed of Insurance Co. Grievance Redressal Mechanism 13 (a)	Sub-judice in courts/ forums 13 (c)	Time barred 13(b)	TOTAL A	*Partial or total repudiation of claim.*	*Dispute in regards to premiums paid or payable in terms of policy.*	*Dispute on the legal construction of the policies in so far as such dispute relates to claim*	*Delay in settlement of claims.*	*Non-issue of insurance document to customer after receipt of premium.*	*TOTAL B*	TOTAL A+B
AHMEDABAD	430	3	52	0	3	**488**	435	1	0	6	1	443	931
BHOPAL	30	1	94	1	1	**127**	82	14	1	2	0	99	226
BUBANESWAR	22	4	88	50	2	**166**	61	1	0	12	0	74	240
CHANDIGARH	54	21	514	2	0	**591**	409	1	2	7	4	423	1014
CHENNAI	54	18	186	0	5	**263**	238	1	0	1	1	241	504
DELHI	62	101	93	0	6	**262**	361	1	0	1	2	365	627
JAIPUR	40	6	56	0	1	**103**	116	0	0	4	0	120	223
GUWAHATI	0	0	34	1	4	**39**	32	0	0	7	0	39	78
HYDERABAD	56	76	134	0	3	**269**	159	0	0	0	0	159	428
BENGALURU	308	26	251	1	2	**588**	206	4	0	0	5	215	803
KOCHI	27	5	122	1	1	**156**	352	5	3	4	0	364	520
KOLKATA	93	26	207	0	5	**331**	235	4	0	11	1	251	582
PATNA	6	0	32	2	0	**40**	16	2	2	5	0	25	65
LUCKNOW	28	28	56	0	0	**112**	74	1	0	12	2	89	201
NOIDA	38	15	65	5	5	**128**	49	88	0	1	3	141	269
MUMBAI	226	286	203	5	19	**739**	889	8	1	2	0	900	1639
PUNE	22	3	233	0	6	**264**	56	246	0	0	4	306	570
Total	1496	619	2420	68	63	**4666**	3770	377	9	75	23	4254	8920

COMPLAINTS RECEIVED & DISPOSED FOR THE PERIOD 1.4.2015 TO 31.3.2016
NATURE WISE CLASSIFICATION OF COMPLAINTS RECEIVED FOR THE PERIOD 1.4.2015 TO 31.3.2016

STATEMENT G 9
GENERAL INSURANCE

NAME OF THE INSURER	NON ENTERTAINABLE						ENTERTAINABLE						TOTAL
	Beyond Scope of Rule (12 b to f)	Not within Jurisdiction 13(1)	Not availed of Insurance Co. Grievance Redressal Mechanism 13 (a)	Sub-judice in courts/ forums 13 (c)	Time barred 13(b)	TOTAL A	*Partial or total repudiation of claim.*	*Dispute in regards to premiums paid or payable in terms of policy.*	*Dispute on the legal construction of the policies in so far as such dispute relates to claim*	*Delay in settlement of claims.*	*Non-issue of insurance document to customer after receipt of premium.*	*TOTAL B*	A+B
Agriculture Ins. Co.	6	0	0	0	0	6	1	0	0	0	0	1	7
Apollo Munich	31	24	97	2	2	156	176	29	0	4	2	211	367
Bajaj-Allianz General	56	14	63	0	1	134	106	11	1	2	0	120	254
BharatiAXA Gen.Ins.	29	19	40	1	0	89	62	5	0	1	0	68	157
CHNHB Associates	0	0	1	0	0	1	1	0	0	0	0	1	2
Cholamandalam	11	12	34	2	0	59	29	5	0	2	0	36	95
Cigna TTk health Ins..	4	1	5	0	0	10	2	1	0	0	0	3	13
ECGC	0	0	1	0	0	1	0	0	0	0	0	0	1
Future Generali Gen.	14	3	9	0	1	27	17	3	0	1	0	21	48
HDFC ERGO Gen.Ins.	40	17	56	1	2	116	70	9	0	1	1	81	197
ICICI-Lombard	89	36	125	6	2	258	154	19	1	2	1	177	435
IFFCO TOKIO	8	10	44	0	2	64	52	1	0	1	1	55	119
L & T General	9	3	5	0	1	18	11	4	0	0	1	16	34
LIBFETY VIDEOCON	3	4	4	0	0	11	6	0	0	0	0	6	17
MAGMA HID	7	1	6	0	0	14	7	0	0	0	0	7	21
MAX BUPA	45	14	65	1	1	126	135	8	1	2	0	146	272
Raheja QBE Gen.Ins.	10	0	4	0	0	14	0	0	0	0	0	0	14
Reliance General	49	22	70	4	0	145	94	10	0	5	1	110	255
Religare Health Ins.	30	13	45	2	0	90	74	12	0	0	0	86	176
Royal-Sundaram	26	8	26	1	0	61	34	4	0	1	0	39	100
SBI General	41	13	39	0	0	93	27	2	0	4	4	37	130
Shriram Gen.Ins.Co.Ltd.	11	3	10	2	1	27	15	1	0	2	0	18	45
Star Health & Allied Ins.	80	65	202	8	1	356	335	37	1	0	2	375	731
TATA-AIG General	51	20	53	1	1	126	60	8	2	1	2	73	199
The National	203	69	332	20	9	633	470	41	2	12	2	527	1160
The New India	262	94	402	7	16	781	657	65	1	10	1	734	1515
The Oriental	166	60	318	5	10	559	509	42	0	15	2	568	1127
The United-India	192	83	332	5	13	625	648	57	0	7	3	715	1340
Universal Sompo Gen.	23	11	32	0	0	66	18	3	0	2	0	23	89
Total	1496	619	2420	68	63	4666	3770	377	9	75	23	4254	8920

D) COMMON OBSERVATIONS/SUGGESTIONS/ RECOMMENDATIONS OF OMBUDSMEN REGARDING QUALITY OF SERVICES RENDERED BY INSURER & CAUSES OF GRIEVANCES.

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LIFE

1. A number of life cases connected with mis-selling are generally based on fraud and forgery of signatures of the policy holder/ life assured on proposal forms and benefit/ sales illustration and it is almost impossible to establish mis-selling. Mis-selling can be reduced by making consumers aware of Insurance especially in rural areas. The companies, IRDA and Offices of Insurance Ombudsman should hold meetings involving Panchayats, local administrations & NGOs to spread awareness about Insurance. Agents should be trained to avoid mis-selling.
2. In most cases of mis-selling the financial underwriting rules have been disregarded by the underwriter. So mis-selling which could have been arrested at the underwriting stage instead gets an impetus when the underwriter clears long premium paying term plans even though the proposer does not have the paying capacity to maintain the policy beyond the initial first payment.
3. Insurance Companies are denying complaints of mis-selling simply because a satisfactory Pre-login verification call had been made, even though experience over last few years has shown that the brokers/agents have been tutoring the customers to accept all terms when verification calls are received. It is indeed a catch 22 situation where unscrupulous agents/brokers are continuing to derive undue benefit out of the greed of customers,. However, Insurance companies, Regulator, Redressal Officers, as stake holders of the industry should be able to devise controls to prevent this unchecked mis-selling and mis-guiding of customers
4. Solicitation of business and issuance of premium receipts by unlicensed entities.

NON-LIFE

1. TPAs decision on settlement of claims should not be final and the matter should be reviewed by the insurer to arrive at a judicious decision. Most general insurers do not have any established system for review of the claims rejected by their TPAs. Even when the complainant approaches the Grievance Cell, after repudiation of the

claim by the TPA, the insurer seldom examines the claim dispassionately. In some cases, the insurer depends on the TPA to present cases before the Ombudsman.

2. Assessment of surveyors on the quantum of loss in motor claims is not in tune with the desired repairs and reasons for not allowing the estimated items are not explained.
3. There has to be a mechanism to ensure that Provider Net Work Hospitals do not charge more than agreed rates and proper treatment is administered
4. Lack of clarity in some of the clauses and conditions in the policy, Mediclaim in particular. A few clauses like proportionate clause require a relook, in the interest of policyholders. Similarly "enhancement of sum insured clause', "active line of treatment" and "Reasonable and Customary Charges" require proper interpretation. Inadmissibility of cost of Multi Focal Lens in case of cataract treatment should be clearly spelt out in the Policy terms, if the same is excluded.
5. In Mediclaim policies the pre-existing diseases should be specified on the schedule of the policy so that the Insured is aware of the exclusion given in the terms and conditions of the policy.
6. In General Insurance, Mediclaim and Motor Accident/Theft Claims need to be managed with a lot more sensitivity and care. The TPA's and Surveyors add significantly to the woes of hapless customers The Surveyors and TPA's need to be nudged on to the right path. Possibly, the Claim Investigation Agencies also should be brought under a licensing process. Where self-regulation is given a go by, a stronger regulation remains the only alternative.
7. In many complaints, Hospital Expenses have been repudiated by Insurance Companies due to LAMA (Left against Medical Advice) and decision upheld by the Ombudsman. However, in the recent Punjab & Haryana High Court ruling has laid down that a terminally ill person who decides to stop treatment against medical advice and dies cannot be denied insurance claims. The reasoning which the High Court has cited is that a patients desire not to be treated is an issue of patient autonomy and embracing dignity in death
8. It is observed that some of the Insurance Companies do not send repudiation letters to the customers at all. The rejection letter from the TPAs is the only correspondence sent to the policyholder. Even after references to the Grievance Officer; the Companies do not bother to re-examine the cases and treat the

complaints as closed. As a result the effectiveness of the system is seriously compromised and status of the complaints does not get correctly reflected in the IRDA's records. Many companies, instead of guiding their customers to approach their in-house grievance machinery, are directing them to Ombudsman, thus short circuiting the whole system and intentionally reducing its effectiveness in a planned manner. When questioned on the issue, representatives from the companies have related this to their corporate decision.

GENERAL SUGGESTIONS

1. A provision should be made under RPG Rules, 1998 for execution of an Award and any penal action in case of default of the compliance of the Award by the Insurer.
2. There should be provision for filing of Curative Petition in case of rectifying the Legal/Factual defect after passing of an Award/Order which is apparent on the face of record..
3. Investigator should take care to collect supporting documentary evidence to substantiate findings noted in the report in all investigations.
4. Insurance companies should educate the insuring public and Agents about the importance of exact disclosure of material facts at the time of filling up the proposal form and also at the time of revival of lapsed policy.
5. Local offices of the Insurers should help grieving policy holders in reporting the loss through their helpline as most of the policyholders are not conversant with the system.
6. Technical circulars issued by insurance companies should be furnished to the offices of the insurance ombudsman.
7. Wide publicity on lacunae on mis-selling through print and electronic media may be made for increasing awareness amongst the general public.
8. The craze for new business, communication gap between the insurer and the insured, casual approach in filing up proposal forms, nondisclosure of terms and conditions of policy and the indifferent approach in settlement of claims being the genesis of most complaints, the Insurer should take necessary steps to plug these loopholes.
9. A Large number of complaints are received against rejection of claims where insurance was ported to some other company when it was for long time with the

ceding company. Once a policy is ported it should be with all the benefits it is already enjoying and should not be with curtailment of benefits.

10. While renewal of policy, substantive changes in the Terms & Conditions of the Policy should be highlighted in the renewal notices and also on the first page of the policy schedule.
11. IRDA guidelines that the claim should not be repudiated merely on the grounds of delay should be followed strictly. Clear guidelines must be issued in this regard and it should be enforced.
12. Some companies are delaying the implementation of award. The IRDA had come out with a circular in November 2015 stating in unequivocal terms the time limits to be adhered to by the Insurance companies in honouring of the awards. However, there are instances where this is totally ignored on the pretext that the Insurer is preferring an appeal or contemplating filing a Writ Petition in the High court. Under the RPG Rules 1998, there is no appeal against the award and Writ if any is to be preferred within 60 days.
13. Integrated Grievance Management System, an automated complaint tracking system developed by IRDA is an important tool in the hands of the regulator as it provides an effective means of grievance handling which as universally recognized, is of paramount importance in further development of the insurance industry.
14. It is observed that the Grievance Redressal Mechanism of the Insurers has become prototype (with the same stereo typed letters sent from all the escalation levels) without properly addressing the grievances raised by their customers/ complainants. The Insurers are becoming more cautious about their business ranking in the Market and least bothered about the ranking in number of Complaints registered against them.
15. Information is knowledge and knowledge is power. So it is suggested that insurers can pool all the information of mutual interest relating to issuance of policies settlement of claim and status of health etc. together which can be utilised by them for issuance of policy and settlement of claims etc
16. It is a matter of concern that insurance fraud is not defined under the Indian Insurance Act. Creation of a Portal to build & share Insurance Fraud related data base may be started.

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E) BRIEF REPORTS OF THE OFFICES OF THE INSURANCE OMBUDSMEN

An edited version citing important issues dealt at various Offices of the Insurance Ombudsmen is briefed hereunder:

From the desk of the Insurance Ombudsman - AHMEDABAD

The position of Insurance Ombudsman in Ahmedabad is vacant . Pending appointment of Insurance Ombudsman at Ahmedabad, Shri A K Sahoo, Insurance Ombudsman, Pune alongwith Dr. Virendar Kumar, Insurance Ombudsman, Chennai, Shri Sadashiv Mishra, Insurance Ombudsman, Patna and Shri Mateshwar Parshad, Insurance Ombudsman, Bengaluru carried out monthly hearings in the Office of the Insurance Ombudsman, Ahmedabad at varied periods . The Insuring public at Gujarat felt happy as complaints started getting redressed and they were able to get relief. The performance parameters substantiate the growing faith and confidence of the aggrieved complainants in the Forum. The Forum heard all complaints registered upto February, 2016.

The Centre celebrated Bima Lokpal Day with policy holders, Officials of the Insurance Companies & the Print Media. Interaction sessions with the Insurance Companies were also held so that the Companies could understand the grievances of their policy holders & curtail the number of complaints. The Centre was successful in arriving at settlements on around 113 complaints under life cases & 127 complaints under non-life cases without hearing; the complaints were closed as 'complaints withdrawn'.

AUDIT AND ACCOUNTS

M/s Manubhai & Co, Chartered Accountants, Ahmedabad, had been appointed as Auditors for the year 2015-16. The Audited Accounts for the year ended 31st March, 2016, along with Schedules duly signed by the Auditors and the Auditors' Report, were submitted to the GBIC. There were no adverse comments in the Auditors' Report.

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From the desk of the Insurance Ombudsman - Bengaluru

The Office of Insurance Ombudsman, Bengaluru has completed two years of its operations in Bengaluru. During the year the total number of complaints received by the Office was 1980, all of which were disposed as on 31.8.2016.

Bima Lokpal Day was organized on 25.11.2015 which was attended by representatives of Insurance Companies, Complainants, General Public and Press Representatives. A presentation on working of institution of Insurance Ombudsman was made, Representatives of the Insurance Company were given an opportunity for feedback / suggestions and claimants for sharing their experiences. Shri N.Kumar, Hon'ble Justice of the High Court of Karnataka had presided over the function.

Presentation was made before under graduate and post graduate law students from JSS Law College, Mysore, explaining the origin of institution of Insurance Ombudsman in India, the provisions of the RPG Rules and rational thereof, with an objective of creating awareness.. A guest lecture was delivered to the students of National Law School of India University, Bengaluru.

In the last year, out-station hearings have been held because of which local offices of Insurance companies are more responsive to requirements and understand the significance of the resolution of grievances through the Office of the Insurance Ombudsman.

AUDIT & ACCOUNTS

The independent Audit was conducted by M/s. Ramraj and Co., Chartered Accountants, Bengaluru as in Format SA 700 and Schedule "B" and certified to be satisfactory.

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From the desk of the Insurance Ombudsman - BHOPAL

The Office of the Insurance Ombudsman, Bhopal focused on disposal of cases which were pending for a long time and also to give priority to complaints filed by Sr. Citizens/terminally ill complainants. In the year 2015-16 , the Office of the Insurance Ombudsman, Bhopal was in a position to resolve complaints within a time frame of 90 days as required under the RPG Rules, 1998. In the last year, seven outstation hearings were held.

The territorial jurisdiction of this centre is spread over 2 states of MP & C.G. and out of the total complaints registered at the centre during the year 87% pertained to M.P. and 13% pertain to C.G. the low figure in C.G. indicating the poor awareness about the existence of this Forum in C.G.

A Meeting with the local officials of insurance companies was held during the year. The Insurance Ombudsman, Bhopal and his team was invited by M/s Birla Sunlife Insurance Co. Ltd. for an interactive session on Best Practices under their "Sahyog" initiative Programme. A tele talk with the public on insurance complaints was also arranged by the Bhopal Doordarshan. The message of the Ombudsman was broadcasted. A Seminar & Exhibition was also organised by the Commissioner, Food, Civil Supplies& Consumer Protection, Madhya Pradesh on World Consumer Day on 15.3.2016 which was well utilised to spread awareness about the institution of Insurance Ombudsman. Bima Lokpal Day was celebrated on 20/11/2014 with active involvement of all staff members. The invitees included Shri A.N.S.Shrivastava, Retd., District Judge, Ms.Chitra Sharma, Sr.Advocate, Ms.Prarthana Mishra, Director, Sangini Gender Resource Centre, Shri Neeraj Shrivastav, Dy.Commissioner, Commercial Tax Dept.,& Shri Vijay Saxena, General Secretary, Consumer Protection Welfare Committee and officials of insurance companies and a few complainants. Ms.Chitra Sharma, Sr.Advocate who also is an well-known Doordarshan anchor (anchoring legal shows) and a social worker was very appreciative of the forum and said that because of the existence of this forum, the escalation of grievances to Consumer Courts have reduced considerably thereby bringing much needed succour/justice to the aggrieved customers and that also without much loss of time and cost effective manner.

A Seminar for Life and Non Life Insurers was held wherein Hon'ble Justice Nirmal Kumar Jain(Retd.) was the Chief guest on the occasion. Shri K.S.Nagnyal ,Respected Zonal Manager, LIC of India, Central Zonal Office, Bhopal & Ms.Chitra Sharma, Senior Advocate, District Consumer Forum were the Guests of Honour during the occasion. Officials from both Life & Non-Life companies attended the seminar.

OBSERVATIONS & SUGGESTIONS

1. A number of life cases connected with mis-selling are generally based on fraud and forgery of signatures of the policy holder/ life assured on proposal forms and benefit/ sales illustration and it is almost impossible to establish Mis-selling. Mis-selling can be reduced by making consumers aware of Insurance especially in rural areas. The companies, IRDA and Offices of Insurance Ombudsman should hold meetings involving Panchayats, local administrations & NGOs to spread awareness about Insurance.
2. A provision should be made under RPG Rules, 1998 for execution of an Award and any penal action in case of default of the compliance of the Award by the Insurer.
3. There should be provision for filing of Curative Petition in case of rectifying the Legal/Factual defect after passing of an Award/Order which is apparent on the face of record.
4. There should be provision to strike off the defence taken during hearing in case of non-filing of SCN/reply before date of hearing and there should be a specific provision for granting leave to file SCN at belated stage/date of hearing on payment of cost by the Insurer to the complainant.

Audit and Accounts

The audit for the Annual Accounts for the financial year was conducted by M/s R.Shah & Co., Chartered Accountants. The accounts were finalized without any adverse comments from the Auditors.

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From the Office of the Insurance Ombudsman - BHUBANESWAR

The Office of the Insurance Ombudsman, Bhubaneswar has a territorial jurisdiction over all the insurance offices in the State of Odisha. To bring further awareness of the people of the State on the functioning of the office and the benefits available, a Press Conference was held on 18.11.2015 on the eve of Bima Lokpal Day which was widely covered in the newspapers. To popularise this institution, leaflets were also distributed through State Govt. Consumer Welfare Dept. & other Govt. Organised exhibitions.

OBSERVATIONS & SUGGESTIONS

1. Delay in submission of Self Contained Note, Relevant information in the SCN is also missing.
2. Delay in settlement of claims must be probed.
3. Claims are repudiated without assigning reasons.
4. Policies are issued without furnishing Terms & Conditions thereof and such conditions are cited at the time of hearing.
5. Agents should be trained to avoid mis-selling.
6. Investigator should take care to collect supporting documentary evidence to substantiate findings noted in the report in all investigations.
7. Insurance companies should educate the insuring public and Agents about the importance of exact disclosure of material facts at the time of filling up the proposal form and also at the time of revival of lapsed policy.
8. TPAs decision on settlement of claims should not be final and the matter should be reviewed by the insurer to arrive at a judicious decision.
9. Assessment of surveyors on the quantum of loss in motor claims is not in tune with the desired repairs and reasons for not allowing the estimated items are not explained.
10. Local offices of the Insurers should help grieving policy holders in reporting the loss through their helpline as most of the policyholders are not conversant with the system.
11. Technical circulars issued by insurance companies should be furnished to the offices of the insurance ombudsman.
12. Wide publicity on lacunae on mis-selling through print and electronic media may be made for increasing awareness amongst the general public.

13. The craze for new business, communication gap between the insurer and the insured, casual approach in filing up proposal forms, nondisclosure of terms and conditions of policy and the indifferent approach in settlement of claims being the genesis of most complaints, the Insurer should take necessary steps to plug these loopholes.
14. The awards of the Ombudsman must be implemented in true letter and spirit within the stipulated time limit. Intimation should also be sent to the Office of the Insurance Ombudsman through mail or hard copy.

Audit and Accounts:

The audit for the Annual Accounts for the financial year was conducted by M/s C K Prusty & Associates, Chartered Accountants. The accounts were finalized without any adverse comments from the Auditors.

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From the Office of the Insurance Ombudsman - CHANDIGARH

Shri Manik Sonawane, Insurance Ombudsman, Chandigarh demitted Office in September, 2015. Awaiting appointment of a new incumbent, Hon'ble Insurance Ombudsmen, Bengaluru, Chennai and Delhi spared their valuable time in hearing the complaints registered and falling under the jurisdiction of the Office of the Insurance Ombudsman, Chandigarh. Most of the complaints under Life Segment were relating to mis-selling of policies and under General Insurance, most of the complaints pertained to Motor/Health Insurance. Another noticeable fact was that most of the cases of mis-sale under Life Segment occurred through Bank-Assurance as the customer unknowingly signs the proposal form for insurance believing it to be a fixed deposit or any other scheme of the bank.

OBSERVATIONS & SUGGESTIONS

1. A Large number of complaints are received against rejection of claims where insurance was ported to some other company when it was for long time with the ceding company. Once a policy is ported it should be with all the benefits it is already enjoying and should not be with curtailment of benefits.
2. There has to be a mechanism to ensure that Provider Net Work Hospitals do not charge more than agreed rates and proper treatment is administered
3. Awards of Insurance Ombudsman need to be examined seriously by the Insurers at macro level to bring about required systemic improvements.

Audit & Accounts

The Accounts of the Office of the Insurance Ombudsman were audited by M/s S Tandon & Associates, Chartered Accountants who were appointed as Auditors for the financial year 2015-16. The Accounts were duly certified by the Auditors without any adverse remarks on 23.04.2016.

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From the desk of the Insurance Ombudsman - CHENNAI

It is a proud privilege to report that for the second year in a row, there is "Zero" pendency in the Office of the Insurance Ombudsman, Chennai as on 31.3.2016. The entire team of Chennai deserves appreciation for this achievement. During the year 2015-16, outstation hearings were held at Coimbatore Trichy, Madurai and Vellore totaling to 44 outstation hearings in the fiscal.

On 7th Oct, 2015, an Annual Interaction was organized in Chennai for both Life and General Insurers to discuss common problems faced and ways to improve the same. The event was widely covered in the local newspapers. In order to improve the system of claims and grievance handling, by Insurers and Interaction Session was arranged with the Branch/Division/Zonal & Regional Heads of PSU Companies at Coimbatore on 29.10.2015. The Office also reached out to the Students of Law Colleges to create an awareness of the Institution of Insurance Ombudsman.

Although arrangements were made to celebrate Lokpal day on 7.12.2015, the same had to be cancelled due to cyclonic weather conditions in Chennai during that period

Observations & Suggestions :

General Insurance

a) Lack of clarity in some of the clauses and conditions in the policy, Mediclaim in particular. A few clauses like proportionate clause require a relook, in the interest of policyholders. Similarly "enhancement of sum insured clause', "active line of treatment" and "Reasonable and Customary Charges" require proper interpretation. Inadmissibility of cost of Multi Focal Lens in case of cataract treatment should be clearly spelt out in the Policy terms, if the same is excluded.

b) Undue delay in claim repudiation/claim settlements.

c) Lack of professional knowledge, skill and expertise in assessment of loss by surveyors.

d) Payment of professional fees not included in the bills raised by hospitals.

e) Violation of IRDAI guidelines on Group medical insurance and Protection of Policyholders Interests Regulations.

Life Insurance :

a) Rampant mis- selling by intermediaries, forged proposal forms and fictitious KYC documents.
b) Dubious benefit illustrations showing unrealistic returns on premium invested.
c) Loading of Mortality premium, Premium Allocation Charge/Policy Administration Charges.
d) Solicitation of business and issuance of premium receipts by unlicensed entities.
e) Undue delay in settlement of death claims.

AUDIT & ACCOUNTS

During this financial year, all the major expenses were well within the budgeted limits and the expenditure under many heads was kept at the bare minimum. The audit was conducted by Auditors M/s Manohar Chowdhry & Associates, Chennai , who were appointed as the auditors during the year. The accounts for the financial year 2015-16 were finalized without any adverse comments from the Auditors.

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From the Desk of the Insurance Ombudsman - DELHI

With concerted efforts put in during the fiscal, the Office of the Insurance Ombudsman is now able to resolve the complaints received hereafter within the time frame of 90 days as required under the RPG Rules, 1998.

While preparing the cause lists, priority was accorded to senior citizens/ ailing persons or persons with disabilities for expeditious redressal. The medical and financial underwriting aspects as also the latest Consumer District Forum, State Commissions, National Commission, High Court and Supreme Court rulings in the matters of Insurance Sector were kept in mind to arrive at judicious decisions.

The Insurance Industry has to make the best use of this forum so that fewer people have the need to go to a Court of Law or a Consumer Forum for seeking justice and redressal of grievances. A seminar on the theme "Bima Chintan – Complaints leading to litigation" was organised on 29.10.2015. it was impressed upon the Insurance companies that Utmost Good Faith should develop between all the stakeholders of Insurance Industry and the relationship between Policy holders and Insurance Companies should go beyond delivery of documents and processing customer requests. "Bima Lokpal Diwas" was observed on 19.11.2015 where award cheques were handed over by the company representatives to the complainants. The initiative was welcomed as it marked a thawing of relationship between the Insurer and the Insured.

Observations and Suggestions

1. Insurance Companies, primarily in public sector are found to be lax in submission of Self Contained Note . More often than not the grounds of repudiation are not consistent with the terms & conditions of the policy.
2. In majority of the cases, the Life Assured complains that the signatures on the proposal form were taken without revealing the detailed contents of the proposal. In respect of repudiation of claim or mis-selling of policies, even though the insurer was able to establish suppression of material facts, the question to be addressed is to what extent the life assured is responsible for non-disclosure of material facts.
3. While renewal of policy, substantive changes in the Terms & Conditions of the Policy should be highlighted in the renewal notices and also on the first page of the policy schedule.

4. It is observed that most insurance companies are not complying with the Awards issued by the Insurance Ombudsman.

AUDIT & ACCOUNTS

The audit was conducted by Auditors M/s ASA & Associates LLP., New Delhi who was appointed as the auditors during the year. The accounts for the financial year 2015-16 were finalized without any adverse comments from the Auditors.

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From the desk of the Insurance Ombudsman - GUWAHATI

The Office of the Insurance Ombudsman, Guwahati has been vacant since 18th July, 2014. To attend to grievances of complainants in Guwahati, Shri K.B.Saha, Insurance Ombudsman Kolkata has assumed additional charge of the Office of Insurance Ombudsman, Guwahati and has done commendably well in disposing off the complaints with a closing balance of only 27 at the end of the fiscal.

The operating jurisdiction of Office of Insurance Ombudsman, Guwahati, is spread over a vast and difficult terrain; some parts are inaccessible for most part of the year. Awareness programmes were organized in two places : Biswanath Chariali near Tezpur and Itanagar. The level of penetration and awareness are still very low in the North East. People are misguided into buying life insurance much beyond their means and requirements often with false promises of sanctioning huge loans/bonus/dividends. Often policies are set up in a manner to ensure repudiation because when pre-planned early claims occur the complainants allege that the age evidence on which the claim is repudiated was actually replaced with a fake document by the procuring officials. The outsourced investing agencies have been found to indulge in very serious malpractices . They submit forged treatment papers which become the basis of repudiation of claims. The antidote to all these is to enhance the awareness of general members of the public and carefully select and train the intermediaries.
Bima Lokpal Day was observed on 11.11.2015 with a view to create an awareness and publicity of this quasi judiciary system where the insured can get their insurance complaints redressed in a speedy manner at a low cost with least formalities.

OBSERVATION AND SUGGESTIONS.

1. The Self Contained Note is either not submitted or is received late from Insurers. Timely submission of SCN supported by sustainable documents will help the Insurance Ombudsman to pass an order without any loss of time.

2. Address of the Branch Offices or at least premium points where the policy holder may pay his premium should be mentioned in the policy bond. This is a problem

in case of private insurers. Nowhere policy bond mentions offices where premium can be paid or contact numbers.

3. In Medi-claim cases claims are repudiated on the basis of previous history of illness mentioned in the Discharge Summary of the Hospital records at the time of death. The Insurer must justify repudiation by providing through other documents like prescription, out-patient slip, laboratory reports etc. relating to the pre-proposal stage not after signing of the proposal form.

4. In Mediclaim policies the pre-existing diseases should be specified on the schedule of the policy so that the Insured is aware of the exclusion given in the terms and conditions of the policy.

5. Mis-selling cases are increasing tremendously. Customers are harassed and cheated by fake telephonic calls assuring extra benefit if insurance is taken.

6. Non-implementation of Awards: In many occasions it is observed that some insurers do not implement award in time.

AUDIT AND ACCOUNTS

The audit was conducted by M/s B.L.Purohit and Company, Chartered Accountants, Guwahati, who were appointed as the auditors during the year. The accounts for the financial year 2015-16 were finalized without any adverse comments from the Auditors.

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From the Office of the Insurance Ombudsman - HYDERABAD

The jurisdiction of the Insurance Ombudsman, Hyderabad covers the States of Andhra Pradesh, Telangana Yanam, portion of the Union Territory of Pondicherry. Outstation hearings were conducted in Visakhapatnam, Rajahmundry, Nellore and Warangal. There were no complaints from Yanam & the Union Territory of Pondicherry.

The Institution of Insurance Ombudsman has been playing a very effective role in redressing the public grievances within its sphere. Considering the fact that a good chunk of complainants come from lower strata of the society, the Ombudsman be empowered to grant ex-gratia towards expenses in deserving cases where the complaints are dismissed.

OBSERVATIONS & SUGGESTIONS

i) The insurers should make earnest efforts to issue the proposal forms and the policy document in the local language so that the policy holder can understand the statements printed in the proposals. A contract which apparently is understood only by one party could always run into interpretational difficulties.

ii) Majority of Life Insurance complaints relate to repudiation of death claims. The insurers are prone to reject claims based on the previous history mentioned in the discharge summary sheet of the hospital records at the time of death. It is necessary to show cogent evidence of prior medical history before repudiation of claims.

iii) Under General Insurance, the insurers reject claims invoking pre-existing disease clause without reliable evidence to establish that the insured suffered from such ailments before commencement of insurance. In many cases, claims were rejected on presumptions and surmises.

iv) Most general insurers do not have any established system for review of the claims rejected by their TPAs. Even when the complainant approaches the Grievance Cell, after repudiation of the claim by the TPA, the insurer seldom examines the claim dispassionately. In some cases, the insurer depends on the TPA to present cases before the Ombudsman.

v) Some Insurers do not act swiftly in implementation of awards passed by the Ombudsdman. Delay in implementing the award negates the objective of the Institution of Insurance Ombudsman.

AUDIT & ACCOUNTS

The Audit was conducted by M/s Anjaneyulu & Co., Chartered Accountants, Hyderabad, who were appointed as Auditors. There were no adverse comments from the Auditors on preparation and finalization of the Accounts for the financial year 2015-16.

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From the desk of the Insurance Ombudsman - JAIPUR

Wide publicity was given to the Opening of the new office of the Insurance Ombudsman, Jaipur in the year 2014. Upward trend in the number of complaints received in the Office is an indicator of improved awareness about the Institution of Insurance Ombudsman and its utility amongst the insured public. A number of outstation hearings in the far flung areas such as Jodhpur, Udaipur and Bikaner were conducted depending upon the total number of grievances reported from those places. Bima Lokpal Day was celebrated on 17.11.2015 with gusto. The event was attended by several senior executives from both Life & Non Life Insurance Companies and TPAs. Shri R. Giridharan, Banking Ombudsman Rajasthan was the Chief Guest on the occasion.

In the State of Rajasthan, maximum complaints are of the nature of mis-selling and efforts were made to bring relief to the complainants, in an impartial and cost effective way. To build public confidence in the Institution of Ombudsmen, there should be timely compliance of awards failing which some penal action should be imposed. As on 31st March, 2016,the Office achieved 100% disposal rate of complaints.

OBSERVATIONS & SUGGESTIONS

1. Time limit for compliance of award should be strictly followed; inordinate delay by the insurer in satisfying the award must be viewed seriously. Penalty provisions may be incorporated.
2. Compliance data in CMS module must be uploaded by the insurers.
3. All the CMS generated documents must be bilingual.
4. IRDA guidelines that the claim should not be repudiated merely on the grounds of delay should be followed strictly. Clear guidelines must be issued in this regard and it should be enforced.

AUDIT & ACCOUNTS

The Audit was conducted by M/s Kalani & Co., Chartered Accountants, Jaipur, who were appointed as Auditors. There were no adverse comments from the Auditors on preparation and finalization of the Accounts for the financial year 2015-16.

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From the Desk of the Insurance Ombudsman - KOCHI

The territorial jurisdiction of the Office of the Insurance Ombudsman, Kochi extends to the entire State of Kerala besides the Union Territory of Lakshadweep and Mahe – an integral part of the Union Territory of Pondicherry.

During the year a Conference of all Insurers was conducted in Kochi. Hon. Governor of Kerala Justice (Retd) P.Sathasivam was the Chief Guest besides Shri M.P.Joseph, IAS (Retd) Advisor and Addl. Chief Secretary, Govt. Of Kerala, Shri P.R.Ravikumar, Chief Commissioner of Income Tax Dr. K.N.Raghavan, Commissioner of Customs, Kochi and Others. The Key Note Address was delivered by Shri T.C.Susheel Kumar, Executive Director, LIC of India.

To clear the doubts of the general public relating to insurance matters, Television shows were held. Besides Seminars on Banking & Insurance which were held in some Colleges & Universities were also attended. .

OBSERVATIONS & SUGGESTIONS

1. Some companies are delaying the implementation of award. The IRDA had come out with a circular in November 2015 stating in unequivocal terms the time limits to be adhered to by the Insurance companies in honouring of the awards. However, there are instances where this is totally ignored on the pretext that the Insurer is preferring an appeal or contemplating filing a Writ Petition in the High court. Under the RPG Rules 1998, there is no appeal against the award and Writ if any is to be preferred within 60 days.
2. Delay in submission of Self Contained Notes and appearance of Advocates representing the Insurers. The Company officials are best suited to explain their position and the different clauses in the policy and it is at all times preferable that Company officials represent rather than advocates.
3. Wrong details of the Ombudsman Offices & jurisdiction printed on the policies

AUDIT & ACCOUNTS

The Audit was conducted by M/s Babu A. Kallivayalil & Co. ,Chartered Accountants, who were appointed as Auditors. There were no adverse comments from the Auditors on preparation and finalization of the Accounts for the financial year 2015-16.

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From the desk of the Insurance Ombudsman - KOLKATA

The Ombudsman's Office was lying vacant for more than a year and therefore had a huge number of unattended complaints. Even the inflow of complaints was substantial in the fiscal even after Office of the Insurance Ombudsman, Patna was culled from the jurisdiction of the Office of the Insurance Ombudsman, Kolkata. In addition, the responsibility of Office of the Insurance Ombudsman Guwahati had been entrusted on the Ombudsman, Kolkata. A number of Hearings alongwith Information Sharing Sessions for the general public were held in both the Centres. Viewed in this context, the performance was satisfying on all counts, notwithstanding the large number of complaints.

OBSERVATIONS & SUGGESTIONS

1. Mis-selling in Life Insurance is rampant – mostly by Brokers & Corporate Agents specially Banking Channel. This militates against the spirit of Life Insurance and not only alienates affected customers but also creates festering wounds in a growing market which requires lot of nurturing. Some elements of mis-selling are also built into the liberal approach to product approval by the Regulator
2. In most cases of mis-selling the financial underwriting rules have been disregarded by the underwriter. So mis-selling which could have been arrested at the underwriting stage instead gets an impetus when the underwriter clears long premium paying term plans even though the proposer does not have the paying capacity to maintain the policy beyond the initial first payment.
3. Insurance Companies are denying complaints of mis-selling simply because a satisfactory Pre-login verification call had been made, even though experience over last few years has shown that the brokers/agents have been tutoring the customers to accept all terms when verification calls are received. It is indeed a catch 22 situation where unscrupulous agents/brokers are continuing to derive undue benefit out of the greed of customers,. However, Insurance companies, Regulator, Redressal Officers, as stake holders of the industry should be able to devise controls to prevent this unchecked mis-selling and mis-guiding of customers
4. In General Insurance, Mediclaim and Motor Accident/Theft Claims need to be managed with a lot more sensitivity and care. The TPA's and Surveyors add significantly to the woes of hapless customers To strengthen the regulatory framework, IRDA needs to gently but firmly nudge the Surveyors and TPA's on to

the right path. Possibly, the Claim Investigation Agencies also should be brought under a licensing process. Where self-regulation is given a go by, a stronger regulation remains the only alternative.

5. It is a matter of concern that insurance fraud is not defined under the Indian Insurance Act. The IPC and Indian Contract Act also do not offer specific laws to control Health Insurance Frauds. Creation of a Portal to build & share Insurance Fraud related data base may be started.

6. In many complaints, Hospital Expenses have been repudiated by Insurance Companies due to LAMA (Left against Medical Advice) and decision upheld by the Ombudsman. However, in the recent Punjab & Haryana High Court ruling has laid down that a terminally ill person who decides to stop treatment against medical advice and dies cannot be denied insurance claims. The reasoning which the High Court has cited is that a patients desire not to be treated is an issue of patient autonomy and embracing dignity in death.

7. Integrated Grievance Management System, an automated complaint tracking system developed by IRDA is an important tool in the hands of the regulator as if provides an effective means of grievance handling which as universally recognized, is of paramount importance in further development of the insurance industry;

AUDIT & ACCOUNTS

The Audit was conducted by M/s V Singhi & Associates, Chartered Accountants, who were appointed as Auditors. There were no adverse comments from the Auditors on preparation and finalization of the Accounts for the financial year 2015-16.

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From the Desk of the Insurance Ombudsman - LUCKNOW

In the financial year, maximum complaints registered in the forum under the life segment related o mis-sale. A substantial portion of the grievances pertained to death claim and a very small percentage of complaints related to non-settlement of maturity claims/survival benefit/other miscellaneous grievances. The problem of mis-selling can only be eradicated by the combined efforts of Insurers, Regulators, Intermediaries and Customers.

An "Insurers' Meet" was held on 17.03.2016 with Officials of the Insurance companies (Both Life & Non–life). During the interaction general issues relating to policyholders complaints and the mechanism for redressal of grievance for a few insurance companies were discussed. Birla Sun Life Insurance Co. Ltd; had arranged for an interactive session on Industry's Best Practices under "Sahyog" initiative programme on 21.09.2015. This programme provided an opportunity to discuss issues relating to policyholders' complaints at length.

Observations & Recommendations

1. Information is knowledge and knowledge is power, so it is suggested that insurers can pool all the information of mutual interest relating to issuance of policies settlement of claim and status of health etc. together which can be utilised by them for issuance of policy and settlement of claims etc.
2. Most of the private insurers are repudiating the health claim based on the non disclosure of the material fact in the proposal submitted at the time of porting with the porting request after four to five years of continuous renewal with the previous insurer. As per porting regulation, previous insurer has to provide the loss ratio along with PED if any to the current insurer, through IRDA portal. Once the porting request is accepted by the current insurer the claim should not be turned down on the basis of non disclosure of certain diseases which might have affected /infected but clinically not appeared. Submission of such proposal at the time of porting should be scrapped to safe guard the ported proposer otherwise this is acting as a gateway to repudiate the genuine claim of the Insured without improving the service parameters.

3. In general Insurance Industry, Health and Motor portfolio are the future of growth and there is tough competition among the marketing people of various Insurers. Most of the time, proposal is being filled in by the marketing people along with the premium calculation. To be competitive, they give NCB on their own, which, at later date, results into breach of principle of Utmost Good Faith printed on proposal from the side of the Insured but Insurer never follow their duty to get it confirmed from the Previous Insurer as per Section 27 (f) of the All India Motor Tariff, 2002. They are only getting it confirmed at the time of claim, if reported and if it is found otherwise, claim is repudiated due to breach of principle of Utmost Good Faith. Not only this, if claim is not reported, NCB is not being confirmed resulting into huge loss of Premium. It is felt that NCB must be confirmed with the previous Insurer as per provision of the All India Motor Tariff, 2002 or alternatively may be checked through IIB website at the time of underwriting of the proposal otherwise claim, if any reported, must be settled as per guide lines of the compromise claim settlement.

AUDIT & ACCOUNTS

The Audit was conducted by M/s S.N.Kapur & Associates, Chartered Accountants, who were appointed as Auditors. There were no adverse comments from the Auditors on preparation and finalization of the Accounts for the financial year 2015-16.

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From the Desk of the Insurance Ombudsman- MUMBAI

The Mission statement of the Office of the Insurance Ombudsman, Mumbai reflects their intention of providing equitable solutions to the Complainants to the best of understanding and within least possible time. The data submitted in the report are in accordance with the provisions of Rule 20 of the RPG Rules 1998.

Till 2013-14, the Office of the Insurance Ombudsman, Mumbai, was attending to the complaints from Mumbai, Maharashtra and Goa. However with the opening of Pune Office in the year 2014 the centre is attending to the cases pertaining to Mumbai (City and Suburbs) and Goa only. During the last two years the Office has tried to initiate a few customer friendly initiatives to improve the speed and quality of our disposal and the efforts have started paying dividends. Although it's a mammoth challenge we remain hopeful in our pursuit of attaining the desired level even with our limited resources.

Growing awareness and rising consumer activism in the Indian market and creation of various consumer redressal mechanisms and steps initiated by the regulator have made it obligatory for the companies to address the issue of customer sensitivity seriously. While many Insurers have tried to respond to it proactively yet it is observed that in many cases the customers were on the receiving side. It is seen that the number of complaints received by the centre is not in proportion to the market share of the companies and is more related to the business model in case of Life companies and control over TPA's and decision making process in case of General Ins. companies.

The success of the forum, to a great extent depends upon the co-operation and support of the Companies in strengthening the mechanism, willingness to resolve at the Company level and build competency and empowerment at the decision making level. Brokers/Agents/ Banking Channel partners, TPA's and Surveyor's are the most significant contributors to the growing number of disputes. To facilitate mutual understanding and resulting good governance, interactions with the companies apart from arranging two separate meets with the Life and General Insurance Companies at Mumbai were arranged where valuable inputs from either side was exchanged and it has helped in reduction of grievances. Marked improvements were observed in the number of cases getting resolved at the Company level without our specific intervention. We would like to place on record the path breaking initiatives taken by some Private Sector companies of

arranging interactions and brain storming sessions with their Executives and the outcome of such initiatives had been immensely positive.

During the year IRDA as well as the Companies have taken many initiatives which also resulted in improvement in the decisions taken by the companies.

OBSERVATIONS & SUGGESTIONS

1. In spite of having an integrated grievance redressal mechanism in place, many a times the grievances are not attended within stipulated time and manner and often closed arbitrarily without referring back to the customers. The forum has observed that in a number of cases the Insurance Companies do not send repudiation letters to the customers at all. The rejection letter from the TPAs is the only correspondence sent to the policyholder. Even after references to the Grievance Officer; the Companies do not bother to re-examine the cases and treat the complaints as closed. As a result the effectiveness of the system is seriously compromised and status of the complaints does not get correctly reflected in the IRDA's records. Many companies, instead of guiding their customers to approach their in-house grievance machinery, are directing them to Ombudsman, thus short circuiting the whole system and intentionally reducing its effectiveness in a planned manner. When questioned on the issue, representatives from the companies have related this to their corporate decision.
2. It is also noticed that there are cases where Companies have denied claims on the basis of fraudulent investigations and in at least one of the death claim cases in Life side when the Forum informed the Company about the attempted Fraud, the Company instead of declining decided to pay the death claim. On being asked, the company cited lack of manpower as the reason.
3. The forum received many reminders from complainants that in spite of clear instructions in the Award with regards to settlement by the Company, there is a delay in implementation of the Award. The undue delay on the part of the Companies defeats the purpose of the exercise and also causes dissatisfaction amongst the complainants. In one of the case, a public sector General Insurance company has moved High Court against the order of the Ombudsman. We feel the expenses on this count should be entirely borne by the Company and should not be passed on to common pool as the expenses involved are much higher than the award itself.

4. The number of complaints coming from companies with smaller policy base and smaller Premium Income is disproportionate to their market share. Appropriate system would be the cost being borne by the companies in proportion to their number of complaints with a provision for discounts in case the complaints are resolved by the companies within 15 days of lodging with Ombudsman. If adopted, this will go a long way in improving the system.

AUDIT & ACCOUNTS

The Audit was conducted by M/G.M. Kapadia & Co. ,Chartered Accountants, who were appointed as Auditors. There were no adverse comments from the Auditors on preparation and finalization of the Accounts for the financial year 2015-16.

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From the Desk of the Insurance Ombudsman- NOIDA

The Office of the Insurance Ombudsman, Noida presented its first ever annual report for the financial year 2015-16 in compliance to Rule 20 of RPG Rules 1998 in order to highlight the activities of the new centre during the year as well as services rendered by the Insurance Companies and their approach towards the insured. The Noida centre was carved out from Lucknow centre with the territorial jurisdiction of entire state of Uttarakhand and 32 districts of western U.P. and notified on 03.12.2014.

The major objective behind setting up a new centre at Noida was to facilitate and expedite disposal of complaints, by decentralization and reduction in distance for the complainants particularly coming from far flung and hilly areas. Initially, the challenges before the centre were many and the resources were minimal, both in terms of space and manpower. The centre started functioning w.e.f February 2015 from the premises of M/s Religare Health Insurance at Sector 125 Noida. While the centre was still grappling with the birth pangs of a new office, the pressure and expectations of the complainants kept on mounting for early redressal of their grievances particularly because complaints remained unattended during this transitional phase. The officers however, took all these challenges in stride and ignoring all resource constraints, put in their best to deal with the situation. I would also like to put on record our gratitude to the management of M/s Religare Health Insurance who provided all essential logistical support in their building.

The centre shifted to new premises at Sector-15 Noida in October 2015 and the formal inauguration of Noida Centre was done by Sh. S.K Roy Chairman GBIC on 10.12.2015. The same day Noida centre also celebrated "Bima Lokpal Diwas" in the presence of the Secretary General (GBIC), Ombudsman Delhi Smt Sandhya Baliga, Senior Officials of various insurance companies, consumer groups and members of the press. The event was widely covered in the local newspapers like Amar Ujala, Hindustan and Dainik Jagran. The occasion was also joined by many awardees who were handed over award cheques by the Secretary General GBIC.

The financial year 2015-16 ended with the growing awareness about this new centre in Uttarakhand and Western U.P along with the message that here was an office which was open to listen to their grievances and quick in action for the redressal. The Office was able to achieve disposal rate of 86% and generate a confidence amongst the complainants in the institution of Ombudsman, which is evident from growing inflow of complaints. Outstation hearings were also conducted at Agra, Nainital and Meerut in order to reach out to the complainants closest to their stations and provide speedy resolution of their complaints.

OBSERVATIONS & SUGGESTIONS

1. The major issues involved in these complaints are mis-selling, concealment of material facts, non-disclosure of earlier policies and free look period etc. which also happens to be the most common ground of repudiation in the life sector.
2. In the case of non-life it is partial or total repudiation of claims specially in health sector and in motor claims.
3. It has also been observed that there is general reluctance on the part of the Insurance companies to allow claims as they first try to exhaust all possible grounds of repudiation.
4. In cases where implementation of the Award is delayed beyond statutory limit, interest at current bank rate should be payable as in the case of Income Tax Refund.
5. Complaints involving small amount and on frivolous grounds such as mental torture delay etc. which are not part of RPG Rules are being lodged. Such complaints should be made non entertainable like appeal under other laws, there should be some threshold amount for both life and non life cases.
6. At the time of proposal in life cases depending on age/ category of insured, some perfunctory medical tests are conducted which usually do not reveal actual medical status of the proposed. As a result, these medical tests are never relied upon and only concealment of material facts about health condition is taken as ground for repudiation. This nevertheless gives a handle to the insured to shift responsibility on insurer on the ground that medical test was conducted by them Either a complete health check up should be conducted in specific cases or claim should be decided entirely on the declaration of the proposed life assured to eliminate chances of claim and counterclaim

AUDIT & ACCOUNTS

The Audit was conducted by M/s A S A & Associates ,Chartered Accountants, who were appointed as Auditors. There were no adverse comments from the Auditors on preparation and finalization of the Accounts for the financial year 2015-16.

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From the Desk of the Insurance Ombudsman- PUNE

The Annual Report and statements of the Office of Insurance Ombudsman, Pune for the year 2015-16, having territorial jurisdiction over the insuring public of Maharashtra State except Mumbai Metropolitan Region is being submitted in compliance with Rule 20 of the Redressal of Public Grievances Rules, 1998. The Office of the Insurance Ombudsman started its operations at Pune from 10.09.2014 and hence this is the first full year's report of the Office.

An annual Interface with all the Insurers was conducted on 10.11.2015 at NIA, Pune on the eve of Bima Lokpal Day . Outstation hearings were held at Thane, Kharghar and Nagpur to provide justice to the complainants at their doorsteps. From the trend of awards, it was observed that 71% of the total awards were issued in favour of complainants and 29% have gone in favour of the Insurers. The Institution of Ombudsman may not be viewed in isolation as machinery for conflict resolution or only as a grievance mechanism but to be used as a magnetic compass showing the right direction of increasing the customer satisfaction. Birla Sunlife Insurance Company from Life Segment and United India Insurance Company and National Insurance Co. Ltd. held interactive sessions between their executives and the Ombudsman so as to enable their executives to see the prognostic view of the sales process/ empathetic interpretation of clauses.

OBSERVATIONS & SUGGESTIONS

1. The disturbing factor observed was that the Grievance Redressal Mechanism of the Insurers has become prototype (with the same stereo typed letters sent from all the escalation levels) without properly addressing the grievances raised by their customers/ complainants. The Insurers are becoming more cautious about their business ranking in the Market and least bothered about the ranking in number of Complaints registered against them.

2. Complaints on Life Insurance pertained to mis-selling. Mis-selling in Life Insurance sector is becoming ubiquitous and the intermediaries are alluring the innocent and gullible customers by offering interest free loan, bonus, surrender of policy without

any loss and other similar benefits. The Insurer should strictly adhere to the regulations issued by the IRDAI from time to time to abolish the mis selling.

3. In General Insurance large number of cases pertain to Mediclaim. There is ambiguity associated in interpretation of clauses, lack of transparency in terms and conditions of the policy, rejection letters from TPA and not from Insurer, failure to revise various clauses keeping in view the advancement in medical science & technology etc. are the causes for complaints arising in general insurance segment. Under Motor Insurance, the root cause of grievance is Lack of standards, professionalism, knowledge, skill and expertise in assessment of loss by the surveyors. Joint survey report is to be made mandatory as a remedial measure

Audit and Accounts:

M/S A R Sulakhe & Co. C.A., Pune was appointed as Auditor for the financial year 2015-16. The Audited accounts for the year 2015-16 along with all schedules, explanatory notes and the Auditors Report has been submitted to the GBIC . There is no adverse comment in the Auditors Report.

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From the Desk of the Insurance Ombudsman- PATNA

The Office of the Insurance Ombudsman, Patna was originally housed in the office of the Agricultural Insurance Company of India , Patna since April 2015 onwards. However, it was shifted to the new premises on 27th January, 2016. This Office has jurisdiction over complaint cases pertaining to both life insurance and general insurance cases of the states of Bihar and Jharkhand.

The Office received 401 complaints in the fiscal out of which 399 complaints were disposed off and 02 complaints were pending for disposal as on 31.3.2016.

Audit and Accounts:

M/S L.K.Kejriwal & Co., Chartered Accountants were appointed as Auditor for the financial year 2015-16. The Audited accounts for the year 2015-16 along with all schedules, explanatory notes and the Auditors Report has been submitted to the GBIC . There is no adverse comment in the Auditors Report.

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