

ANNUAL REPORT
2017-2018



Executive Council of Insurers



MEMBERS OF THE EXECUTIVE COUNCIL OF INSURERS



Shri V. K. Sharma, Chairman, LIC of India – Chairman



Shri Nilesh Sathe, Member Life,
IRDAI – Member



Shri Sudhir Shyam, Director, DFS,
Ministry of Finance – Member



Shri G. Srinivasan, Chairman, GIPSA & Chairman cum MD,
New India Assurance Co. Ltd. – Member



Shri Sanjeev Nautiyal, MD & CEO,
SBI Life Insurance Co. Ltd. – Member



Shri Amitabh Chaudhry, MD & CEO,
HDFC Standard Life Insurance Co. Ltd. – Member



Shri Bhargav Dasgupta, MD & CEO, ICICI Lombard,
General Insurance Co. Ltd. – Member



Shri S. S. Gopalarathnam, MD & CEO,
Cholamandalam MS General Insurance Co. Ltd.
- Member



Shri Antony Jacob, CEO,
Apollo Munich Health Insurance Co. Ltd.
- Member



ANNUAL REPORT FOR THE YEAR 2017-18

We have the pleasure to present the Consolidated Annual Report and Audited Accounts of the office of the Executive Council of Insurers for the financial year ended as on 31st March, 2018.

The financial year 2017-18 started with the introduction of revised grievance redressal rules known as Insurance Ombudsman Rules, 2017.

The report has been prepared as per provisions of Insurance ombudsman Rules, 2017.

We welcome valuable feedback to make the annual report more meaningful.

SECRETARY GENERAL
Executive Council of Insurers



OFFICE OF THE EXECUTIVE COUNCIL OF INSURERS

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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 The rules have been replaced by Insurance Ombudsman Rules, 2017. The Executive Council of Insurers (earlier called Governing Body of Insurance Council, G.B.I.C.) prepares a panel through an open process by inviting applications from amongst the eligible candidates and the selection process shall be in accordance with the selection criteria finalised by the Executive Council of Insurers with the approval of the Central Government in the Ministry of Finance. An Ombudsman shall be selected from amongst persons having experience of the insurance industry, civil service, administrative service or judicial service. 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 were required to furnish a report every year, to the Government of India, containing a review of quality of services rendered by Insurers and recommendations on improving these services, the activities of the office of Ombudsman during the preceding financial year, and other information considered necessary. Government vide its letter Ref: F.No.11/02/2001-Vig (Ins.) dated 9th October 2001 (copy enclosed), directed the Governing Body of Insurance Council (GBIC) to consolidate the annual reports of all Insurance Ombudsmen and submit along with their considered views / comments to Government of India. Accordingly, annual reports from the year 2002-2003 are being consolidated every year at the Office of GBIC and submitted to the Government of India and I.R.D.A.I.

Consequent upon notification of Insurance Ombudsman Rules, 2017 the practice is being continued as the rule 18(2) of Insurance Ombudsman Rules, 2017 also specifies that Executive Council of Insurers will furnish a report containing a general review of the activities of Insurance Ombudsman during the preceding financial year and such other information as it may consider necessary to the Central Government and I.R.D.A.I by 30th September.

The annual reports for the financial year 2017-18 have been received from all Offices of the Insurance Ombudsman. A brief of the reports, highlighting their observations and suggestions is also reproduced in subsequent pages.

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17/10/01

No.F. 11/2/2001-Vig.(Ins.)
Ministry of Finance,
Department of Economic Affairs,
Insurance Division,
Lok Nayak Bhawan,
A-Wing, 2nd Floor, New Delhi-110003.

October 9, 2001

To,

The Secretary General
Governing Body of Insurance Council
Yogakshema, East Wing, 4th Floor,
J.B. Marg
Mumbai-400021.

Subject: Annual Report on the working of Insurance Ombudsmen

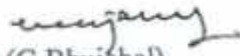
Dear Sir,

As you are aware, in terms of Rule 20 of the Redressal of Public Grievances Rules, 1998 (Notification dated 11.11.98), the Insurance Ombudsmen are required to furnish a report every year containing a general review of the activities of office of the Ombudsmen during preceding financial year to the Central Govt. and such other information as may be considered by it. In the annual report, the Ombudsman is required to make annual review of quality of service rendered by insurers and to make recommendations to improve these services.

2. The Insurance Ombudsmen are submitting annual report for the year 2000-2001 directly to this Ministry. So far, we have received annual reports from six Insurance Ombudsmen i.e. Uttar Pradesh and Uttaranchal, Kolkata, Delhi and Rajasthan, Chandigarh, Bhubaneswar and Guwahati. It is also observed that some of the Insurance Ombudsmen are publishing their annual reports individually without consulting GBIC or Govt. We are of the view that the Governing Body of Insurance Council should consolidate the annual reports of the Insurance Ombudsmen and then submit it to the Govt. along with their considered views / comments. The consolidated report could be published by the GBIC.

4. You are, therefore, requested to kindly take further necessary action in the matter accordingly under intimation to the Insurance Ombudsmen and to us.

Yours faithfully,


(G. Bhubabal)
Director (Ins.)
Tel. 4624944

In the financial year under reference:

- The Insurance Ombudsman Rules 2017, which superceded the Redressal of Public Grievances Rule 1998, was effective from 27th April 2017.
- The name of office of Governing Body of Insurance Council has been renamed as the Executive Council of Insurers vide Department of Financial Services (DFS) letter dated 14.06.2017 in terms of Insurance Ombudsman Rules, 2017.
- All the Offices of Insurance Ombudsman have confirmed that the prescribed procedures as envisaged in Insurance Ombudsman Rules 2017, in dealing with complaints have been followed.
- Offices of the Insurance Ombudsman have conducted outstation hearings for the convenience of the complainants as envisaged in the Rules, wherever required.
- Periodical meetings were conducted by the Ombudsman offices with insurers in order to impress upon them to reconsider the complaints, particularly those cases where prima facie the decision of the insurer to repudiate the claim was found incorrect/ not in line with the policy terms and conditions. Complaints were re-examined and settled by insurers after intervention of the offices of Ombudsmen.
- Offices of the Insurance Ombudsmen are regularly submitting their monthly returns in respect of complaint statistics, Trial Balance, bank reconciliation etc., in time.
- 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 Ombudsmen.
- Overall ratio of complaints received, disposed off and outstanding during the financial year in the Offices of Insurance Ombudsmen -

	Complaints Received		Disposed off		Outstanding	
	Total Number	Percentage	Total Number	Percentage	Total Number	Percentage
Life	14795	53.20	9475	55	5320	50.27
Non-life	13013	46.80	7750	45	5263	49.73
TOTAL	27808	100	17225	100	10583	100



- Renovation work of office premises of Delhi Insurance Ombudsman was undertaken with help of engineering department, L.I.C. of India, Northern Zonal Office, New Delhi and completed in the financial year 2017-18. On completion of the requisite infrastructure work, the office started operating from its new premises in the month of March, 2018. Inauguration of the renovated premises was done as on 21.03.2018
- During the year lease agreement of offices of Insurance Ombudsmen Bhubaneswar, Chennai, Guwahati, Kochi and Kolkata were renewed.
- During the year seven Ombudsmen retired, as a result the position of Insurance Ombudsman in the following Insurance Ombudsman offices fell vacant – Delhi, Bhubaneshwar, Kolkata, Lucknow, Pune, Patna and Noida.
- Appointment of Insurance Ombudsman at ten offices of the Insurance Ombudsman was approved by Department of Financial Services and accordingly the process of appointment of Insurance Ombudsman was started during the year 2017-2018 with the advertisement published on 24.07.2017 and 26.07.2017 in Hindi and English newspaper respectively. The interviews were conducted on 30.01.2018 and offer letters were issued on 07.02.2018. No Ombudsman had joined the office till 31.03.2018.



(A1) Gist of decisions taken in the 1st meeting of Executive Council of Insurers

The first meeting of the Executive Council of Insurers (ECOI) was held on 18.05.2017. Shri V.K. Sharma, Chairman, L.I.C of India was unanimously elected as Chairman of ECOI for a period of three years or till his superannuation whichever is early. The council approved procedure to be followed in its meetings.

One of the major decisions taken at the meeting was to notify the vacancies for the post of Insurance Ombudsman in ten vacant offices viz Ahmedabad, Bhopal, Bengaluru, Chennai, Chandigarh, Kochi, Guwahati, Hyderabad, Jaipur and Mumbai.

Further the matters relating to changes in eligibility criteria for selection to the post of Insurance Ombudsman, draft of advertisement to be published in newspaper and website, shortlisting criteria for interview, selection etc. were discussed and approved by the council with instructions to send to DFS for their consideration.

The pay and allowances to be paid to Insurance Ombudsman was also approved by council and it was decided to send the same to DFS for their consideration.

It was decided that procedure of sharing of expenses may continue for financial year 2017-18.

It was further decided that as the name of Governing Body of Insurance Council (GBIC) was changed to Executive Council of Insurers (ECOI), the logo should be changed. Further the domain name should be changed and instead of spending money on registration of new domain name a link should be created for redirecting mails to new domain. It was decided that reference be made to I.R.D.A.I. regarding existing staffing procedure and continuation of the same.

(A2) Major provisions of Insurance Ombudsman Rules, 2017

- The Insurance Ombudsman Rules, 2017 came into effect w.e.f. 27.04.2017. The said Rules supercedes the Redressal of Public Grievances Rules, 1998.
- Major provisions of Ombudsman Rule, 2017 are as follows -
 - There shall be an Executive Council of Insurers consisting of nine members including the Chairperson.
 - The members of the Executive Council of Insurers shall comprise of –
 - (i) Two persons representing life insurers to be nominated by the Life Insurance Council.
 - (ii) Two persons representing General insurers, other than stand-alone health insurers, to be nominated by the General Insurance Council.
 - (iii) One person representing stand-alone health insurers to be nominated by the General Insurance Council.
 - (iv) One representative of the IRDAI
 - (v) One representative of the Central Government in the Ministry of Finance from the Department of Financial Services not below the rank of Director
 - (vi) The Chairman, Life Insurance Corporation of India (LIC of India) established under the Life Insurance Corporation Act, 1956 (31 of 1956) or the Chairman, General Insurers' (Public Sector) Association of India (GIPSA) established under the General Insurance Business (Nationalisation) Act, 1972 (57 of 1972) provided they are not acting as Chairperson of the Executive Council of Insurers.
 - (vii) The Chairperson of the Executive Council of Insurers shall be either the Chairman of the LIC of India or the Chairman of the GIPSA by rotation.
 - (viii) The term of the Chairperson and members of the Executive Council of Insurers shall be three years from the date of assumption of charge.
 - The IRDAI shall make available to the Insurance Ombudsman such secretarial staff as may be determined by the Executive Council of Insurers.
 - An Ombudsman shall be appointed for a term of three years and shall be eligible for reappointment: Provided that no person shall hold office as an Ombudsman after he has attained the age of seventy years.

- The salary, allowances and perquisites payable to the staff of the Insurance Ombudsman secretariat and all expenses incurred in connection with administration, including expenses to be incurred by the Executive Council of Insurers, fees of professional experts engaged under sub-rule (3) of rule 15 and expenses towards Advisory committee constituted under rule 19 shall be borne by the Life Insurance Council and the General insurance Council in such proportion as the Executive Council of Insurers may, by a general or special order specify, from time to time, in this behalf.
- The Insurance Ombudsman shall submit its annual budget requirements for the ensuing financial year by the 31st January every year to the Executive Council of Insurers and the Executive Council of Insurers shall, after finalizing the budget in consultation with the Ombudsman,, advise the Life Insurance Council and the General Insurance Council to allocate to it the funds including funds for the budgeted expenses of the Executive Council of Insurers, and the Executive Council of Insurers shall in turn allocate funds to the respective offices of the Insurance Ombudsman.

- The decision of the Executive Council of Insurers on allocation of fund to an office of Insurance Ombudsman shall be final.

- Definitions of new terms / parameters introduced in Insurance Ombudsman Rules 2017 which were not present in Redressal of Public Grievances Rules 1998 -

“Group insurance” means insurance cover obtained by a group of individuals, either through an employer or otherwise, under a single contract

“Sole proprietorship” means a business that legally has no separate existence from its owner and the income and losses are taxed on the individual's personal income tax return

“Micro enterprise” means the micro enterprises as defined in clause (h) of section 2 of the Micro, Small and Medium Enterprises Development Act, 2006 .

“Award” means an award passed by the Insurance Ombudsman under rule 17 The Ombudsman shall,—

- (i) not award any compensation in excess of the loss suffered by the complainant as a direct consequence of the cause of action; or
- (ii) not award compensation exceeding rupees thirty lakhs (including relevant expenses, if any).

- The summary of changes effected in the duties and functions of Insurance Ombudsman and complaints and its resolution procedure is as follows:

Redressal of Public Grievances Rules, 1998	Insurance Ombudsman Rules, 2017
<u>INCLUSIONS/ ADDITIONS</u>	
NO PROVISION	<p><u>Rule 13- Duties and functions of Insurance Ombudsman :</u> (3) The Ombudsman shall be precluded from handling any matter if he is an interested party or having conflict of interest. (4) The Central Government or as the case may be, the IRDAI may, at any time refer any complaint or dispute relating to insurance matters specified in sub-rule (1), to the Insurance Ombudsman and such complaint or dispute shall be entertained by the Insurance Ombudsman and be dealt with as if it is a complaint made under rule 14.</p>
NO PROVISION	<p><u>Rule 15 – Insurance Ombudsman to act fairly and equitably :</u> (3) The Ombudsman may obtain the opinion of professional experts, if the disposal of a case warrants it. (4) The Ombudsman shall dispose of a complaint after giving the parties to the dispute a reasonable opportunity of being heard.</p>
<u>ALTERATIONS/ CHANGES</u>	
<p><u>Rule 2 – Application:</u> These rules shall apply to all the insurance companies operating in general insurance business and in life insurance business: Provided that the Central Government may exempt an insurance company from the provisions of these Rules, if it is satisfied that an insurance company has already grievance redressal machinery which fulfils the requirements of these Rules.</p>	<p><u>Rule 3 – Application:</u> These rules shall apply to all insurers and their agents and intermediaries in respect of complaints of all personal lines of insurance, group insurance policies, policies issued to sole proprietorship and micro enterprises.</p>
<p><u>Rule 3 –</u> The objects of these Rules are to resolve all complaints relating to settlement of claim on the part of insurance companies in cost effective, efficient and impartial manner.</p>	<p><u>Rule 2 –</u> The objects of these Rules is to resolve all complaints of all personal lines of insurance, group insurance policies, policies issued to sole proprietorship and micro enterprises on the part of insurance companies and their agents and intermediaries in a cost effective and impartial manner.</p>

<p>Rule 12 – Power of Ombudsman:</p> <p>(1) The Ombudsman may receive and consider:-</p> <ul style="list-style-type: none"> (a) Complaints under rule 13; (b) Any partial or total repudiation of claims by an insurer; (c) Any dispute in regard to premium paid or payable in terms of the policy; (d) Any dispute on the legal construction of the policies in so far as such disputes relate to claims; (e) Delay in settlement of claims; (f) Non-issue of any insurance document to customers after receipt of premium. 	<p>Rule 13 – Duties and functions of Insurance Ombudsman. –</p> <p>(1) The Ombudsman shall receive and consider complaints or disputes relating to –</p> <ul style="list-style-type: none"> (a) Delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999; (b) Any partial or total repudiation of claims by the life insurer, General insurer or the health insurer; (c) Disputes over premium paid or payable in terms of insurance policy; (d) Misrepresentation of policy terms and conditions at any time in the policy document or policy contracts; (e) Legal construction of insurance policies in so far as the dispute relates to claim; (f) Policy servicing related grievances against insurers and their agents and intermediaries; (g) Issuance of life insurance policy, general insurance policy including health insurance policy which is not in conformity with the proposal form submitted by the proposer; (h) Non-issuance of insurance policy after receipt of premium in life insurance and general insurance including health insurance; and (i) Any other matter resulting from the violation of provisions of the Insurance Act, 1938 or the regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned at clauses (a) to (i)
<p>Rule 13 – Manner in which complaint is to be made:</p> <p>(1) Any person who has a grievance against an insurer, may himself or through his legal heirs make a complaint in writing to the Ombudsman within whose jurisdiction the branch or office of the insurer complaint against is located.</p>	<p>Rule 14 – Manner in which complaint to be made –</p> <p>(1) Any person who has a grievance against an insurer, may himself or through his legal heirs, nominee or assignee make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the insurer</p>

<p>(2) The complaint shall be in writing duly signed by the complainant or through his legal heirs and shall state clearly the name and address or the complainant, the name of the branch or office of the insurer against which the complaint is made, the fact giving rise to complaint supported by document, if any, relied on by the complainant, the nature and extent of the loss caused to the complainant and the relief sought from the Ombudsman.</p> <p>(3) No complaint to the Ombudsman shall lie unless :-</p> <p>(a) The complainants had before making a complaint to the Ombudsman made a written representation to the insurer named in the complaint and either insurer had rejected the complaint or the complainant had not received any reply within a period of one month after the insurer concerned received his representation or the complainant is not satisfied with the reply given to him by the insurer.</p> <p>(b) The complaint is made not later than one year after the insurer had rejected the representation or sent his final reply on the representation of the complainant; and</p> <p>(c) The complaint is not on the same subject matter, for which any proceedings before any court or Consumer Forum, or arbitrators is pending or were so earlier.</p>	<p>complaint against or the residential address or place of residence of the complainant is located.</p> <p>(2) The complaint shall be in writing, duly signed by the complainant or through his legal heirs, nominee or assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and their relief sought from the Insurance Ombudsman.</p> <p>(3) No complaint to the Insurance Ombudsman shall lie unless ---</p> <p>(a) The complainant makes a written representation to the insurer named in the complaint and-</p> <p>i) either the insurer had rejected the complaint; or</p> <p>ii) the complainant had not received any reply within a period of one month after the insurer received his representation; or</p> <p>iii) the complainant is not satisfied with the reply given to him by the insurer.</p> <p>b) The complaint is made within one year -</p> <p>i) after the order of the insurer rejecting the representation is received; or</p> <p>ii) after receipt of decision of the insurer which is not to the satisfaction of the complainant;</p> <p>iii) after expiry of a period of one month from the date of sending the written representation to the insurer if the insurer named fails to furnish reply to the complainant.</p> <p><u>4) The Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary.</u> after calling for objections of the insurer against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay</p>
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	<p>shall be deemed to be the date of filing of the complaint, for further proceedings under these rules.</p> <p>5) No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.</p>
<p><u>Rule 16 – Award –</u></p> <ol style="list-style-type: none"> (1) Where the complaint is not settled by agreement under Rule 15, the Ombudsman shall pass an award which he thinks fair in the facts and circumstances of a claim. (2) An award shall be in writing and shall state the amount awarded to the complainant: Provided that Ombudsman shall not award any compensation in excess of which is necessary to cover the loss suffered by the complainant as a direct consequence of the insured peril, or for an amount not exceeding rupees twenty lakhs (including ex-gratia and other expenses), whichever is lower. (3) The Ombudsman shall pass an award within a period of three months from the receipt of the complaint. (4) A copy of the award shall be sent to the complainant and the insurer named in the complaint. (5) The complainant shall furnish to the insurer within a period of one month from the date of receipt of the award, a letter of acceptance that the award is in full and final settlement of his claim. (6) The insurer shall comply with the award within 15 days of the receipt of the acceptance letter under sub-rule (5) and it shall intimate the compliance to the Ombudsman. 	<p><u>Rule 17 – Award –</u></p> <ol style="list-style-type: none"> (1) Where the complaint is not settled by way of mediation under rule 16, the Ombudsman shall pass an award, based on the pleadings and evidence brought on record. (2) The award shall be in writing and shall state the reasons upon which the award is based. (3) Where the award is in favour of the complainant, it shall state the amount of compensation granted to the complainant after deducting the amount already paid, if any, from the award: Provided that the Ombudsman shall,- (i) not award any compensation in excess of the loss suffered by the complainant as a direct consequence of the cause of action; or (ii) not award compensation exceeding rupees thirty lakhs (including relevant expenses, if any) (4) The Ombudsman shall finalise its findings and pass an award within a period of three months of the receipt of all requirements from the complainant. (5) A copy of the award shall be sent to the complainant and the insurer named in the complaint. (6) The insurer shall comply with the award within thirty days of the receipt of the award and intimate compliance of the same to the Ombudsman. (7) The complainant shall be entitled to such interest at a rate per annum as specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999 from the date the claim ought to

	<p>have been settled under the regulations, till the date of payment of the amount awarded by the Ombudsman.</p> <p>(8) The award of Insurance ombudsman shall be binding on the insurers.</p>
<p>Rule 20 – The Ombudsman shall furnish a report every year containing a general review of the activities of the office of the Ombudsman during preceding financial year to the Central Government and such other information as may be considered necessary by it. In the Annual Report, the Ombudsman will make an annual review of the quality of services rendered by the insurer and make recommendations to improve these services.</p>	<p>Rule 18 – Review of activities of Insurance Ombudsman: 1) The Ombudsman shall prepare an annual report detailing the activities undertaken during the previous financial year under their jurisdiction, statement of accounts and any other relevant information and submit to the Executive Council of Insurers with a copy to the IRDAI by the 30th June every year.</p>
DELETIONS	
<p>Rule 12 – Power of Ombudsman : (3) The Ombudsman’s decision whether the complaint is fit and proper for being considered by it or not shall be final.</p>	No provision
<p>Rule 17 – Consequences of non-acceptance of award : If the complaint does not intimate the acceptance under sub-rule (5) of rule 16, the award may not be implemented by the insurance company.</p>	No provision
<p>Rule 18 – Power to make Ex-gratia payment: If the Ombudsman deems fit, he may award an Ex-gratia payment.</p>	No provision

(A3) 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 20.07. 2014
2	Bengaluru-August, 2014	State of Karnataka	Vacant since 13.11.2016*
3	Bhopal- April, 2000	States of Madhya Pradesh and Chhattisgarh	Vacant since 26.05.2016 *
4	Bhubaneswar-May, 2000	State of Orissa	Vacant since 21.07.2017
5	Chandigarh-July, 1999	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union Territory of Chandigarh	Vacant since 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).	Vacant since 08.05.2016*
7	Delhi-July, 1999	State of Delhi	Vacant since 14.07.2017
8	Guwahati-September, 1999	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	Vacant since 17.07. 2014*
9	Hyderabad- August, 1999	State of Andhra Pradesh Telangana and Union Territory of Yanam and part of Union Territory of Pondicherry.	Vacant since 14.05.2016*
10	Jaipur- October, 2014	State of Rajasthan	Vacant since 23.12.2016*
11	Kochi-June, 2000	States of Kerala and Union Territory of (a) Lakshadweep (b) Mahe- a part of Union Territory of Pondicherry	Vacant since 13.09.2016
12	Kolkata- March, 2000	States of West Bengal, Sikkim and Union Territories of Andaman & Nicobar Islands	Vacant since 29.07.2017

13	Lucknow –October, 1999	<u>Districts of Uttar Pradesh</u> 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.	Vacant since 03.08.2017
14	Mumbai- November, 2000	State of Goa and Mumbai Metropolitan Region excluding Areas of Navi Mumbai and Thane.	Vacant since 15.05.2016*
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.	Vacant since 31.12.2017
16	Patna- September, 2014	States of Bihar and Jharkhand	Vacant since 09.09.2017
17	Pune- September, 2014	State of Maharashtra - Areas of Navi Mumbai and Thane but excluding Mumbai Metropolitan.	Vacant since 10.09.2017

*Insurance Ombudsman joined from April, 2018 onwards.



(B)
ACCOUNTS

All the Offices of the Insurance Ombudsman have submitted their audited Trial Balances as at 31.03.2018. M/s NBS & Co., Chartered Accountants, Mumbai who have been appointed as External Auditors for conducting the audit of consolidated accounts of the Executive Council of Insurers and all Offices of the Insurance Ombudsman for the financial year 2017-2018 have completed their Audit and signed the Accounts.

Consolidation of Final Accounts at ECOI for all the Offices of the Insurance Ombudsman and Office of the ECOI 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 Executive Council of Insurers, from fiscal 2016-2017, the funding of the expenses of ECOI (erstwhile 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.

It may be mentioned that the Rule 12 (2) of the Insurance Ombudsman Rules, 2017 prescribed that the expenses for offices of the Insurance Ombudsman and office of Executive Council of Insurers was to be borne by the Life Insurance Council and General Insurance Council. However, since the new rules were promulgated on 25.04.2017 and the process for collecting funds had already been initiated, Executive Council in its first meeting held on 18.05.2017 permitted office of the Executive Council of Insurers to continue with the existing practice for the financial year 2017-18.

A copy of the consolidated Audit Report for office of the Executive Council of Insurers and the Offices of the Insurance Ombudsman along with the Income and Expenditure Account and Balance Sheet as at 31.03.2018 is placed below as Annexure.



NBS & CO.

Chartered Accountants

14/2, Western India House, Sir P. M. Road, Fort, Mumbai - 400 001.
Tel. : (91-22) 2287 0588 / 0939 / 4140, 2288 5229 • Fax : (91-22) 2288 4910
E-mail : admin@nbsandco.in • Web : www.nbsandco.in

Independent Auditor's Report

To,
The Secretary,
The Executive Council of Insurers & 17 Offices of Insurance Ombudsmen,
3rd Floor, Jeevan Seva Annexe,
Off. S.V. Road, Santacruz (West),
Mumbai – 400054.

Report on the Financial Statements

1. We have audited the attached Balance Sheet of **Executive Council of Insurers & 17 Offices of Insurance Ombudsmen** (ECOI and its offices) as at 31st March, 2018 and the Statement of Income & 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 ECOI 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 & Expenditure of the ECOI and its Offices in accordance with the requirements of the Insurance Act 1938 and Insurance Ombudsman Rules, 2017. 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.



Branch Offices : (1) No.38, 1st Floor, CBI Road, 2nd Main, Behind CBI Road, Ganganagar, Bangalore – 560 032.
(2) No.6, Divya Enclave, M. G. Road, Mangalore – 575 003.

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' judgments, 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 ECOI 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.

Opinion

4. In our opinion and to the best of our information and according to the explanations given to us, the financial statements have been prepared in accordance with the requirements of the Insurance Act 1938 and Insurance Ombudsman Rules 2017 to the extent applicable and in the manner so required, give a true and fair view in conformity with the accounting principles generally accepted in India, as applicable to the ECOI and its Offices.
- (i) In case of Balance Sheets give a true and fair view of the state of affairs of the ECOI and its Offices as at 31st March, 2018; and
- (ii) In case of Statement of Income & Expenditure, of the deficit of the year ended on that date.

Emphasis of Matter

5. Without qualifying our opinion, we draw attention to:
- a) Note 3 in Schedule B to the financial statements regarding Opening balances. The ECOI started its operations in 1998. Until 2000-2001, the Accounts were maintained by LIC. The ECOI started maintaining Accounts independently from the year 2001-2002. For the year 2001-2002, ECOI 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. We have relied on the audit reports of these 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 2017-18. Such allocation of excess / deficit of funds is pending as the financial statements of some of the Member Insurance Companies for financial year 2017-18 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 12 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, ECOI is not required to file Income Tax Return, as it is not carrying on any commercial activity.
- f) Recoveries made on account of Pension & DA of Ombudsmen are credited to Basic Salary to ombudsman & DA to Ombudsman. As a result of this, the account head 401 (Basic Salary to Ombudsman) shows a negative figure of Rs. 50,069/- (Rupees Fifty thousand and Sixty-nine only) during the year.
- g) The centres, other than Mumbai & ECOI, have stated GST as a separate head of Account being GST paid on Goods & Services to the tune of Rs. 15,04,887.32 (Rupees Fifteen lakhs Four thousand Eight hundred Eighty-seven and paise Thirty-two only). This amount should have been debited to the respective expense heads.
- h) It has been observed by the auditors of OIO Bhopal that there is a default in payment of TDS amounting to Rs. 1,130/- (found on TRACES). Subsequently, the same has to be either paid or resolved. However, no provisions have been made in this regard. Details are as follows:

Financial Year	Quarter	Form	Amount (in Rs.)
2017-18	Q1	26Q	230.00
2015-16	Q4	26Q	400.00
2010-11	Q4	24Q	140.00
2007-08	Q4	24Q	360.00
Total (in Rs.)			1,130.00



- i) It is observed by the auditors of OIO Lucknow that the Office of Insurance Ombudsman (Lucknow) has not deducted TDS on PR & Publicity expenses. The details are given below:

Party Name	Expense Head	A/c Code	Date	Invoice Amount excl. GST (in Rs.)	TDS to be deducted (in Rs.)	Interest on late deduction of TDS (in Rs.)	Total amount to be deposited (in Rs.)
Adkart Advertising Solutions	PR & Publicity	452	10/01/2018	3,01,680/-	6,034/-	241/-	6,275/-

- j) It is also seen that the Office of Insurance Ombudsman (Lucknow) has received notice from TDS department regarding short payment of TDS & late filing of TDS returns. However, no provision has been made on account of TDS payable, Late Fees and Interest payable. The details are given below:

Sr. No.	Period	TDS Short Payment (in Rs.)	Late Filing Fee (in Rs.)	Interest (in Rs.)	Total (in Rs.)
1.	FY 2017-18 (Q2)	706/-	600/-	42/-	1,348/-
2.	FY 2017-18 (Q3)	706/-	0/-	34/-	740/-
Total (in Rs.)		1,412/-	600/-	76/-	2,088/-

Report on Other Legal & Regulatory Requirements

6. As required by the Insurance Act 1938 and Insurance Ombudsman Rules 2017, as amended, except to the extent stated hereinabove, we report that:
- 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.
 - 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 ECOI and its Offices so far as appears from our examination of books.



NBS & CO.

Chartered Accountants

- c) The Balance Sheet and Statement of Income & Expenditure of the ECOI and its Offices refer to in this report are in agreement with the books of accounts and returns.
- d) In our opinion, the Balance Sheet and Statement of Income & Expenditure comply with the applicable accounting standards.

For NBS & Co.

Chartered Accountants



CA. Devdas V. Bhat

Partner

Membership No. 048094

Place : Mumbai

Date : 23 MAY 2018



बीमाकर्ताओं की कार्यकारी परिषद कार्यालय

Office of the Executive Council of Insurers

Executive Council of Insurers & 17 CIO Offices				
Consolidated Balance Sheet of ECI & 17 CIO Offices as on 31st March, 2018.				
Liabilities	Year ended 31/03/2018 (Amount in Rs.)		Year ended 31/03/2017 (Amount in Rs.)	
Collection for Fixed Assets:				
1. Collection for Fixed Assets				
Balance as per last Balance Sheet	3,63,60,471.88		4,83,42,036.85	
Add: Fixed Assets purchased during FY 2015-16	1,94,32,075.10		23,26,473.01	
Add: Fixed Assets purchased during FY 2016-17	38,02,985.67		-27,17,264.36	
Add: Fixed Assets purchased during FY 2017-18	23,26,473.01		-2,84,74,768.05	
Less: Depreciation charged for the FY 2015-17	-48,15,758.98			
Less: Depreciation charged for the FY 2017-18	-50,68,303.16	8,28,19,848.32	3,62,86,471.88	2,46,46,943.81
2. Receipts from Member Companies				
Balance as per last Balance Sheet	7,25,37,414.84		33,239.00	11,21,507.00
Add: Reimbursement received from 54 Member Cos.	32,48,70,930.00		87,70,000.00	
Less: Amount returned to 54 Member Cos.	-4,54,18,052.00		11,37,360.86	12,87,654.00
Less: Excess of Expenditure over Income	-25,02,09,482.85			4,26,025.97
Less: Fixed Assets purchased during FY 2015-16	-1,94,32,075.10			4,257.00
Less: Fixed Assets purchased during FY 2016-17	-38,02,985.67			8,29,824.50
Less: Fixed Assets purchased during FY 2017-18	-14,37,866.01			3,757.00
(2325473.01-5,86,607)				
Add: Depreciation for the FY 2015-17	48,15,758.98	8,71,19,520.35	7,25,37,414.84	
Add: Depreciation for the FY 2017-18	50,68,303.16	13,91,39,776.87	10,85,17,896.62	
Less: P&L of Char-Sqash	-16,542.00			
Total of (1) & (2)	>>>	8,71,19,520.35	7,25,37,414.84	
		13,91,39,776.87	10,85,17,896.62	
Current Liabilities:				
Advance from Member Cos for FY 2016-17			20,000.00	
Cheque Cleared Account			5,622.00	
Income Tax other than Salary			3,706.00	
Outstanding Expenses		26,10,302.50	1,36,23,708.88	
Provision for Wage Arrears			77,44,773.00	
Unremitted Professional Tax			-402.00	
Total (in Rs.)		14,27,89,619.35	13,55,16,235.41	
				14,27,89,619.35
				13,05,16,296.41
				10,21,67,427.19

As per our report of even date.

Notes to Accounts as per Schedule 'B' Annexed.

For NBS & Co.

Chartered Accountants

Firm Registration No. 119100W

MUMBAI FRN 110100W

CHARTERED ACCOUNTANTS

CA. Devdas V. Bhat

Partner

Membership No. 048004

Place: Mumbai

Date: 23 MAY 2018



Secretary General

Secretary

CAW
/P



बीमाकर्ताओं की कार्यकारी परिषद कार्यालय

Office of the Executive Council of Insurers

Executive Council of Insurers & 17 OIO Offices						
Consolidated Income & Expenditure Account of ECI & 17 OIO Offices as on 31st March, 2018.						
A/c Code	Expenses	Year ended 31/03/2018		Year ended 31/03/2017		A/c Code
		Amount (in Rs.)	Amount (in Rs.)	Amount (in Rs.)	Amount (in Rs.)	
401	Basic Salary to Ombudsman	-50,000.00	1,07,97,498.87	501	Sundry Receipts	44,518.87
402	DA to Ombudsman	35,06,228.00	73,22,951.33	599	Profit on Sale of Fixed Assets	1,05,968.13
403	HRA to Ombudsman	5,38,397.00	17,73,789.00	502	Reversal of Excess Provisions	74,68,868.00
405	Conveyance to Ombudsman	5,82,488.00	18,11,772.00		Excess of Expenditure over Income	25,00,09,462.85
406	Basic Salary to Others	7,43,29,737.85	8,38,94,854.14			
408	DA to Others	3,16,39,466.80	2,46,89,025.19			
409	HRA to Others	47,58,923.54	56,33,340.78			
410	OCA to Others	14,14,006.99	17,25,420.86			
411	FPA to Others	8,65,482.51	12,49,847.50			
412	Conveyance to Others	12,60,993.42	16,20,952.24			
413	Deputation Allowances	1,45,63,931.52	1,94,69,544.60			
414	Functional Allowances	-	4,177.00			
415	Washing Allowances	-	1,482.00			
416	Qualification Pay to Others	3,19,443.00	4,62,393.00			
417	Other Allowances to Others	1,03,039.00	5,475.87			
419	PLL	19,837.00	2,60,564.19			
420	Employer's Contribution to Pension Fund	56,99,000.39	52,35,549.70			
421	Employer's Contribution to Provident Fund	20,66,091.01	33,11,369.78			
422	Employer's Contribution to Gratuity	52,70,643.66	34,72,868.88			
423	Employer's Contribution to Mediclaim	7,35,522.02	7,32,915.19			
424	Employer's Contribution to GSI	59,851.48	39,398.83			
425	Leave Encashment	23,27,753.88	28,01,421.73			
426	Travelling Expenses on Tours	25,72,066.15	95,43,305.32			
427	Transfer TE	19,31,256.50	13,63,437.00			
428	LTC Expenses	10,75,447.03	16,60,226.00			
429	Motor Car Expenses	11,92,479.45	10,87,202.00			
430	Auditors' Remuneration	3,09,120.00	2,55,917.00			
431	Law Charges	17,00,395.00	1,00,440.00			
432	Printing & Stationery	15,87,502.43	17,02,786.95			
433	Postage & Revenue Stamps	13,25,432.47	16,32,389.30			
434	Bank Charges	16,109.65	25,635.59			
435	Telephone Charges	11,71,795.69	16,13,900.82			
436	Electricity Charges	38,61,469.40	42,28,671.00			
437	Carriage & Freight	1,85,416.00	2,68,507.00			
438	Repairs & Maintenance	4,41,614.01	16,77,561.59			



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439	Staff Amenities	56,38,915.00	62,39,088.75		
440	Lumpsum Medical Benefits	14,61,305.00	19,37,125.00		
441	All Insurance Premiums	2,69,974.33	3,55,398.17		
442	Entertainment Expenses	4,72,001.00	8,35,910.00		
443	Contractual Payments other than AMC	1,19,19,114.25	2,69,91,991.11		
444	AMC Payments	14,95,056.77	13,33,925.32		
445	Office Upkeep	7,49,060.48	7,69,818.20		
446	Subscription to Newspapers	3,01,088.00	3,89,028.00		
447	Conference Expenses	1,95,720.00	14,13,753.50		
448	Training Fees	3,87,488.00	26,672.00		
449	Consultancy Fees	2,02,76,732.05	6,47,200.00		
450	Rent, Rates & Taxes	3,33,46,262.62	3,31,77,643.19		
451	Depreciation	50,66,303.16	49,15,758.98		
452	PR & Publicity	41,43,002.00	94,92,611.99		
454	Shifting Expenses	43,483.00	-		
455	Infrastructure & Renovation Cost	-	36,00,000.00		
453	Other Miscellaneous Expenses	7,13,064.84	6,48,083.17		
456	Expenses on External Committees	39,050.00	1,78,267.00		
457	Sundry Office Equipments (< Rs 5,000/-)	91,744.00	2,44,548.00		
460	SR A/C	26.88	6.54		
461	Litrary Expenses	21,788.00	23,379.00		
466	GST - Goods & Services Tax	15,04,887.32	-		
490	Loss on Sale of Fixed Assets	2,49,054.24	32,623.00		
	Total (in Rs.)	25,76,83,803.65	29,05,19,358.38	25,76,83,803.65	29,05,19,358.38

As per our report of even date.

Notes to Accounts as per Schedule 'B' Annexed.

For MBS & Co.

Chartered Accountants

Firm Registration No. 116100W



CA Devdas V Bhat

Partner

Membership No. 048094

Place : Mumbai

Date : **23 MAY 2018**



Secretary General



बीमाकर्ताओं की कार्यकारी परिषद कार्यालय

Office of the Executive Council of Insurers

A/c Code	Particulars	Dep. Rate	Gross Block			Depreciation			Net Block		
			As on 01/04/2017	Additions	Deletions	As on 31/03/2018	During the year	Deletions	Upto 31/03/2018	As on 31/03/2018	As on 31/03/2017
216	Office Equipments	10%	1,50,03,597.00	4,59,744.00	6,68,797.60	1,47,70,553.40	14,05,472.11	4,26,576.81	76,09,558.35	71,60,875.13	83,72,674.03
217	Computers	30%	1,04,47,922.00	6,51,008.01	7,56,164.00	1,01,40,766.01	14,91,129.99	7,56,115.00	87,82,753.00	15,76,013.01	24,18,183.99
218	Air Conditioner, Fridge etc.	13.81%	85,14,216.03	8,70,000.00	8,39,940.00	86,53,204.03	7,59,216.77	7,36,290.00	53,57,215.67	35,95,968.36	34,79,671.13
219	Electrical Fittings	10%	32,49,771.21	-	78,024.76	31,71,746.45	2,99,400.72	92,570.89	17,58,228.52	14,33,518.13	17,58,372.72
221	Fax, Phones, Elexbox etc	10%	8,76,781.00	1,22,841.00	1,35,263.00	8,68,439.00	31,245.10	1,19,404.00	4,13,765.00	2,54,691.00	1,76,614.10
222	Xerox machine	20%	5,68,705.40	-	83,926.00	5,04,777.40	15,338.00	83,927.00	4,94,655.40	10,222.00	25,561.00
223	Library Books	20%	4,95,689.01	870.00	23,310.00	4,73,249.01	8,106.00	13,209.00	4,59,867.01	13,383.00	30,719.00
224	Miscellaneous Capital Equip.	15%	20,47,308.02	1,16,924.00	1,11,837.00	20,52,373.02	1,10,854.47	88,475.55	13,59,228.10	7,13,143.92	7,20,405.84
231	Leasehold Improvements	10%	93,16,077.20	-	-	93,16,077.20	9,48,578.00	-	25,09,473.20	87,16,604.00	76,62,183.00
	Total [In Rs.]		4,83,42,048.55	23,26,473.01	27,47,264.36	4,79,51,245.60	50,66,303.46	22,88,528.25	2,84,74,758.05	2,14,76,477.56	2,46,45,943.91




 Secretary General


 Secretary



For NBS & Co.
 Chartered Accountants
 Firm Registration No. 119100W

 CA. Devdas V. Bhut
 Partner
 Membership No. 048094

Place : Mumbai
 Date :

23 MAY 2018



बीमाकर्ताओं की कार्यकारी परिषद कार्यालय Office of the Executive Council of Insurers

Office of the Executive Council of Insurers & 17 CIO Offices												
Consolidated Schedule of Fixed Assets forming part of the Balance Sheet as on 31st March, 2019.												
Schedule 'A' - Fixed Assets												
Account Code 216 (Office Equipments)												
A/c Code	Particulars	Dep. Rate	Gross Block			Depreciation			Net Block			
			As on 01/04/2017	Additions	Deletions	As on 31/03/2018	Upto 31/03/2017	During the year	Deletions	Upto 31/03/2018	As on 31/03/2018	As on 31/03/2017
216	Office Equipments (A)	10%										
	ECCO		7,93,507.00	2,82,684.00	5,10,771.00	5,65,520.00	4,59,081.00	40,477.00	2,87,046.00	2,15,363.00	1,62,127.00	3,33,616.00
	Amnolised		5,20,458.00	-	-	5,28,458.00	76,209.00	52,649.00	-	1,30,858.00	3,95,600.00	4,46,249.00
	Bengaluru		11,61,428.20	-	-	11,61,428.20	6,61,431.12	1,16,142.00	-	7,77,973.96	3,60,854.34	4,00,097.17
	Bhopal		6,24,576.35	-	-	6,24,576.35	4,40,250.35	52,301.00	-	4,52,581.35	1,31,895.00	1,84,288.00
	Bhubaneswar		7,16,026.00	12,160.00	33,932.00	6,97,184.00	4,61,334.00	68,275.00	33,627.00	4,93,682.00	2,03,472.00	2,57,592.00
	Chandigarh		13,95,084.00	12,298.00	7,425.00	14,00,027.00	10,04,038.00	1,40,312.00	3,750.00	11,40,600.00	2,59,427.00	3,91,048.00
	Chennai		4,82,378.66	30,400.00	1,36,069.00	3,72,202.00	2,97,829.39	48,160.10	1,01,804.81	2,44,140.68	1,28,061.52	1,84,950.41
	Delhi		5,88,403.09	-	-	5,88,403.09	3,61,730.09	58,545.00	-	4,10,575.09	1,77,809.00	2,36,673.00
	Gwalhati		16,65,342.00	-	-	16,65,342.00	6,70,091.00	1,68,859.00	-	8,44,790.00	10,20,792.00	11,89,651.00
	Hyderabad		-	-	-	-	-	-	-	-	-	-
	Jodhpur		-	-	-	-	-	-	-	-	-	-
	Kochi		5,74,225.56	-	-	5,74,225.56	3,68,798.16	57,403.00	-	4,28,201.96	1,48,024.00	2,56,427.00
	Kolkata		3,93,041.83	-	-	3,93,041.83	2,04,333.65	37,657.16	-	2,41,860.83	1,51,151.00	1,86,705.00
	Ludhlow		11,48,189.87	-	-	11,48,189.87	6,00,113.40	1,14,828.00	-	9,14,939.40	2,38,249.27	3,46,075.27
	Mumbai		-	-	-	-	-	-	-	-	-	-
	Noida		13,22,083.00	-	-	13,22,083.00	1,89,072.00	1,32,268.00	-	3,21,389.00	16,00,803.00	11,33,011.00
	Pune		7,34,935.00	-	-	7,34,935.00	1,01,593.00	73,494.00	-	1,75,087.00	5,59,848.00	6,33,342.00
	Patna		17,33,300.00	-	-	17,33,300.00	1,85,453.00	1,73,337.00	-	3,56,790.00	13,74,578.00	15,47,815.00
	Total (in Rs.)		1,40,62,232.68	3,33,718.00	6,88,787.60	1,37,07,163.08	62,80,083.65	13,32,836.11	4,26,576.81	71,86,342.95	65,20,810.13	77,82,148.65




 M. S. Desai
 Director



बीमाकर्ताओं की कार्यकारी परिषद कार्यालय
Office of the Executive Council of Insurers

Consolidated Accounts of Executive Council of Insurers
& 17 Ombudsman Offices

Schedule 'B'

Notes to Accounts for the year ended 31st March, 2018.

I. SIGNIFICANT ACCOUNTING POLICIES:

A. SYSTEM OF ACCOUNTING

The Office of Executive Council of Insurers and its 17 Ombudsman Offices have adopted the mercantile system of accounting, except for 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. All assets costing up to Rs.5,000/- each shall be charged to revenue (written off to account code 457 – Sundry Office Equipment if below Rs.5,000/-) in the year of purchase.

Account Code	Assets	Rate of Depreciation
216	Office Equipments	10%
217	Computers	30%
218	Air Conditioners, Fridge, etc.	13.91%
219	Electrical Fittings	10%
221	Fax, Phone, Epabx, etc.	10%
222	Xerox Machine	20%
223	Library Books	20%

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224	Miscellaneous Capital Equipments	10%
231	Leasehold Improvements	10%

2. During the current Financial Year 2017-18, renovation work of Delhi Ombudsman Centre has been taken place after obtaining the necessary budgetary allocation in the annual budget for the Financial Year 2016-17. Accordingly, an amount of Rs.67,70,000/- (Rupees Sixty-seven lakhs Seventy thousand only) was paid to Engineering Department, LIC of India, Northern Zonal Office, Delhi. The renovation has since been completed on 21st February, 2018. The expenditure has been shown as Capital Work-in-progress although it has been certified to be completed.
3. Office of Executive Council of Insurers (ECOI) (erstwhile GBIC) started its operations in 1998. Till the year 2000-01, the accounts were maintained by LIC of India. It started maintaining accounts independently from the year 2001-02. For the year 2001-02, it had only its Income & Expenditure account certified by the auditor. Hence, the opening balances brought forward on 1st April, 2001 were unaudited figures.
4. Up to the Financial Year 2014-15, office of Executive Council of Insurers and its 17 Ombudsman Offices used to receive a lump sum amount from LIC of India for the funding of their expenses. From the Financial Year 2015-16, as approved in its council meeting, office of Executive Council of Insurers had decided to discontinue the practice of receiving funds in advance only from LIC of India and instead it has been decided to approach all insurance companies including LIC of India for advance towards funding of their expenses. Accordingly, office of Executive Council of Insurers has received Rs 32,48,76,930/- (Rupees Thirty-two crores Forty-eight lakhs Seventy-six thousand Nine hundred and Thirty only) from all Insurance Companies towards advance sharing of expenses for the Financial Year 2017-18, and an amount of Rs. 22,01,00,000/- (Rupees Twenty-two crores One lakh only) has been provided as replenishment to 17 Ombudsman offices for the Financial Year 2017-18.

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5. We had called for the funds from insurance companies for the Financial Year 2016-17 based on the companies' data (2014-15) available with us. After getting the requisite data i.e., paid-up capital and gross direct premium income from insurance companies for the Financial Year 2016-17, we had completed the necessary exercise of arriving at the actual share of expenses of insurance companies (actual share of expenses of each insurance company) to identify status of each insurance company with regard to the excess or short remittance received from them in Financial Year 2016-17, and accordingly, a schedule was prepared. Finally, we had taken the necessary action in respect of all the concerned insurance companies (both refund action and arrangement of collection). The entire process was completed by 30.11.2017. We have not received the share of Rs. 26,25,140/- (Rupees Twenty-six lakhs Twenty-five thousand One hundred and Forty only) from M/s. Agriculture General Insurance Co. Ltd., towards actual sharing of expenses for the Financial Year 2016-17. We are making follow up for the same.
6. Vide our letter Ref: ECPO/Cos_data/2018-19 dated 2nd May 2018, we had also initiated the process of collecting the requisite data of insurance companies for the Financial Year 2017-18. Once the said data is received, we would be completing the necessary exercise for the Financial Year 2017-18 as explained in Item No. 5.
7. Balances of Sundry Creditors and Sundry Debtors are subject to confirmation and reconciliation.
8. During the Financial Year 2014-15, Shri B.P Parija, former Insurance Ombudsman, Bhubaneswar had filed Writ Petition No.7698/2014 against the ECOI (formerly 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 Executive Council of Insurers has not made any provision towards this contingent liability in its books of accounts.

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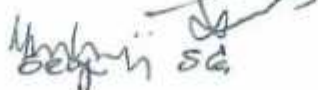
9. Writ Petitions have been filed against the office of Executive Council of Insurers (formerly Governing Body of Insurance Council) and the Union of India by Shri A.K. Dasgupta, ex. Insurance Ombudsman, Mumbai, Shri G. Rajeshwara Rao, ex. Insurance Ombudsman, Hyderabad, Shri A.K. Sahoo, ex. Insurance Ombudsman, Pune, Shri Mateshwar Prasad, ex. Insurance Ombudsman, Bangalore and Shri Kirti Bhushan Saha, ex. Insurance Ombudsman, Kolkata in the Hon'ble High Court of Bombay in April / June, 2016. The contention of the petitioners is that not pre-commuted pension, but the pension after commutation should be recovered from the salaries of the Insurance Ombudsmen.

10. During the year, status of complaints is as under:

Particulars	Complaints O/s as on 01/04/2017	Received during the year	Disposed during the year	Complaints O/s as on 31/03/2018
For Life Insurance	1,376	13,419	9,475	5,320
For General Insurance	954	12,059	7,750	5,263
Total (in Rs.)	2,330	25,478	17,225	10,583

11. The management has obtained opinion on its obligation to file Income Tax Return. As per the opinion obtained, office of Executive Council of Insurers is not required to file Income Tax Return, as it is not carrying on any commercial activity.

12. Recoveries made on account of Pension and DA of Ombudsmen are credited to Basic Salary to Ombudsman & DA to Ombudsman. As a result of this, the account head 401 (Basic Salary to Ombudsman) shows a negative figure of Rs. 50,069/- (Rupees Fifty thousand and Sixty-nine only) during the year.



13. The centres, other than Mumbai & ECOL, have stated GST as a separate head of account being GST paid on Goods & Services to the tune of Rs. 15,04,887.32 (Rupees Fifteen lakhs Four thousand Eight hundred Eighty-seven and paise Thirty-two only).

As per our report of even date.

For NBS & Co.,
Chartered Accountants
Firm Registration No. 110100W



CA. Devdas V. Bhat
Partner
Membership No. 048094

For Executive Council of Insurers



Secretary



Secretary General



Place: Mumbai
Date : 23 MAY 2018

(C) COMPLAINT ANALYSIS

The Complaints Statistics have been generated through the CMS. The following consolidated statements as at 31.03.2018 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 (Centre wise – General Insurance)	G8
12	Nature wise Classification of Complaints received (Company wise analysis – Life Insurance)	L9
13	Nature wise classification of complaints received (Company wise analysis – General Insurance)	G9



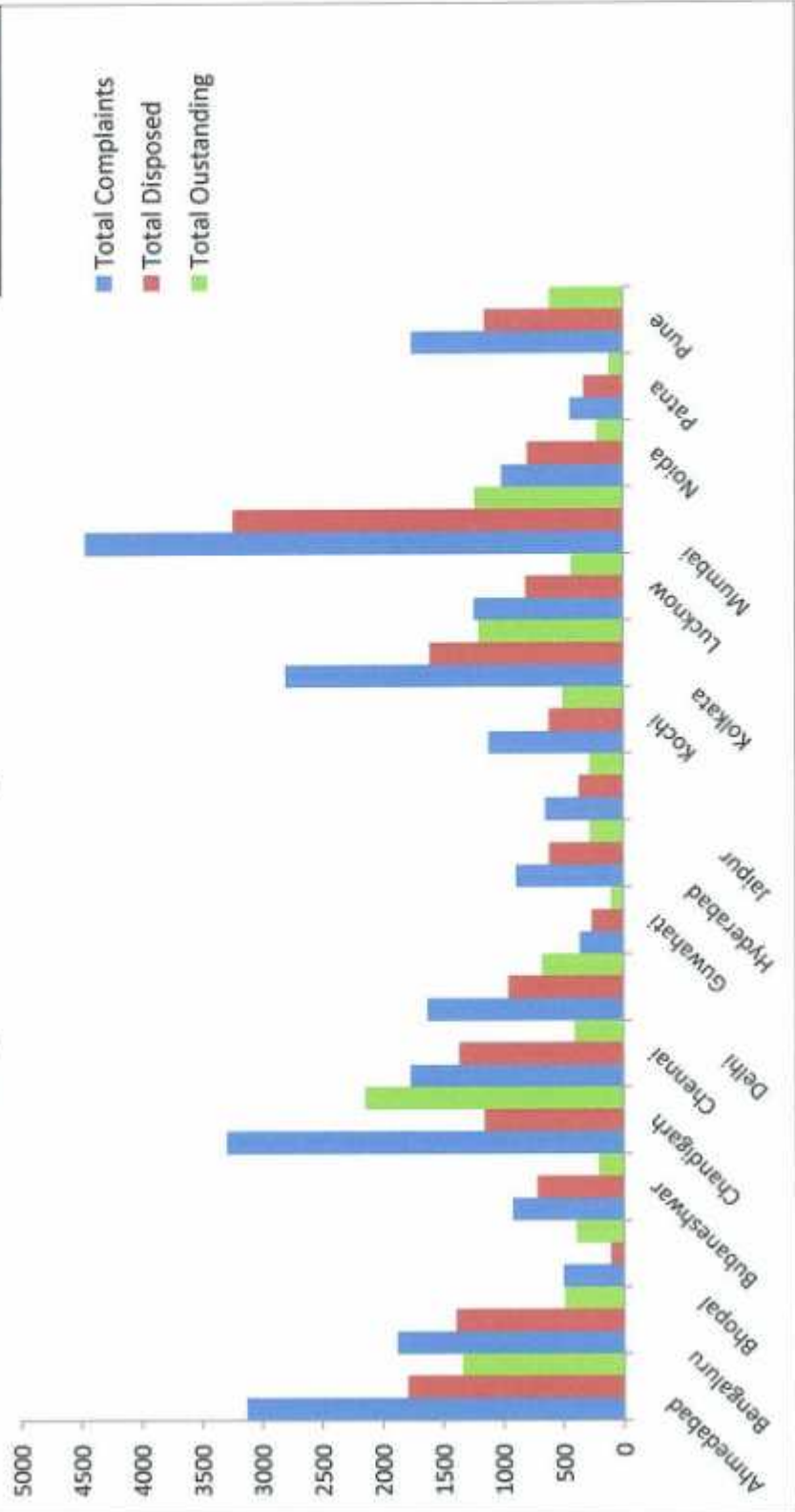
OFFICE OF THE EXECUTIVE COUNCIL OF INSURERS
Complaints Received & Disposal statement for the period from 01.04.2017 to 31.03.2018
STATEMENT L1G1

LIFE AND GENERAL INSURANCE

Name of Centre	Total No of Complaints		Number of complaints disposed off by way of				Durationwise disposal of Complaints			Durationwise Outstanding complaints				
	O/s at the Beginning of the Year	Received upto March	Recompe- n- sations/ Awards	Dismissal	Non- acceptanc e/ NE	Total Disposed	Within 3 months to 1 year	Above 1 Year	Total	Within 3 months	Above 1 Year	Total		
Ahmedabad	58	3072	90	35	1397	1792	1702	90	0	1792	521	816	1	1338
Bengaluru	87	1793	67	30	1191	1390	1327	63	0	1390	105	375	10	490
Bhopal	49	451	21	17	3	108	52	56	0	108	103	284	5	392
Bubaneswar	0	920	18	16	678	716	716	0	0	716	53	151	0	204
Chandigarh	1168	2122	358	105	642	1151	719	220	212	1151	271	1096	772	2139
Chennai	42	1720	23	20	1249	1359	1288	71	0	1359	122	281	0	403
Delhi	0	1625	217	0	689	951	931	20	0	951	181	493	0	674
Guwahati	6	355	34	31	185	261	256	5	0	261	28	72	0	100
Hyderabad	0	888	36	45	487	611	564	47	0	611	95	182	0	277
Jaipur	39	605	70	30	218	368	305	63	0	368	73	203	0	276
Kochi	0	1115	63	43	431	615	590	25	0	615	143	357	0	500
Kolkata	295	2504	310	144	1014	1603	1403	200	0	1603	342	854	0	1196
Lucknow	81	1155	135	15	581	806	693	113	0	806	113	317	0	430
Mumbai	485	3974	358	157	2508	3231	2680	549	2	3231	329	887	12	1228
Noida	0	1007	175	119	449	792	743	49	0	792	145	70	0	215
Patna	0	439	86	26	195	325	307	18	0	325	35	79	0	114
Pune	20	1733	158	94	861	1146	1141	5	0	1146	228	379	0	607
Total	2330	25478	27808	927	12778	17225	15417	1594	214	17225	2887	6896	800	10583



Life Insurance and General Insurance Industries: Complaints Analysis

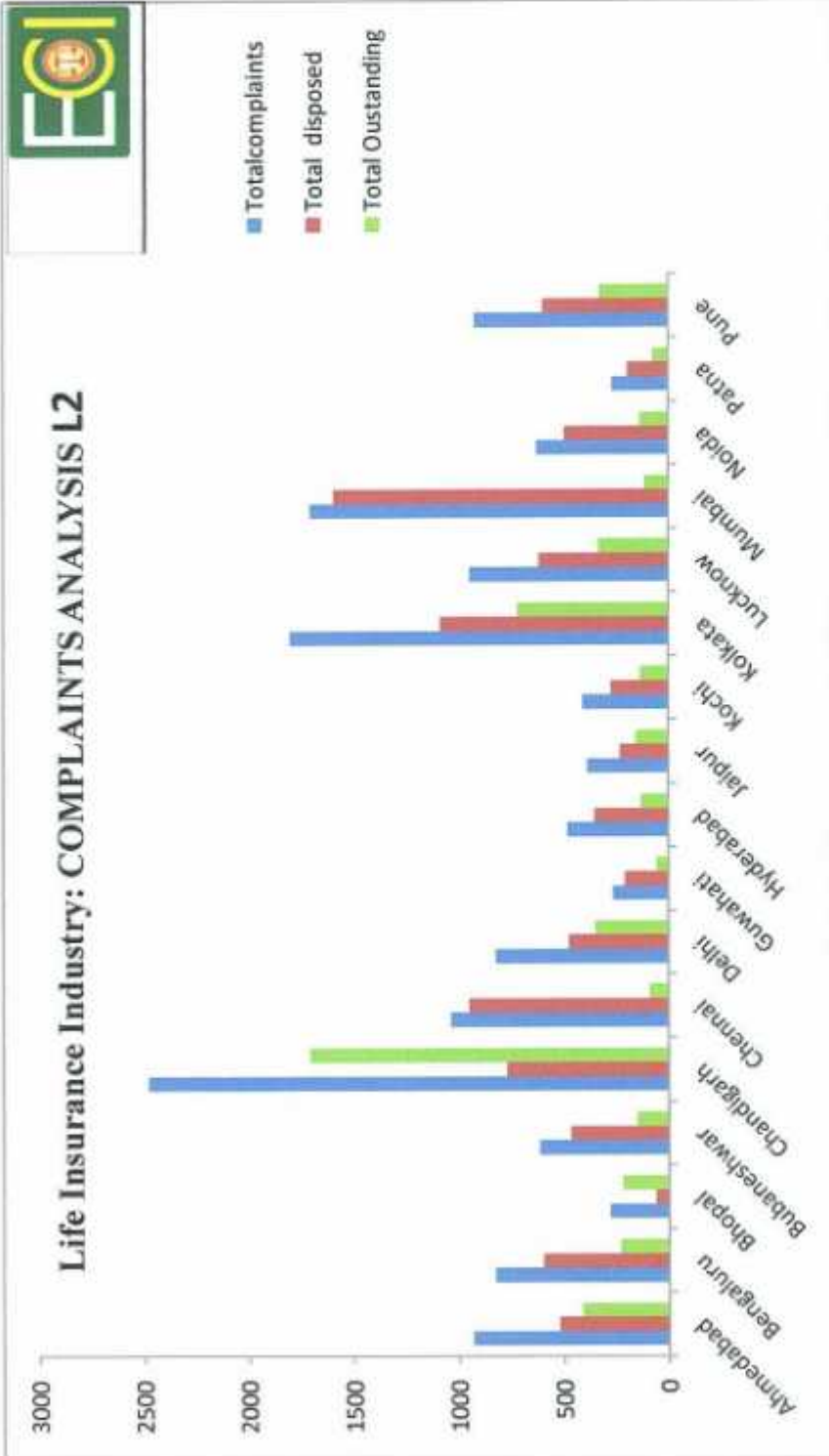




OFFICE OF THE EXECUTIVE COUNCIL OF INSURERS
Complaints Disposal statement for the period from 01.04.2017 to 31.03.2018

STATEMENT L2
LIFE INSURANCE

Name of Centre	Total No of Complaints			Number of complaints disposed off by way of					Durationwise disposal of Complaints			Durationwise Outstanding complaints			
	O/s at the Beginning of the Year	Received upto March	Total	Recommendations/Awards	Withdrawal /Settlement	Dismissal awards fvg Ins.co	Non-acceptance/NE	Total Disposed	Within 3 months to 1 year	Above 1 Year	Total Disposed	Within 3 months to 1 Year	Above 1 Year	Total	
															Within 3 months
Ahmedabad	13	918	931	12	126	14	368	520	475	45	0	233	178	0	411
Bengaluru	47	778	825	27	48	12	509	596	556	40	0	31	190	8	229
Bhopal	24	256	280	14	41	7	0	62	24	38	0	50	167	1	218
Bubaneswar	0	614	614	5	4	12	444	465	465	0	0	38	111	0	149
Chandigarh	974	1503	2477	244	26	73	425	768	447	128	193	230	804	675	1709
Chennai	13	1025	1038	7	13	12	917	949	926	23	0	23	66	0	89
Delhi	0	822	822	113	25	0	336	474	462	12	0	103	245	0	348
Guwahati	2	261	263	25	8	23	151	207	203	4	0	14	42	0	56
Hyderabad	0	482	482	10	16	26	300	352	337	15	0	45	85	0	130
Jaipur	23	362	385	51	27	19	134	231	184	47	0	48	106	0	154
Kochi	0	408	408	24	19	7	224	274	269	5	0	42	92	0	134
Kolkata	191	1612	1803	213	86	97	689	1085	971	114	0	194	524	0	718
Lucknow	77	869	946	122	56	11	427	616	519	97	0	63	267	0	330
Mumbai	4	1701	1705	51	22	4	1516	1593	1583	10	0	27	84	1	112
Noida	0	627	627	91	24	61	317	493	470	23	0	91	43	0	134
Patna	0	267	267	62	13	20	98	193	178	15	0	24	50	0	74
Pune	8	914	922	66	13	54	464	597	596	1	0	89	236	0	325
Total	1376	13419	14795	1137	567	452	7319	9475	8665	617	193	1345	3290	685	5320





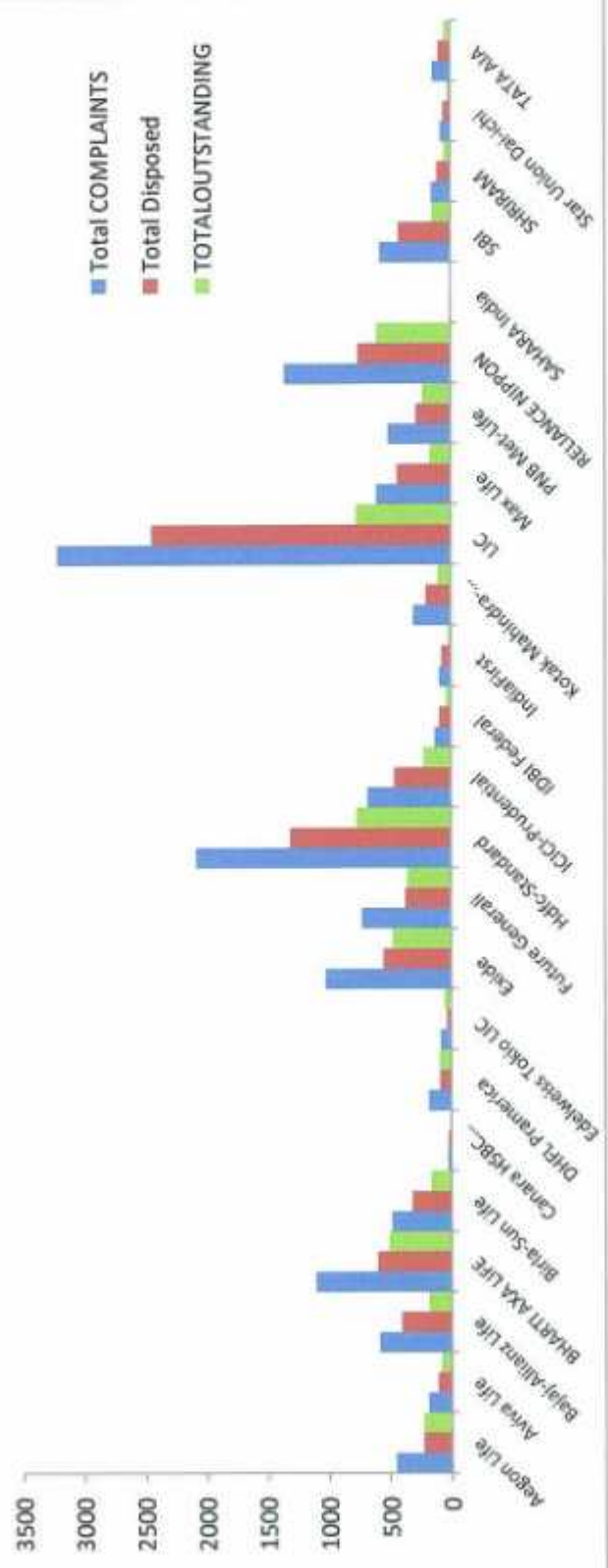
OFFICE OF THE EXECUTIVE COUNCIL OF INSURERS
Complaints Disposal statement for the period from 01.04.2017 to 31.03.2018

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 upto March	Recommendations	Awards /Settlement	Withdrawal /acceptance	Non-acceptance	Dismissal awards	NE	Total Disposed	Within 3 months	3 months to 1 year	Above 1 Year	Total	Within 3 months	1 year	Above 1 year	TOTAL
Aegon Life Ins.Co.Ltd.	94	361	1	60	11	0	12	144	228	198	18	12	228	31	149	47	227
Aviva Life	41	149	0	12	2	0	11	84	109	91	10	8	109	10	48	23	81
Bajaj-Alianz Life	43	543	6	27	34	0	19	319	405	369	29	7	405	38	128	15	181
BHARTI AXA LIFE	100	1005	10	114	30	0	29	416	589	548	36	15	599	113	343	50	506
Birla-Sun Life	72	411	1	33	45	0	18	222	319	266	37	16	319	45	78	41	164
Canara HSBC Oriental Bank Life	0	26	0	1	0	0	0	20	21	20	1	0	21	1	4	0	5
DHFL Pramerica Life Ins.Co.Ltd.	34	147	3	11	9	0	8	58	89	82	4	3	89	21	44	27	92
Edelweiss Tokio LIC Co.	15	67	0	7	1	0	3	21	32	28	3	1	32	6	34	10	50
Exide Life Insurance Co.	84	938	13	92	35	0	18	391	549	509	32	8	549	144	294	35	473
Future Generali	80	646	8	64	29	0	8	262	371	331	29	11	371	109	199	47	355
Hdfc-Standard Life	223	1858	17	168	129	0	47	951	1312	1145	139	28	1312	221	443	105	769
ICICI-Prudential	52	628	2	35	32	0	15	377	461	424	20	17	461	69	127	23	219
IDBI Federal Life Ins.Co.Ltd.	22	108	0	15	10	0	5	63	93	76	12	5	93	8	23	6	37
IndiaFirst Insurance co.	2	92	1	4	6	0	6	57	74	68	6	0	74	9	11	0	20
Kotak Mahindra-OM	43	263	2	18	24	0	15	144	203	178	19	6	203	23	52	28	103
LIC of India	93	3124	5	118	88	0	114	2120	2445	2350	89	6	2445	211	534	27	772
Max Life Insurance	28	576	4	23	23	0	18	369	437	409	23	5	437	36	120	11	167
PNB Met-Life	80	430	3	47	10	0	19	204	283	253	21	9	283	46	137	44	227
RELIANCE NIPPON LIFE	197	1160	10	156	27	0	59	504	756	667	59	30	756	124	373	104	601
SAHARA India Life	0	3	0	0	0	0	0	3	3	3	0	0	3	0	0	0	0
SBI LIFE	41	535	1	23	15	0	16	370	425	403	18	4	425	44	83	24	151
SHRIRAM LIFE	21	134	0	11	3	0	3	89	106	97	7	2	106	13	21	15	49
Star Union Dai-ichi Life Ins.Co.	2	79	1	1	2	0	2	52	58	56	2	0	58	6	17	0	23
TATA AIA LIFE	9	136	0	9	2	0	7	79	97	94	3	0	97	17	28	3	48
Total	1376	13419	88	1049	567	0	452	7319	9475	8665	617	193	9475	1345	3290	685	5320



Life Insurance Industry: COMPLAINTS ANALYSIS- COMPANYWISE L3



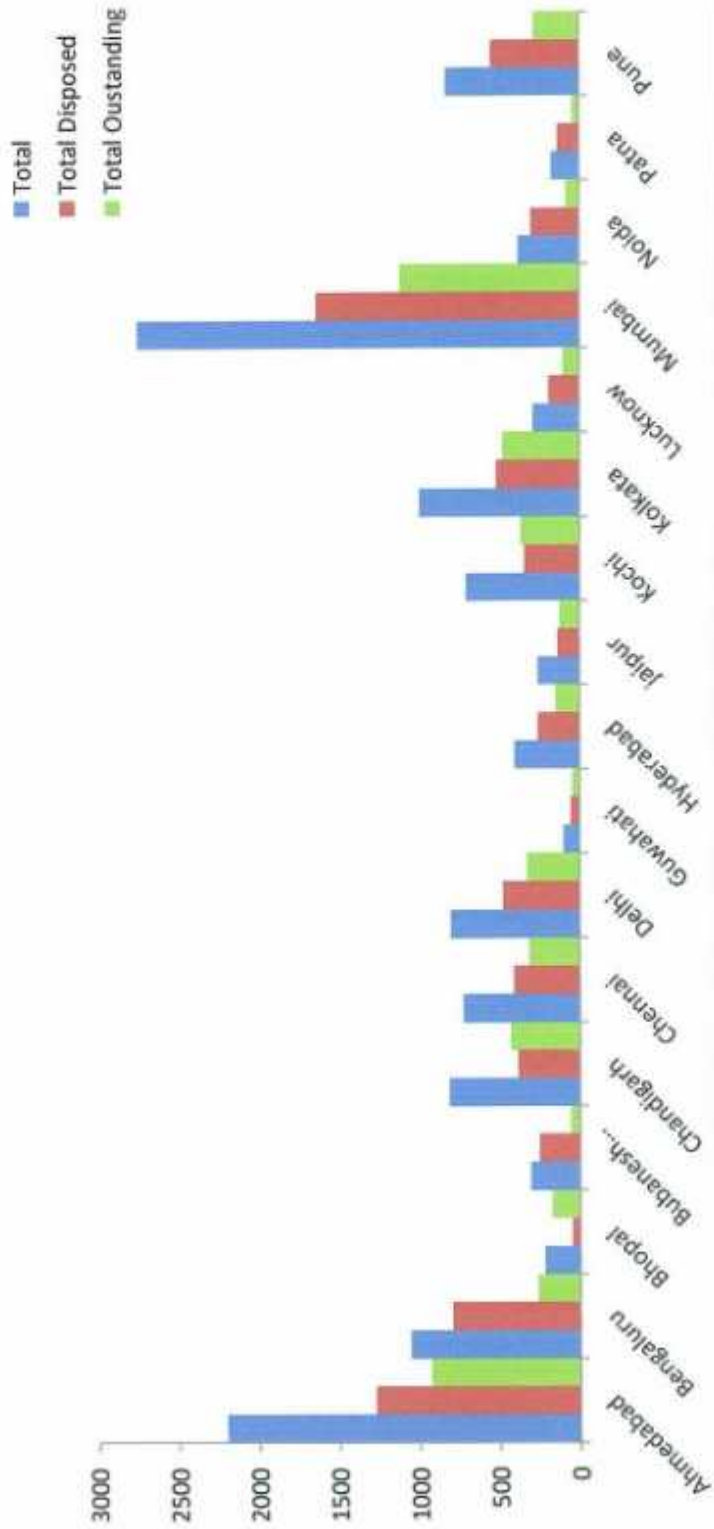


OFFICE OF THE EXECUTIVE COUNCIL OF INSURERS
Complaints Disposal statement for the period from 01.04.2017 to 31.03.2018

STATEMENT G2
GENERAL INSURANCE

Name of Centre	Total No of Complaints				Number of complaints disposed off by way of					Durationwise disposal of Complaints				Durationwise Outstanding complaints			
	O/s at the Beginning of the Year	Received upto March	Total	Recommendations/Awards	Withdrawal /Settlement	Dismissal awards /vg.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	Outstanding
Ahmedabad	45	2154	2199	78	144	21	1029	1272	1227	45	0	1272	288	638	1	927	
Bengaluru	40	1015	1055	40	54	18	682	794	771	23	0	794	74	185	2	261	
Bhopal	25	195	220	7	26	10	3	46	28	18	0	46	53	117	4	174	
Bubaneswar	0	306	306	13	0	4	234	251	251	0	0	251	15	40	0	55	
Chandigarh	194	619	813	114	20	32	217	383	272	92	19	383	41	292	97	430	
Chennai	29	695	724	16	54	8	332	410	362	48	0	410	99	215	0	314	
Delhi	0	803	803	104	20	0	353	477	469	8	0	477	78	248	0	326	
Guwahati	4	94	98	9	3	8	34	54	53	1	0	54	14	30	0	44	
Hyderabad	0	406	406	26	27	19	187	259	227	32	0	259	50	97	0	147	
Jaipur	16	243	259	19	23	11	84	137	121	16	0	137	25	97	0	122	
Kochi	0	707	707	39	59	36	207	341	321	20	0	341	101	265	0	366	
Kolkata	104	892	996	97	49	47	325	518	432	86	0	518	148	330	0	478	
Lucknow	4	286	290	13	19	4	154	190	174	16	0	190	50	50	0	100	
Mumbai	481	2273	2754	307	186	153	992	1638	1097	539	2	1638	302	803	11	1116	
Noida	0	380	380	84	25	58	132	299	273	26	0	299	54	27	0	81	
Patna	0	172	172	24	5	6	97	132	129	3	0	132	11	29	0	40	
Pune	12	819	831	92	20	40	397	549	545	4	0	549	139	143	0	282	
Total	954	12059	13013	1082	734	475	5459	7750	6752	977	21	7750	1542	3606	115	5263	

**General Insurance Industry:
COMPLAINTS ANALYSIS (Centrewise) (G2)**



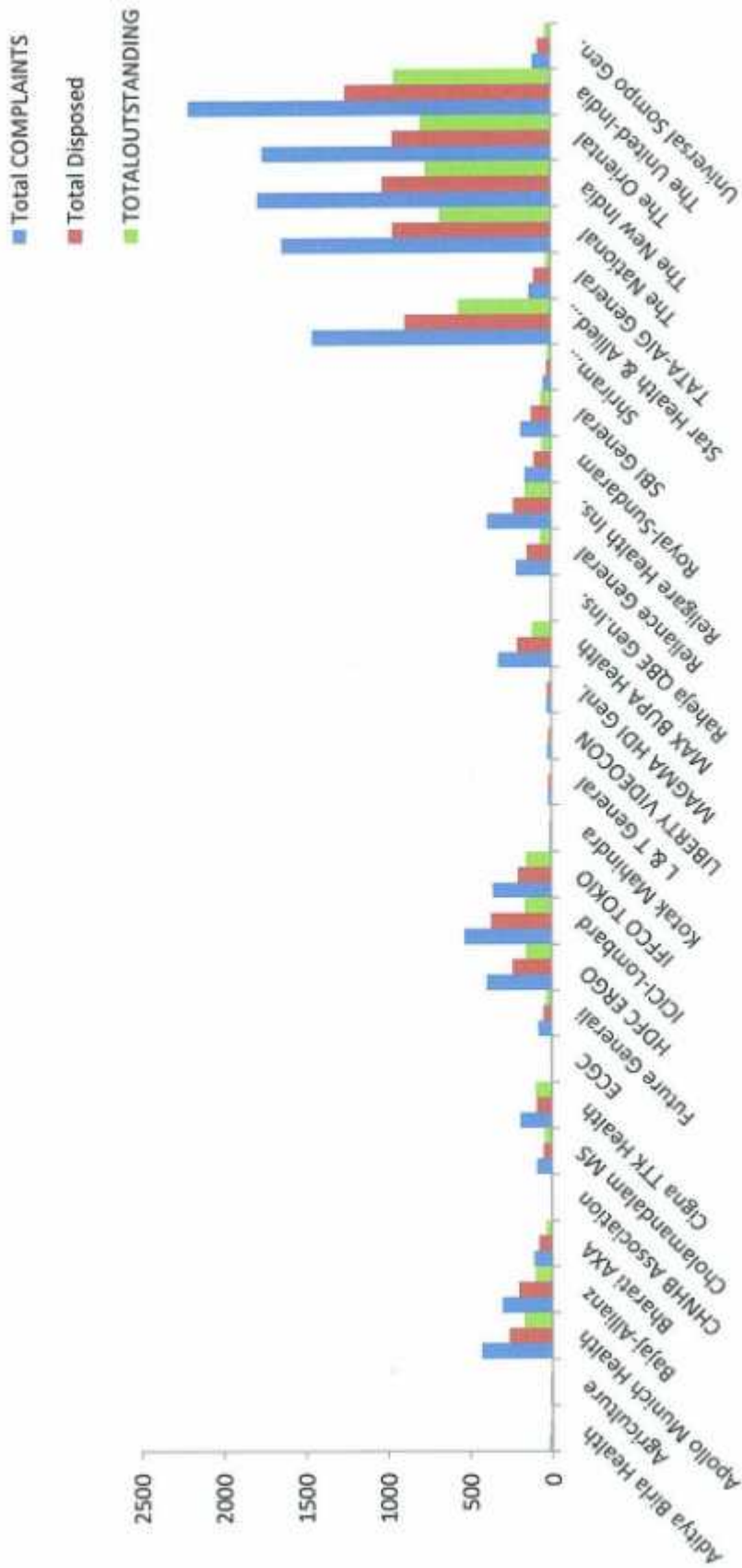


STATEMENT G 3
GENERAL INSURANCE.

OFFICE OF THE EXECUTIVE COUNCIL OF INSURERS
Complaints Disposal statement for the period from 01.04.2017 to 31.03.2018

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 March	Total	Recommendations	Awards	Withdrawal /Settlement	Non-acceptance	Dismissal awards fvg ins.co	NE	Total Disposed	Within 3 months	3 months to 1 year	Above 1 year	Total
Aditya Birla Health Ins. Co. Ltd.	0	17	17	0	0	1	0	0	9	10	10	0	0	10
Agriculture Ins. Co.	0	11	11	0	0	0	0	0	10	10	10	0	0	10
Apollo Munich Health	41	388	429	8	36	20	0	16	180	260	217	42	1	260
Bajaj-Alianz General	17	287	304	4	24	8	0	9	158	203	184	19	0	203
Bharati AXA Gen. Ins.	10	101	111	0	16	5	0	4	52	77	66	11	0	77
CHNB Association	0	2	2	0	0	0	0	0	2	2	2	0	0	2
Cholamandalam MS	3	90	93	0	6	4	0	2	39	51	47	4	0	51
Cigna TTK Health Ins. Co.	11	180	191	1	18	4	0	5	65	93	82	11	0	93
ECGC	0	2	2	0	0	0	0	0	1	1	1	0	0	1
Future Generali Gen.	9	72	81	2	2	12	0	4	29	49	41	8	0	49
HDFC ERGO Gen. Ins.	30	363	393	5	20	16	0	19	177	237	205	31	1	237
ICICI-Lombard	47	481	528	3	50	49	0	23	243	368	304	63	1	368
IFFCO TOKIO	35	323	358	5	37	12	0	19	131	204	175	24	5	204
Koark Mahindra Gen. Ins. Co. Ltd.	0	12	12	0	0	2	0	0	9	11	11	0	0	11
L & T General	5	15	20	0	2	2	0	3	12	19	14	5	0	19
LIBERTY VIDEOCON	1	25	26	0	2	1	0	1	15	19	18	1	0	19
MAGMA HDI Gen.	2	28	30	0	1	1	0	2	22	26	23	2	1	26
MAX BUPA Health	37	286	323	10	33	32	0	13	120	208	156	52	0	208
Rafela OBE Gen. Ins.	0	7	7	0	0	0	0	0	7	7	7	0	0	7
Reliance General	21	192	213	2	22	22	0	7	95	148	130	17	1	148
Religare Health Ins.	22	366	388	1	25	17	0	21	165	229	197	30	2	229
Royal-Sundaram	11	149	160	0	14	9	0	9	72	104	88	15	1	104
SBI General	10	176	186	0	10	4	0	6	102	122	116	6	0	122
Shriram Gen. Ins. Co. Ltd.	1	48	49	0	2	1	0	1	23	27	24	2	1	27
Star Health & Allied Ins.	58	1394	1452	7	53	169	0	44	615	888	820	67	1	888
TATA-AIG General	9	125	134	1	4	5	0	12	81	103	92	11	0	103
The National	105	1532	1637	9	118	71	0	51	712	961	875	86	0	961
The New India	179	1606	1785	5	171	73	0	75	699	1023	846	175	2	1023
The Oriental	129	1626	1755	5	156	66	0	57	679	963	830	130	3	963
The United-India	158	2047	2205	7	180	120	0	71	872	1250	1092	157	1	1250
Universal Sompo Gen.	3	108	111	0	5	8	0	1	63	77	69	8	0	77
Total	954	12059	13013	75	1007	734	0	475	5459	7750	6752	977	21	7750
											1542			3606
														115
														5263

General Insurance Industry: COMPANY WISE COMPLAINT ANALYSIS (G3)



OFFICE OF THE EXECUTIVE COUNCIL OF INSURERS

Complaints Received & Disposal statement for the period from 01.04.2017 to 31.03.2018
RECOMMENDATIONS AND AWARDS FOR THE PERIOD FROM 01.04.2017 TO 31.03.2018



Rs. in Lacs

L4G4

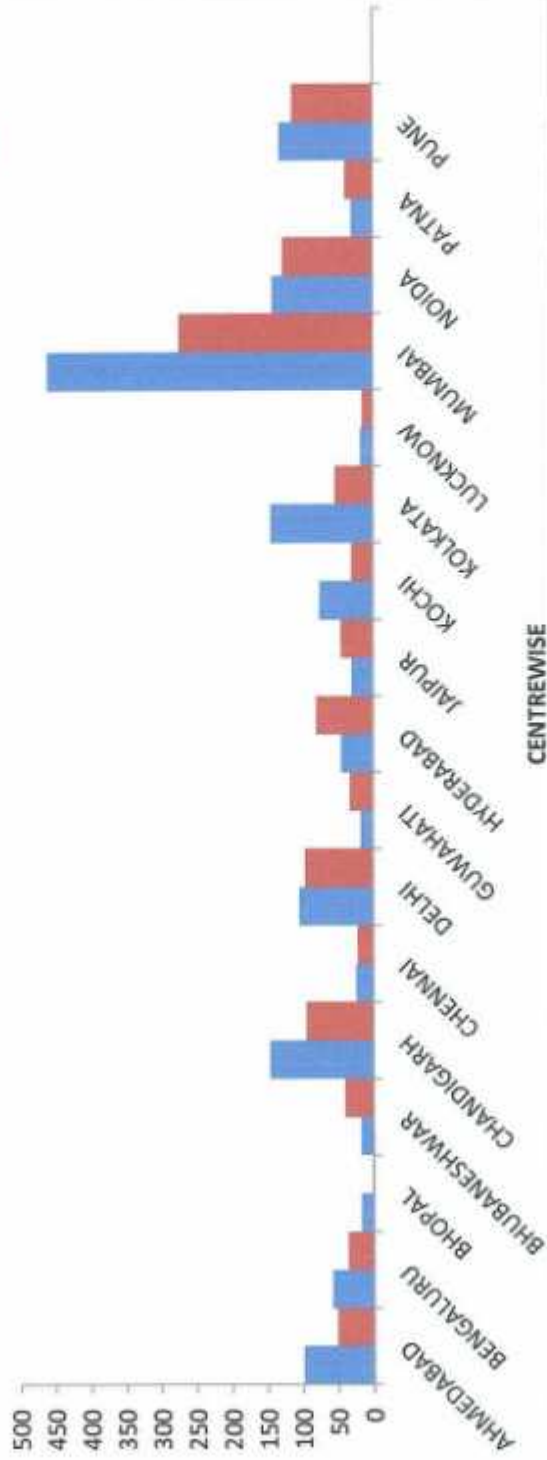
Name of the Insurer	LIFE		GENERAL		TOTAL	
	RECOMMENDATION AND AWARDS		RECOMMENDATION AND AWARDS		RECOMMENDATION AND AWARDS	
	Number	Amount	Number	Amount	Number	Amount
AHMEDABAD	26	12.80	99	51.39	125	64.19
BENGALURU	39	86.66	58	35.98	97	122.64
BHOPAL	21	16.84	17	1.78	38	18.62
BHUBANESHWAR	17	5.57	17	39.93	34	45.50
CHANDIGARH	317	258.70	146	94.56	463	353.26
CHENNAI	19	2.00	24	21.92	43	23.92
DELHI	113	109.75	104	95.87	217	205.62
GUWAHATI	48	84.22	17	32.65	65	116.87
HYDERABAD	36	26.47	45	80.07	81	106.54
JAIPUR	70	65.35	30	44.78	100	110.13
KOCHI	31	43.10	75	29.79	106	72.89
KOLKATA	310	322.93	144	52.96	454	375.90
LUCKNOW	133	73.16	17	14.61	150	87.77
MUMBAI	55	79.94	460	273.36	515	353.30
NOIDA	152	172.97	142	126.99	294	299.95
PATNA	82	87.74	30	38.64	112	126.38
PUNE	120	130.64	132	113.53	252	244.17
Total	1589	1578.85	1557	1148.81	3146	2727.66

**General Insurance Industries:
RECOMMENDATIONS and AWARDS (L4G4)**



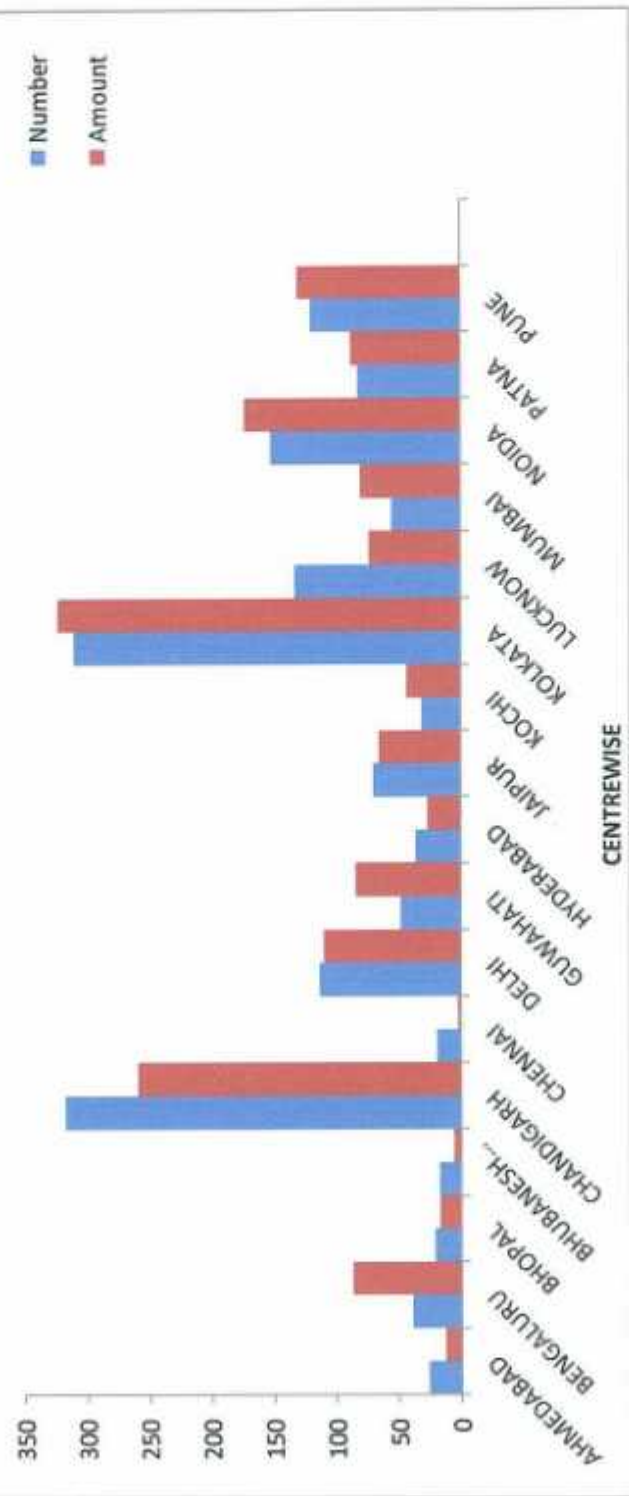
■ Number

■ Amount





Life Insurance Industries: RECOMMENDATION and AWARDS (L4G4)



OFFICE OF THE EXECUTIVE COUNCIL OF INSURERS

Complaints Disposal statement for the period from 01.04.2017 to 31.03.2018



STATEMENT L 5

LIFE INSURANCE

(FIGURES IN LACS)

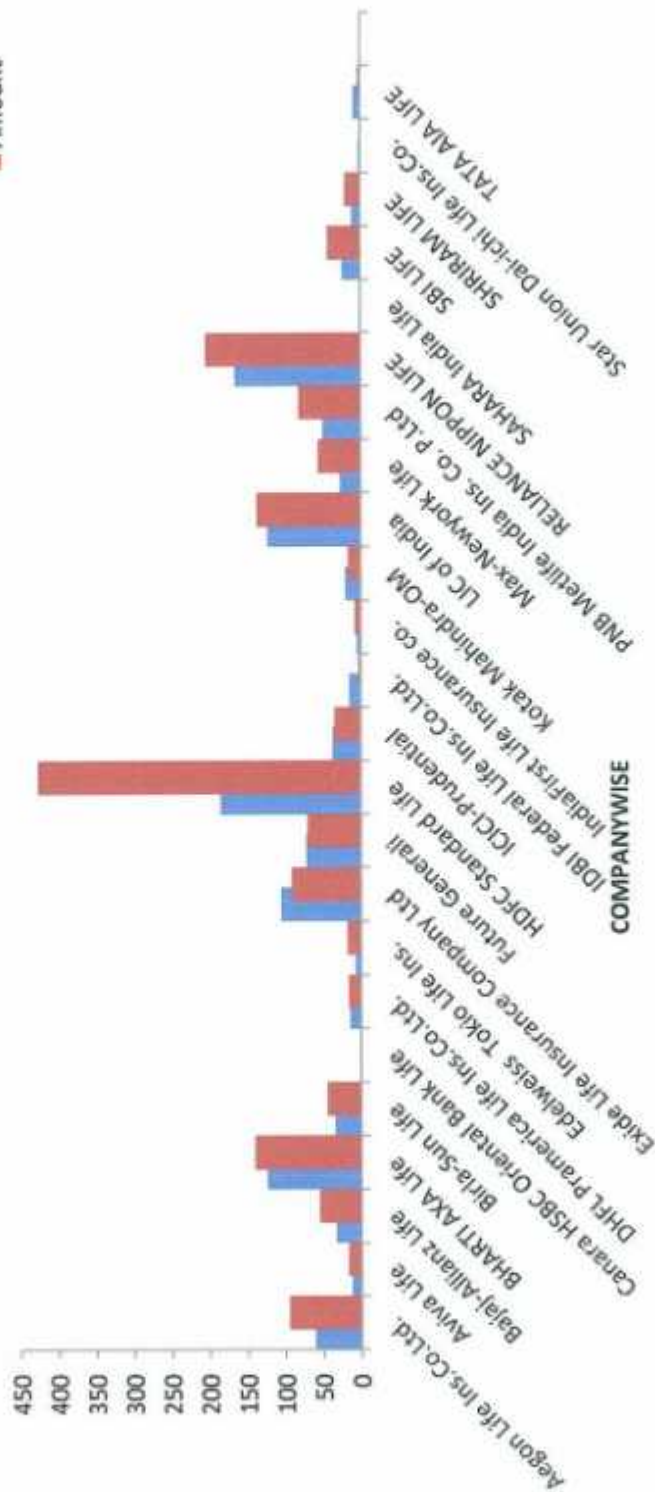
Name of Insurer	RECOMMENDATIONS		AWARDS		RECOMMENDATIONS & AWARDS	
	upto March 2018		upto March 2018		upto March 2018	
	Number	Amount	Number	Amount	Number	Amount
Aegon Life Ins.Co.Ltd.	1	0.00	60	95.06	61	95.06
Aviva Life	0	0.00	12	16.47	12	16.47
Bajaj-Allianz Life	6	0.60	27	54.07	33	54.67
BHARTI AXA Life	10	4.96	114	134.97	124	139.93
Birla-Sun Life	1	0.00	33	44.15	34	44.15
Canara HSBC Oriental Bank Life	0	0.00	1	0.25	1	0.25
DHFL Pramerica Life Ins.Co.Ltd.	3	0.71	11	15.08	14	15.78
Edelweiss Tokio Life Ins.	0	0.00	7	17.45	7	17.45
Exide Life Insurance Company Ltd	13	8.10	92	83.09	105	91.19
Future Generali	8	2.92	64	67.53	72	70.45
HDFC Standard Life	17	17.41	168	409.51	185	426.92
ICICI-Prudential	2	1.00	35	33.65	37	34.65
IDBI Federal Life Ins.Co.Ltd.	0	0.00	15	2.93	15	2.93
IndiaFirst Life Insurance co.	1	0.00	4	7.63	5	7.63
Kotak Mahindra-OM	2	2.00	18	14.41	20	16.41
LIC of India	5	0.14	118	137.06	123	137.21
Max-Newyork Life	4	4.35	23	51.31	27	55.67
PNB Metlife India Ins. Co. P.Ltd	3	2.37	47	78.97	50	81.34
RELIANCE NIPPON LIFE	10	6.88	156	197.68	166	204.57
SAHARA India Life	0	0.00	0	0.00	0	0.00
SBI LIFE	1	0.00	23	42.88	24	42.88
SHRIRAM LIFE	0	0.00	11	20.02	11	20.02
Star Union Dai-ichi Life Ins.Co.	1	0.00	1	0.32	2	0.32
TATA AIA LIFE	0	0.00	9	2.90	9	2.90
Total	88	51.46	1049	1527.39	1137	1578.85



Life Insurance Industries : RECOMENDATIONS and AWARDS (L5)

■ Number

■ Amount



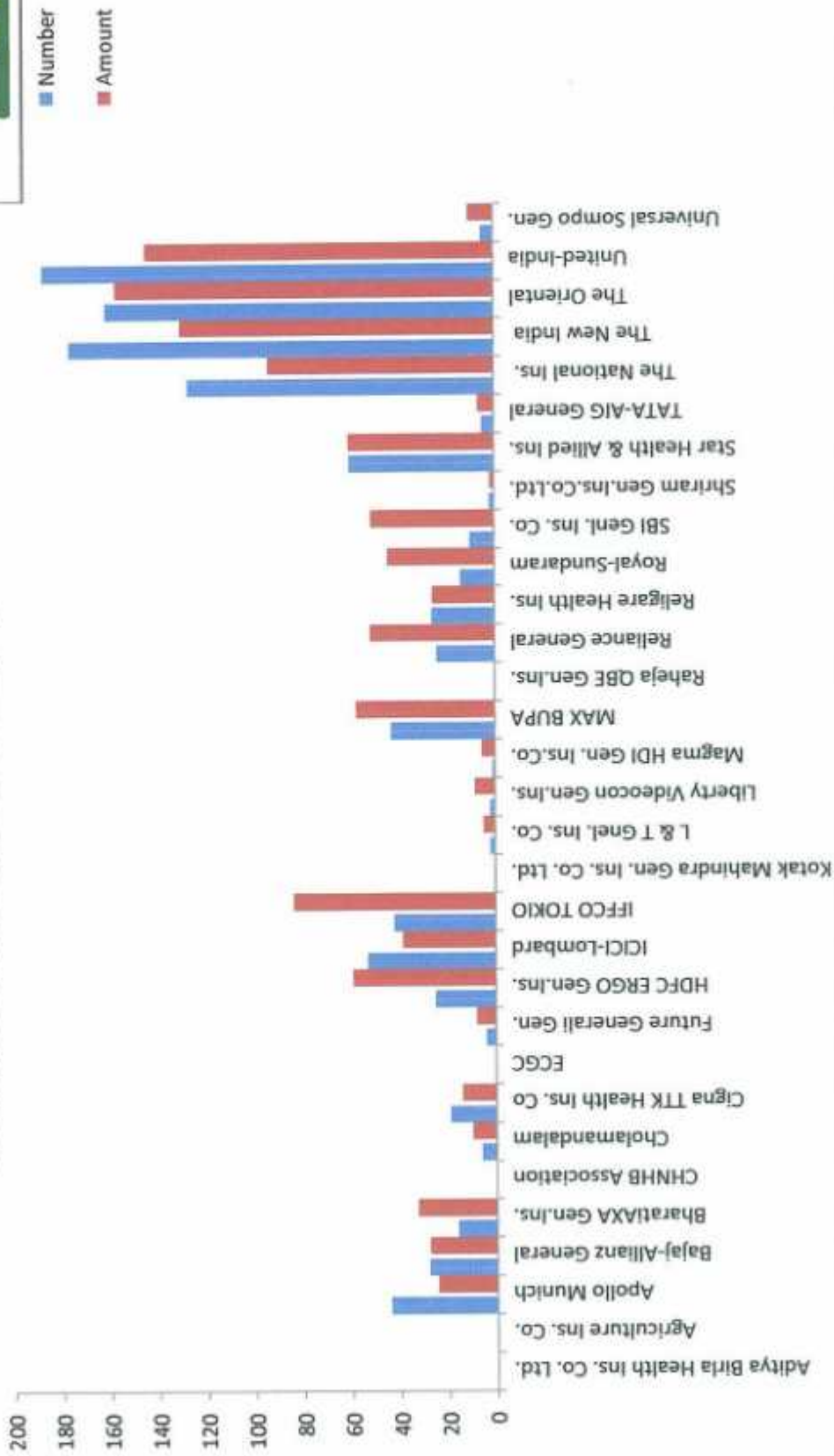
OFFICE OF THE EXECUTIVE COUNCIL OF INSURERS
Complaints Disposal statement for the period from 01.04.2017 to 31.03.2018



STATEMENT G 5
GENERAL INSURANCE
Amount in Lacs

Name of the Insurer	RECOMMENDATIONS		AWARDS		RECOMMENDATION & AWARDS	
	upto March 2018		upto March 2018		upto March 2018	
	Number	Amount	Number	Amount	Number	Amount
Aditya Birla Health Ins. Co. Ltd.	0	0.00	0	0.00	0	0.00
Agriculture Ins. Co.	0	0.00	0	0.00	0	0.00
Apollo Munich	6	0.39	36	23.97	44	24.36
Bajaj-Alianz General	4	0.75	24	28.89	28	27.64
BhartiAXA Gen. Ins.	0	0.00	16	32.54	16	32.54
CHNB Association	0	0.00	0	0.00	0	0.00
Cholamandalam	0	0.00	6	9.74	6	9.74
Cigna TTK Health Ins. Co	1	0.33	18	13.65	19	13.97
ECGC	0	0.00	0	0.00	0	0.00
Futuris General Gen.	2	0.90	2	7.99	4	7.99
HDFC ERGO Gen. Ins.	5	2.08	20	56.94	25	59.02
ICICI-Lombard	3	0.63	50	37.86	53	38.39
IFFCO TOKIO	5	8.24	37	75.33	42	83.57
Korak Mahindra Gen. Ins. Co. Ltd.	0	0.00	0	0.00	0	0.00
L & T Genl. Ins. Co.	0	0.00	2	4.76	2	4.76
Liberty Verocon Gen. Ins.	0	0.00	2	8.34	2	8.34
Magma HDI Gen. Ins. Co.	0	0.00	1	5.40	1	5.40
MAX BUPA	10	9.35	33	48.09	43	57.44
Reliance OBE Gen. Ins.	0	0.00	0	0.00	0	0.00
Reliance General	2	0.61	22	50.96	24	51.57
Religare Health Ins.	1	0.00	25	25.65	26	25.65
Royal-Sundaram	0	0.00	14	44.22	14	44.22
SBI Genl. Ins. Co.	0	0.00	10	51.08	10	51.08
Shriram Gen. Ins. Co. Ltd.	0	0.00	2	1.67	2	1.67
Sar Health & Allied Ins.	7	1.72	53	58.49	60	60.21
TATA-AG General	1	0.00	4	6.56	5	6.56
The National Ins.	9	0.02	116	93.55	127	93.58
The New India	5	0.25	171	129.57	176	129.82
The Oriental	5	0.09	156	150.72	161	156.81
United India	7	0.90	180	143.36	187	144.26
Universal Sompo Gen.	0	0.00	5	10.25	5	10.25
Total	75	25.36	1007	1114.11	1082	1146.81

General Insurance Industry: Recommendation and Awards (G5)





OFFICE OF THE EXECUTIVE COUNCIL OF INSURERS
Complaints Received & Disposed statement for the period from 01.04.2017 to 31.03.2018
NATURE WISE CLASSIFICATION OF COMPLAINTS RECEIVED FOR THE PERIOD FROM 01.04.2017 TO 31.03.2018

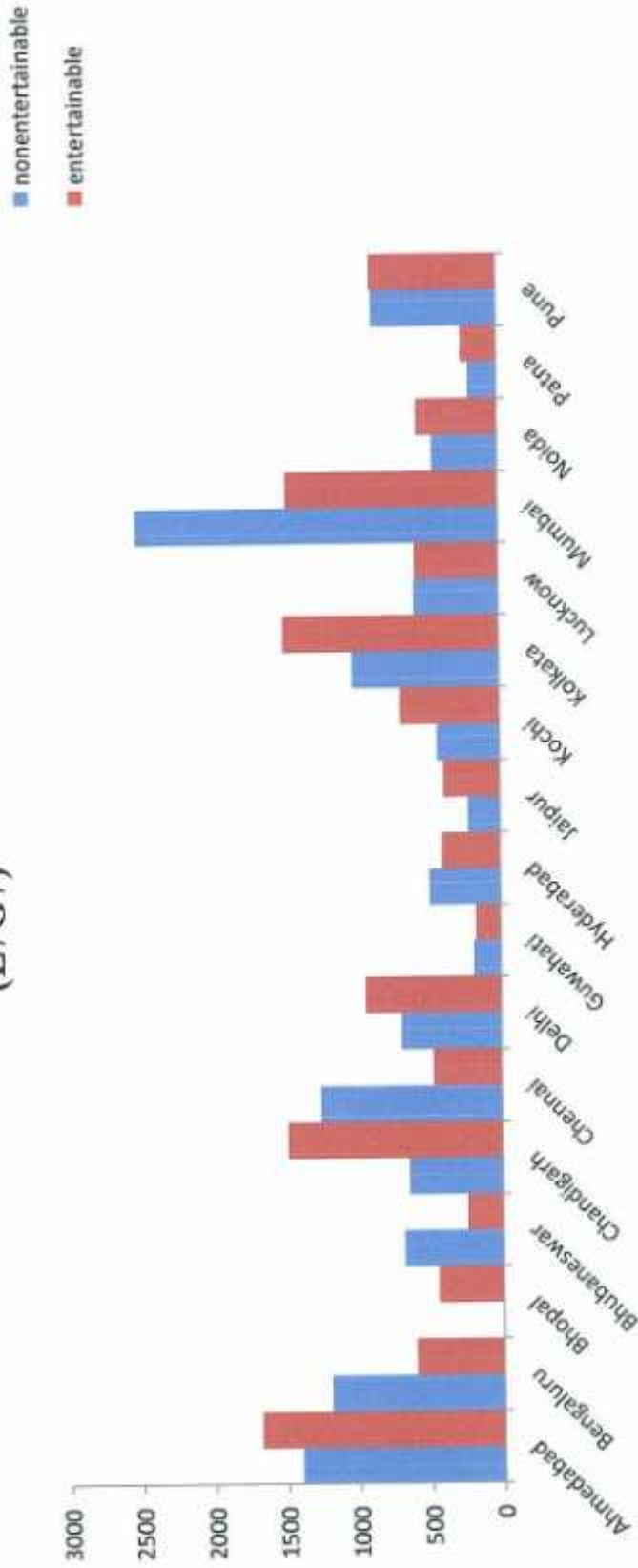
STATEMENT L7G7
LIFE INSURANCE & GENERAL INSURANCE

Name of the Center	NON-ENTERTAINABLE			ENTERTAINABLE										Total (A+B)			
	[13(1)(a) to (i)]	[14(1)]	[14(3)]	[14(5)]	[14(2)(b)]	Total	13(a)	13(b)	13(c)	13(d)	13(e)	13(f)	13(g)		13(h)	13(i)	Total
Ahmedabad	815	10	661	1	10	1397	47	1130	483	6	0	2	1	3	1	1675	3072
Bengaluru	506	64	594	20	7	1191	4	400	197	0	1	0	0	0	0	602	1793
Bhopal	3	0	0	0	0	3	37	230	120	47	1	9	1	3	0	448	451
Bhubaneswar	58	5	503	100	12	678	53	180	7	0	1	0	0	1	0	243	920
Chandigarh	210	30	360	1	11	642	99	435	517	399	7	13	0	9	1	1480	2122
Chennai	789	34	425	0	1	1269	19	440	4	2	2	1	0	2	1	471	1720
Delhi	141	226	316	1	5	689	21	656	154	95	1	1	1	4	3	936	1625
Gwalior	4	0	180	0	1	185	35	90	37	7	1	0	0	0	0	170	355
Hyderabad	131	92	254	3	7	487	16	314	5	27	26	3	10	0	0	401	868
Jairpur	64	13	116	1	24	218	6	201	131	42	2	1	0	1	1	387	605
Kochi	116	8	304	2	1	431	17	566	21	28	26	24	0	2	0	884	1115
Kolkata	294	112	539	0	69	1014	69	565	825	3	6	8	2	6	3	1490	2504
Lucknow	190	144	235	1	11	581	86	167	304	0	1	9	0	5	2	574	1155
Mumbai	435	787	1219	4	63	2508	15	1283	157	14	7	2	0	0	2	1466	3974
Noida	96	43	254	6	50	449	56	286	96	100	7	1	2	7	1	558	1007
Patna	46	5	133	3	6	195	36	113	61	1	2	0	0	1	0	244	439
Pune	144	37	653	10	17	861	12	445	362	5	5	11	3	4	2	872	1733
Total	4642	1610	6878	153	297	12778	630	7461	3533	778	99	86	20	56	17	12700	25478

- Beyond Scope of Rules 13(1)(a) to (i)
- Not within Jurisdiction [14(1)]
- Customer Not Availed Grievance Redressal Mechanism of Ins. Co. [14(3)]
- Sub-judice in courts/forums. [14(5)]
- Time Barred [14(3)(b)]
- Rule 13(1)(a) - delay in settlement of claims
- Rule 13(1)(b) - any partial or total repudiation of claims by an insurer
- Rule 13(1)(c) - any dispute in regard to premium paid or payable in terms of the policy.
- Rule 13(1)(d) - Misrepresentation of policy terms and conditions at any time in the policy document or policy contract.
- Rule 13(1)(e) - any dispute on the legal construction of the policies in so far as such disputes relate to claims
- Rule 13(1)(f) - Policy servicing related grievances against insurers and their agents and intermediaries.
- Rule 13(1)(g) - issuance of policies which is not in conformity with the proposal form submitted by the proposer
- Rule 13(1)(h) - non-issue of any insurance document to customers after receipt of premium.
- Rule 13(1)(i) - Any other matter resulting from the violation of provisions



Life Insurance and General Insurance industries: ENTERTAINABLE and NONENTERTAINABLE COMPLAINTS (L7G7)



OFFICE OF THE EXECUTIVE COUNCIL OF INSURERS
Complaints Received & Disposed statement for the period from 01.04.2017 to 31.03.2018
NATURE WISE CLASSIFICATION OF COMPLAINTS RECEIVED FOR THE PERIOD FROM 01.04.2017 TO 31.03.2018



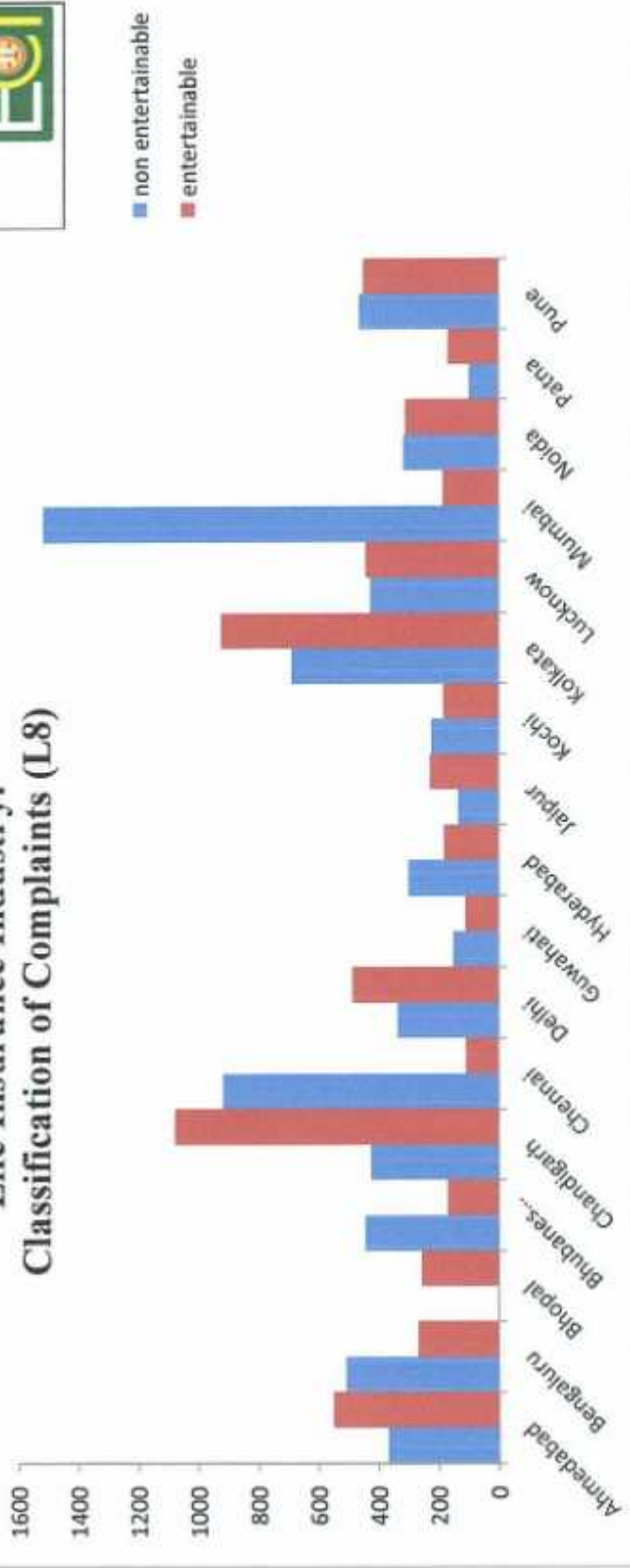
STATEMENT L 8
LIFE INSURANCE

Name of the Center	NON ENTERTAINABLE										ENTERTAINABLE										Total /Asst		
	113(1)(a)	114(1)	114(3)	114(3)(b)	Total	13(a)	13(b)	13(c)	13(d)	13(e)	13(f)	13(g)	13(h)	13(i)	13(j)	13(k)	13(l)	13(m)	13(n)	13(o)		13(p)	Total
Anandabadi	150	4	209	0	5	368	6	84	449	0	6	6	1	1	0	2	1	0	0	0	0	590	918
Bengaluru	236	44	215	9	6	509	2	130	136	1	0	0	0	0	0	0	0	0	0	0	0	269	778
Bhopal	0	0	0	0	0	0	16	67	117	0	43	0	9	0	0	3	0	0	0	0	0	256	256
Bhubaneswar	36	1	372	27	6	444	46	118	5	0	0	0	0	0	0	0	0	0	0	0	0	170	614
Chandigarh	162	22	231	0	10	425	54	134	465	5	368	0	13	0	0	9	0	0	0	0	0	1078	1593
Chennai	700	194	194	0	0	917	7	99	0	0	0	0	0	0	0	1	0	0	0	0	0	108	1025
Delhi	70	129	133	1	3	316	14	218	180	1	95	0	1	1	1	3	0	0	0	0	0	486	822
Guwahati	3	0	149	0	0	151	24	41	37	0	7	0	0	0	0	0	0	0	0	0	0	110	261
Hyderabad	74	54	167	1	4	300	5	107	4	27	26	4	3	10	0	0	0	0	0	0	0	192	492
Jajpur	40	9	61	1	23	134	7	48	128	0	39	0	1	0	0	1	0	0	0	0	0	228	362
Kochi	85	134	0	0	2	224	8	85	17	28	23	0	22	0	0	1	0	0	0	0	0	184	408
Kolkata	222	62	328	0	67	689	49	106	751	1	3	0	9	0	0	4	0	0	0	0	0	923	1612
Lucknow	151	113	157	0	6	427	46	87	298	0	0	0	7	0	0	3	0	0	0	0	0	442	869
Mumbai	255	441	765	2	62	1616	4	16	145	12	99	5	0	0	2	0	0	0	0	0	0	310	2277
Noida	57	24	194	3	26	317	9	93	95	4	99	1	1	0	0	1	0	0	0	0	0	169	267
Pune	18	2	68	3	7	98	17	58	91	1	1	0	0	0	0	0	0	0	0	0	0	169	267
Pune	86	10	350	4	14	464	2	54	372	4	4	0	8	1	4	0	0	0	0	0	0	450	914
Total	2250	960	3726	51	232	7319	316	1645	3262	762	78	15	75	15	41	6	6700	13419					

Beyond Scope of Rules [13(1)(a) to (j)]	
Not within Jurisdiction [14(1)]	
Customer Not Availled Grievance Redressal Mechanism of Ins. Co. [14(3)]	
Sub-judice in court/forums [14(5)]	
Time Barred [14(2)(b)]	
Rule 13(1)(a) - delay in settlement of claims	
Rule 13(1)(b) - any partial or total repudiation of claims by an insurer	
Rule 13(1)(c) - any dispute in regard to premium paid or payable in terms of the policy.	
Rule 13(1)(d) - Misrepresentation of policy terms and conditions at any time in the policy document or policy contract.	
Rule 13(1)(e) - any dispute on the legal construction of the policies in so far as such disputes relate to claims	
Rule 13(1)(f) - Policy servicing related grievances against insurers and their agents and intermediaries.	
Rule 13(1)(g) - issuance of policies which is not in conformity with the proposal form submitted by the proposer	
Rule 13(1)(h) - non-issue of any insurance document to customers after receipt of premium.	
Rule 13(1)(i) - Any other matter resulting from the violation of provisions	



Life Insurance Industry: Classification of Complaints (L8)





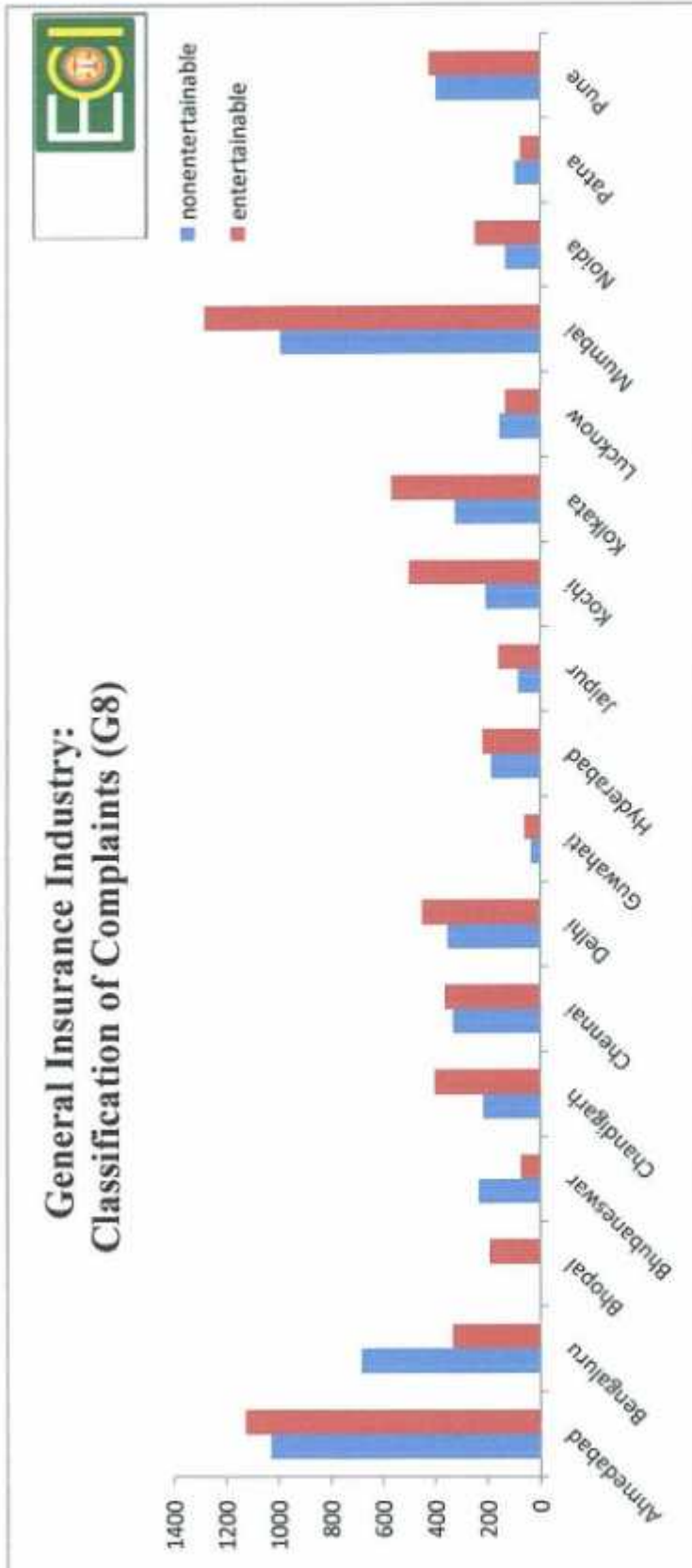
OFFICE OF THE EXECUTIVE COUNCIL OF INSURERS
Complaints Received and Disposed statement for the period from 01.04.2017 to 31.03.2018
NATURE WISE CLASSIFICATION OF COMPLAINTS RECEIVED FOR THE PERIOD FROM 01.04.2017 TO 31.03.2018

STATEMENT G 6
GENERAL INSURANCE

Name of the Center	NON ENTERTAINABLE					ENTERTAINABLE					Total (A+B)					
	[13(1)(a) to (i)]	[14(1)]	[14(3)]	[14(5)]	[14(3)(b) to (j)]	Total	13(a)	13(b)	13(c)	13(d)		13(e)	13(f)	13(g)	13(h)	13(i)
						A										B
Ahmedabad	665	6	352	1	5	1029	41	1046	34	2	0	1	0	1	0	1125
Bengaluru	271	20	379	11	1	682	2	270	61	0	0	0	0	0	0	333
Bhopal	3	0	0	0	0	3	21	163	3	4	0	0	1	0	0	192
Bhubaneswar	20	4	131	73	6	234	7	62	2	0	0	0	0	1	0	72
Chandigarh	48	8	159	1	1	217	45	301	52	1	2	0	0	0	1	402
Chennai	89	11	231	0	1	332	12	341	4	2	1	1	0	1	1	363
Delhi	71	97	163	0	2	353	7	438	4	0	0	0	0	1	0	450
Guwahati	1	0	32	0	1	34	11	49	0	0	0	0	0	0	0	60
Hyderabad	57	38	87	2	3	187	11	207	1	0	0	0	0	0	0	219
Jaipur	24	4	55	0	1	84	1	153	2	3	0	0	0	0	0	159
Kochi	28	6	170	2	1	207	9	481	4	0	3	2	0	1	0	500
Kolkata	72	30	211	0	12	325	20	459	74	0	5	0	2	4	3	567
Lucknow	39	31	78	0	5	164	40	80	5	0	1	2	0	2	2	132
Mumbai	179	348	454	2	11	992	11	1247	12	2	2	2	0	4	1	1281
Noida	39	19	60	3	11	132	47	193	3	1	3	0	0	0	1	248
Patna	28	3	65	0	1	97	19	55	0	0	1	0	0	0	0	75
Pune	58	27	303	6	3	397	10	391	10	1	3	3	2	0	2	422
Total	1692	650	2950	102	65	5459	314	5936	271	16	21	11	5	15	11	6600

Beyond Scope of Rules [13(1)(a) to (j)]	
Not within Jurisdiction [14(1)]	
Customer Not Availed Grievance Redressal Mechanism of Ins. Co. [14(3)]	
Sub-judice in courts/forums [14(5)]	
Time Barred [14(3)(b)]	
Rule 13(1)(a) - delay in settlement of claims	
Rule 13(1)(b) - any partial or total repudiation of claims by an insurer	
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Rule 13(1)(h) - non-issue of any insurance document to customers after receipt of premium.	
Rule 13(1)(i) - Any other matter resulting from the violation of provisions	

General Insurance Industry: Classification of Complaints (G8)





OFFICE OF THE EXECUTIVE COUNCIL OF INSURERS
Complaints Received & Disposed statement for the period from 01.04.2017 to 31.03.2018
NATURE WISE CLASSIFICATION OF COMPLAINTS RECEIVED FOR THE PERIOD FROM 01.04.2017 TO 31.03.2018

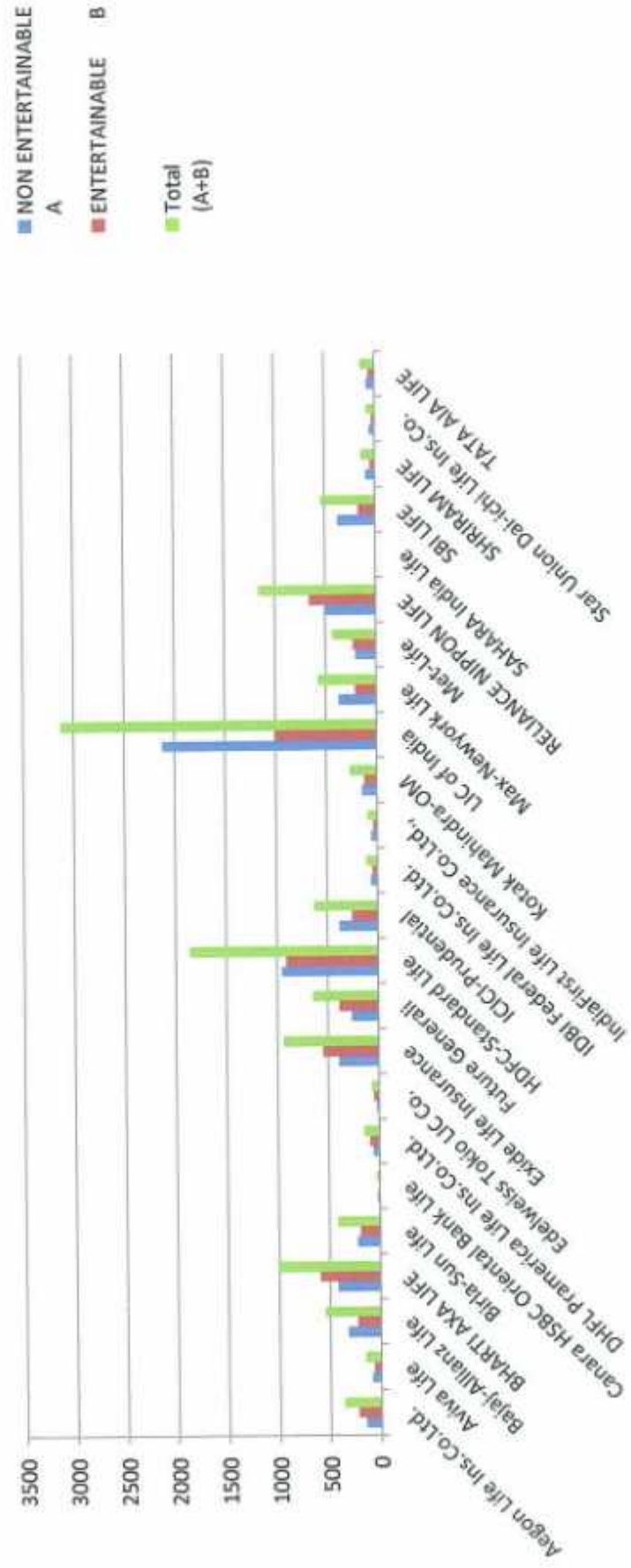
STATEMENT L 9
LIFE INSURANCE

Name of the Center	NON ENTERTAINABLE										ENTERTAINABLE						Total (A+B)
	[13(1)(a) to (d)]	[14(1)]	[14(3)]	[14(5)]	[14(5)]	Total	13(a)	13(b)	13(c)	13(d)	13(e)	13(f)	13(g)	13(h)	13(i)	Total B	
Argon Life Ins.Co.Ltd.	43	10	81	4	6	144	1	24	155	32	0	4	0	0	1	217	
Aviva Life	28	6	39	3	6	84	4	10	34	10	2	4	0	1	0	65	
Bahubali Life	113	28	169	3	6	319	15	84	85	30	2	4	0	3	1	224	
BHARTI AXA LIFE	101	51	247	5	12	416	6	73	422	76	6	0	1	5	0	589	
Birla-Sun Life	64	17	115	0	26	222	8	31	120	23	1	2	0	4	0	189	
Centara HSBC Oriental Bank Life	8	0	12	0	0	20	1	1	1	3	0	0	0	0	0	6	
Chirifl Pramerica Life Ins Co.Ltd.	16	6	34	0	2	58	0	18	56	18	0	0	0	0	0	89	
Edeawess Tokio LIC Co.	4	3	13	1	0	21	0	3	36	4	0	0	0	0	0	46	
Endis Life Insurance	104	62	218	2	15	381	2	49	433	57	3	0	0	3	0	547	
Future Generali	56	44	156	0	8	262	5	36	293	46	1	0	1	1	1	384	
HOFC-Standard Life	275	123	512	3	38	951	14	153	556	166	5	7	0	6	0	907	
ICIOL-Prudential	145	44	176	3	10	377	9	50	138	44	4	2	2	2	0	251	
IDBI Federal Life Ins.Co.Ltd.	22	9	29	0	3	63	0	8	30	3	2	1	1	0	0	45	
IndiaFirst Life Insurance Co.Ltd.,	28	8	19	0	2	57	2	14	14	6	0	0	0	0	0	35	
Kozak Mahindra-OM	61	15	63	1	4	144	0	31	70	12	2	2	1	1	0	119	
LIC of India	720	321	1023	16	28	2120	211	631	75	20	33	28	0	5	1	1004	
Max-Newyork Life	121	62	182	1	13	368	8	69	92	36	3	6	3	0	0	207	
Met-Life	83	22	90	0	9	204	7	69	102	41	7	4	4	2	0	226	
RELIANCE NIPPON LIFE	118	56	294	3	36	504	14	100	439	80	1	4	2	0	2	656	
SAHARA India Life	2	1	0	0	0	3	0	0	0	0	0	0	0	0	0	3	
SBI LIFE	155	71	156	3	6	370	5	66	63	34	2	3	0	2	0	165	
SHRIRAM LIFE	47	6	34	0	2	89	0	19	17	7	0	1	0	1	0	49	
Star Union Dai-ichi Life Ins.Co.	36	11	24	1	0	52	2	9	13	3	0	0	0	0	0	27	
TATA AIA LIFE	32	2	41	0	4	79	2	11	26	12	4	3	0	0	0	57	
Total	2350	960	3726	51	232	7319	316	1545	3262	762	78	75	15	41	6	6100	

Beyond Scope of Rules [13(1)(a) to (i)]	
Not within Jurisdiction [14(1)]	
Customer Not Availed Grievance Redressal Mechanism of Ins. Co. [14(3)]	
Sub-judice in courts/forums [14(5)]	
Time Barred [14(3)(b)]	
Rule 13(1)(a) - delay in settlement of claims	
Rule 13(1)(b) - any partial or total repudiation of claims by an insurer	
Rule 13(1)(c) - any dispute in regard to premium paid or payable in terms of the policy.	
Rule 13(1)(d) - Misrepresentation of policy terms and conditions at any time in the policy document or policy contract.	
Rule 13(1)(e) - any dispute on the legal construction of the policies in so far as such disputes relate to claims	
Rule 13(1)(f) - Policy servicing related grievances against insurers and their agents and intermediaries.	
Rule 13(1)(g) - issuance of policies which is not in conformity with the proposal form submitted by the proposer	
Rule 13(1)(h) - non-issue of any insurance document to customers after receipt of premium.	
Rule 13(1)(i) - Any other matter resulting from the violation of provisions	



Life Insurance Industry: Entertainable and Non Entertainable Complaints (L9)





OFFICE OF THE EXECUTIVE COUNCIL OF INSURERS
Complaints Received and Disposed statement for the period from 01.04.2017 to 31.03.2018
NATURE WISE CLASSIFICATION OF COMPLAINTS RECEIVED FOR THE PERIOD FROM 01.04.2017 TO 31.03.2018

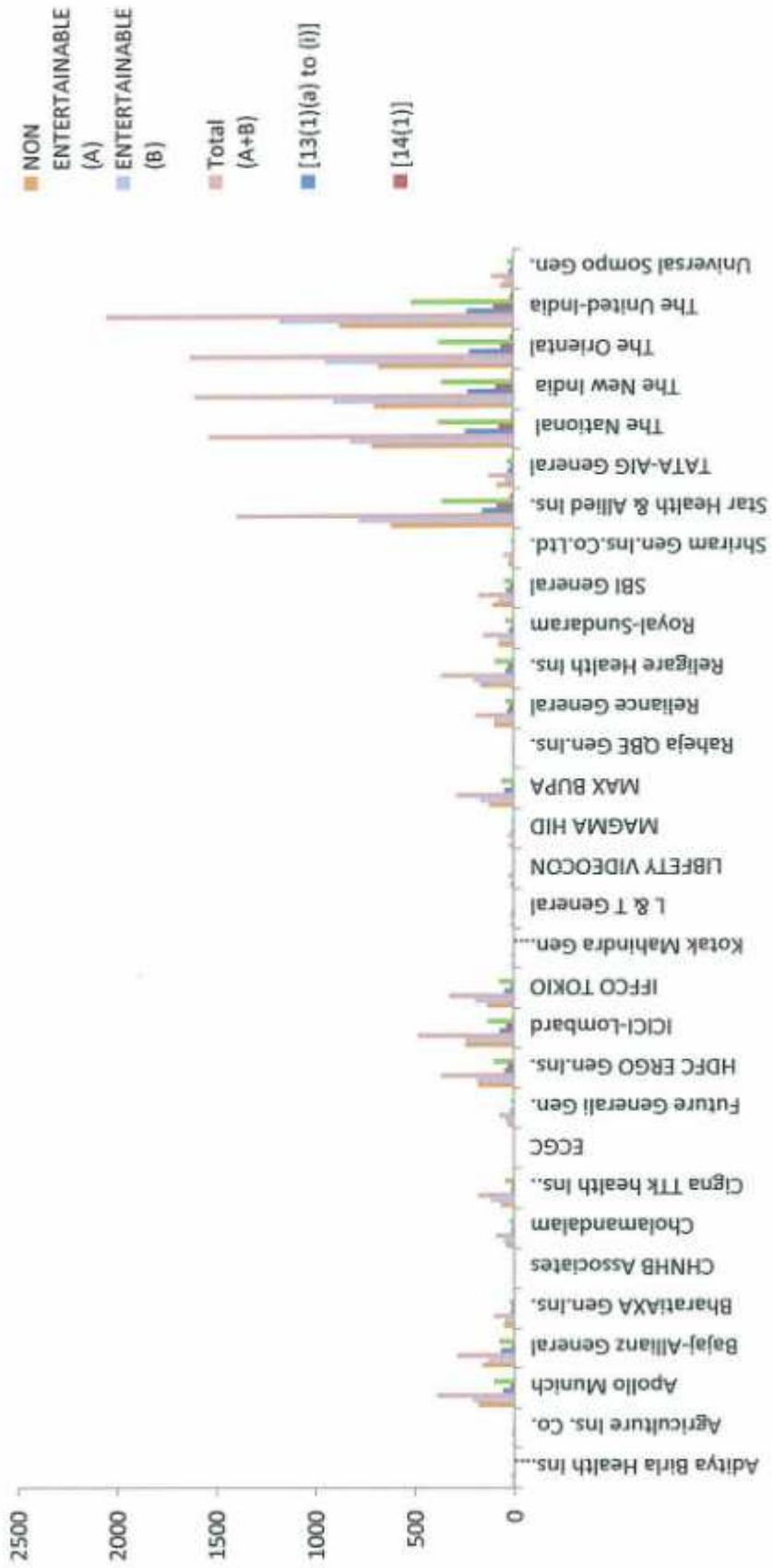
STATEMENT G.0
 GENERAL INSURANCE

Name of the Center	NON ENTERTAINABLE					ENTERTAINABLE					Total (A+B)						
	[13](1)(a) to (f)]	[14](1)	[14](3)	[14](5)	[14](3)(b) to (j)]	Total	13(a)	13(b)	13(c)	13(d)		13(e)	13(f)	13(g)	13(h)	13(i)	Total
Aditya Birla Health Ins. Co. Ltd.	2	4	2	1	0	9	0	2	2	0	0	2	0	0	2	8	17
Agriculture Ins. Co.	6	1	3	0	0	10	0	0	0	0	0	0	0	0	0	1	11
Avanika Munich	56	17	101	3	3	180	3	197	4	1	0	0	1	1	1	208	388
Bajaj-Alianz General	87	11	74	1	6	180	6	119	4	0	0	1	0	0	0	129	287
BhartiAXA Gen Ins.	16	10	23	1	2	52	2	45	1	0	0	0	0	0	0	48	101
Ch-HeB Associates	2	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2
Cholamandaram	12	6	20	1	0	39	2	48	0	0	0	0	0	0	0	51	90
Cigna TTK health Ins.,...	13	10	42	0	0	65	1	60	49	4	0	0	0	0	1	115	180
ECOC	0	0	1	0	0	1	0	1	0	0	0	0	0	0	0	1	2
Future Generali Gen.	14	3	12	0	0	29	3	18	22	0	0	0	0	0	0	43	72
HDFC ERGO Gen Ins.	47	39	100	1	0	177	7	160	11	1	0	0	0	2	0	180	303
ICICI Lombard	71	36	129	7	0	243	14	205	14	1	2	0	0	0	2	238	481
IFFCO TOKIO	45	12	72	1	1	131	13	173	6	0	0	0	0	0	0	192	323
Kovai Health Ins. Co. Ltd.	2	2	5	0	0	9	0	3	0	0	0	0	0	0	0	3	12
L & T General	8	1	4	0	0	12	0	3	0	0	0	0	0	0	0	3	15
LIFEBY VIDEOCON	5	3	7	0	0	15	0	9	1	0	0	0	0	0	0	10	25
MAGMA HD	9	2	9	2	0	23	2	4	0	0	0	0	0	0	0	8	29
MAX BUPA	47	10	61	2	0	120	6	149	5	1	3	1	0	1	0	166	286
Rahja OBE Gen Ins.	6	1	0	0	0	7	0	0	0	0	0	0	0	0	0	7	7
Reliance General	30	16	40	2	5	95	3	86	8	0	0	0	0	0	0	97	192
Religare Health Ins.	39	26	94	3	1	165	6	178	17	1	0	0	0	0	0	201	366
Royal-Sundaram	21	6	41	2	0	72	2	69	4	0	0	1	0	1	0	77	149
SBI General	36	19	46	1	3	102	5	84	2	1	0	1	1	0	0	74	176
Shriram Gen Ins Co.Ltd.	6	2	13	2	1	23	1	20	4	0	0	0	0	0	0	25	48
Star Health & Allied Ins.	157	81	359	16	2	615	9	733	29	5	0	0	0	1	1	776	1384
TATA-AIG General	28	12	34	7	0	81	3	33	2	2	0	0	1	1	0	44	125
The National	243	73	378	9	9	712	44	754	15	0	3	0	1	0	0	820	1532
The New India	230	86	380	8	13	699	40	836	22	0	3	2	1	3	0	907	1606
The Oriental	221	63	376	15	7	679	51	854	25	1	1	1	1	1	0	947	1628
The United-India	233	98	515	15	11	872	86	1057	24	1	2	1	0	3	1	1175	2047
Universal Sompo Gen.	23	8	29	2	1	63	6	40	0	0	0	0	0	0	0	45	108
Total	1692	650	2950	162	65	5459	314	5936	271	16	21	11	5	15	11	5600	12059

Beyond Scope of Rules [13](1)(a) to (f)]
Not within Jurisdiction [14(1)]
Customer Not Availed Grievance Redressal Mechanism of Ins. Co. [14(3)]
Sub-judice in courts/forums [14(5)]
Time Barred [14(3)(b)]
Rule 131(1)(a) - delay in settlement of claims
Rule 131(1)(b) - any partial or total repudiation of claims by an insurer
Rule 131(1)(c) - any dispute in regard to premium paid or payable in terms of the policy.
Rule 131(1)(d) - Misrepresentation of policy terms and conditions at any time in the policy document or policy contract.
Rule 131(1)(e) - any dispute on the legal construction of the policies in so far as such disputes relate to claims
Rule 131(1)(f) - Policy servicing related grievances against insurers and their agents and intermediaries.
Rule 131(1)(g) - Issuance of policies which is not in conformity with the proposal form submitted by the proposer.
Rule 131(1)(h) - non-issue of any insurance document to customers after receipt of premium.
Rule 131(1)(i) - Any other matter resulting from the violation of provisions



**General Insurance Industry:
Entertainable and Non-entertainable complaints (G9)**



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

LIFE

1. The maximum complaints registered in the forum against Life Insurance companies are pertaining to Mis-sale and other major chunk pertain to partial or total repudiation of death claim and the remaining pertains to non-settlement of maturity claim/survival benefit, non-receipt of policy bond, dispute regarding premium paid or payable in terms of the policy and other policy servicing related grievances etc .
2. 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.
3. 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.
4. 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
5. Solicitation of business and issuance of premium receipts by unlicensed entities.
6. The share of complaints for a company as a ratio to the total complaints received by the Ombudsman office is an indicator of the effectiveness of the



grievance redressal machinery of the companies. As an example, the customer base of LIC is the highest but their complaint share is much lower in comparison to the market share.

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 patient's 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. 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.
2. Investigator should take care to collect supporting documentary evidence to substantiate findings noted in the report in all investigations.
3. 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.
4. 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. The policy document should bear the address of the Grievance Redressal/Customer Care Department in bold letters so that before approaching the Insurance Ombudsman, the services of insurer's in house grievance redressal mechanism are utilized by the complainant. A sizable number of complaints are termed and treated as non entertainable as the complainant has not approached the GRO / Customer Care Department.

5. Technical circulars issued by insurance companies should be furnished to the offices of the insurance ombudsman.
6. Wide publicity on lacunae on mis-selling through print and electronic media may be made for increasing awareness amongst the general public.
7. 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.
8. A Large number of complaints are received against rejection of claims under Mediclaim policies 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.
9. At the time of 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.
10. IRDA guidelines state 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.
11. 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.
12. 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.
13. Awareness among the public about internal grievance redressal machinery and also high level claims review committee is lacking, which also requires publicity. Appropriate procedural changes are needed by the insurers so that rejected/ repudiated complaints are automatically escalated to the review committees of the insurers.



14. It is also suggested that landmark judgments pronounced by the Supreme Court / National Consumer Dispute Redressal Forums pertaining to Life / General Insurance Policies should be circulated among the Ombudsman Offices by the ECOI/ IRDAI.

15. It is matter of concern that, now days the Industry is frequently coming out with new insurance product and with that are introducing new and different terms and conditions which public at large are not able to easily comprehend, especially due to poor or no understanding of English language. The insurance intermediaries exploit this situation and indulge in all kind of malpractices. The insurers thus have to step in to secure the trust of the insured rather than shift the responsibility to these intermediaries because this also affects their reputation and image.

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 Ombudsmen

AHMEDABAD

The office of the Insurance Ombudsman, Ahmedabad was shifted to new renovated premises. Inauguration of premises was done by Sh. P.N.Gandhi, Secretary General, E.C.O.I. in presence of Shri. N.P.Bhagat, Hon. Insurance Ombudsman and Smt. Moushumi Mukherji, Secretary, E.C.O.I. on 11.04.2017. The hearing of the complaints started in the new premises on the very next day of Inauguration.

The post of Insurance Ombudsman is vacant at Ahmedabad Ombudsman Office since 21st July 2014. The additional charge of this centre was given to Shri N.P.Bhagat, Hon. Ombudsman Lucknow, vide GBIC's order dated 17.05.2016. Shri N.P.Bhagat, Hon. Insurance Ombudsman conducted last hearing at Ahmedabad office on 23.06.2017.

In absence of Hon Ombudsman office has arranged two rounds of review meeting with the Life and General insurance companies for mutual agreement or settlement of the Complaints. Most of the Insurance companies attended the review meeting and 251 complaints could be closed by amicable settlement between insurers and complainants.

This year office started with opening balance of 58 complaints. 3072 Complaints were received during the year 2017-18 which made the total complaints to 3130. Out of 3130 Complaints 125 awards were issued. 270 complaints were settled by the Insurers through mediation. 1397 complaints were non entertainable as they were beyond the purview of the IO Rules, 2017. At the end of the year 411 Life and 927 Non Life total 1338 complaints were outstanding.

Final account closing statements were duly audited and certified by the external auditor, M/s R S Patel & Co., Chartered Accountants.



BENGALURU

The Office of the Insurance Ombudsman, Bengaluru started functioning w.e.f. 14th August, 2014. The office has completed four years of its operation so far. The public grievances pertaining to Karnataka were earlier being attended to by the Hyderabad Centre. With the setting-up of the Bengaluru Centre, the level of public awareness about the existence and the services being rendered by the institution of Insurance Ombudsman has increased manifold, resulting in more number of grievances being received by the Ombudsman Centre at Bengaluru. During 2017-18, the total number of complaints received by the Bengaluru Centre was 1840, out of which 490 complaints were outstanding as on 31.03.2018.

On an invitation from (1) Christ University, Bengaluru (2) Government college for Boys and Girls, Bengaluru (3) Health Insurance Conclave organised by General Insurance Agents Federation Integrated, Bengaluru Region and (4) Insurance Institute of India, Bengaluru office made a detailed presentation before the General Insurance agents, under-graduate and post-graduate law students in the presence of the faculty members to explain them the origin of the institution of Insurance Ombudsman in India, the provisions of the Insurance Ombudsman Rules, 2017 and the rational thereof, with the overall objective of creating awareness amongst the future citizens of the country.

During the year 2017-18 Mr. Sadasiv Mishra, Hon'ble Insurance Ombudsman (Additional Charge) of Bengaluru demitted office on 08.09.2017.

The independent Audit Report of the office was certified by M/s P Chandrasekar LLP Chartered Accountants, Bengaluru.

BHOPAL

The post of regular Insurance Ombudsman Bhopal remained vacant since 27th Dec. 2016. Mrs. Sandhya Baliga, Hon'ble Insurance Ombudsman, Delhi was given additional Charge of office from 20th Jan. 2017, had demitted the office in July, 2017. The appointment of new Insurance Ombudsman is awaited. Annual report of the office is prepared and presented by the staff of the office of the Insurance Ombudsman, Bhopal.

During the financial year 2017-18, office had received total 451 complaints as compared to total 839 cases last year, 256 in respect of Life insurance companies & 195 in respect of Non- life insurance companies. During the year 2017-2018, the office has disposed off 108 cases as against the receipt of total 451 complaints. Outstanding complaints as on 31/03/2018 were 392 out of which 218 complaints were in respect of life and 174 in respect of non-life.



In Private Life Insurance companies, the complaints figures are mounting and this adverse trend must be arrested before it becomes unmanageable. The maximum complaints registered in the forum against Life Insurance companies are pertaining to Mis-sale (about 63%) and other major chunk pertain to repudiation of death claim (about 26%) and the remaining (about 11%) pertain to non-settlement of maturity claim/survival benefit, non-receipt of policy bond, policy servicing related grievances etc .

To avoid mis-sale, companies should simplify their policy terms and conditions so that common man can understand it. Aadhaar Number may also be linked to the proposal so that total number of policies taken by the assured and also total premium will be ascertained to know the paying capacity of the assured. Commission from the broker along with interest should be recovered in case of complaint of mis-sale and penalty should be imposed by IRDAI in such cases. Main reason of mis selling is Lack of Awareness of the Customer.

In general insurance the complaints were mainly related to repudiation of health claim, partial or total repudiation of claim and also delay in settlement of claims. The main cause of grievance under general insurance policies is lack of clarity in some of the clauses and condition in policies.

The audit for the Annual Accounts for the financial year was finalised by M/s S.L. Chhajed & Co., Chartered Accountants.

BHUBANESWAR

The activities of the office of Insurance Ombudsman, Bhubaneswar was in full speed till the presence of Hon'ble Ombudsman Sri Bijaya Narayan Mishra. He was the driving force for an early and judicious disposal of all the complaints lodged with the office. He demitted the office of Insurance Ombudsman on 21st July 2017 on the completion of his tenure.

Bhubaneswar Ombudsman office started the current financial year 2017-18 with nil complaints. The office received 920 complaints (both life and non-life) during the financial year 2017-18 out of which 716 were disposed and 204 remained outstanding as on 31.03.2018. A total of 210 Awards were passed amounting to 132.44 lakhs.

The rate of disposal of complaints was dropped down by 22.18 % over the previous financial year. This is because of the fact that the Ombudsman post remained vacant from July 2017 to March 2018, and thus 204 cases registered by the Centre could not be heard and disposed off. However, the number of complaints received during the year has increased by 11.31%, as compared to that of previous year.



Periodical meetings were conducted by the office with insurers in order to impress upon them to reconsider the complaints, particularly those cases where prima facie the decision of the insurer to repudiate the claim was found incorrect/ not in line with the policy terms and conditions. Complaints were re-examined and settled by insurers after intervention of the office of Ombudsman. To create awareness among the insuring public regarding the policy Holder's rights and benefits, Ombudsman Rule 2017 was published in local newspapers by the office.

The Office Accounts is audited and finalised by appointed Chartered Accountant, M/s A. K. Sabat & Co.

CHANDIGARH

There was no regular Ombudsman for this centre during the financial year 2017-18. Mrs Sandhya Baliga, Insurance Ombudsman Delhi and Shri Ajesh Kumar, Insurance Ombudsman Noida were given additional charge of this centre.

In Life sector, most of the complaints were about mis-selling pertaining to private companies whereas in Non-Life, Health Insurance and Motor Vehicle cases formed major portion of complaints. The office started the financial year with 1168 complaints on hand and 2122 complaints were received during the year 2017-18. As on 31.03.2018, the number of total complaints outstanding is 2139. The total number of complaints disposed during the year was 1151.

As per Insurance Ombudsman Rules 2017, complaints fall in nine major categories. . In addition to this, there is a category of complaints which is 'not entertainable'. The proportion of complaints regarding dispute in regard to premium paid or payable is high in Life segment. In case of Non-Life segment, however, the proportion of complaints in respect of partial or total repudiation of the claims is very high.

The audit of the Annual Accounts for the financial year was conducted and finalized by M/s Datta Singla & Co., Chartered Accountants, Chandigarh.

CHENNAI

Mr. B N Mishra, Insurance Ombudsman, Bhubaneswar, who was given additional charge of Chennai Ombudsman office, demitted office in July 2017. Since then Insurance Ombudsman post is vacant for this office.

During the period, Chennai Ombudsman office received in all (both life and



non-life) 1720 complaints of which 1359 were disposed (Including 42 complaints outstanding @ 31-3-17) and 403 remained outstanding as on 31.03.2018. 43 awards were passed during the year. The rate of disposal of complaints fell by 18% over the last financial year. This is because of the fact that the Ombudsman position remained vacant from July 2017 to March 2018.

In the absence of Ombudsman, periodical meetings were held with insurers and impressed upon them to reconsider complaints, particularly those cases where prima facie the decision of the insurer to repudiate the claim was found incorrect/not in line with the policy terms and conditions. Around 67 complaints were re-examined and settled by Insurers.

Team Chennai took efforts to organize sessions to sensitize insurers, TPAs, Brokers, Agents and other stakeholders about the various provisions of the Ombudsman Rules 2017 which was well appreciated by the participants.

With the help and support of TamilNadu Dr Ambedkar Law University the Centre conducted one day workshop on 10.02.2018, at their college premises. The topics covered were “Issues involved in buying and selling of Insurance products”, “Role and Responsibilities of Insurers/Intermediaries towards Insurance services”, “Legal provisions relating to Insurance Services” and “Role of Insurance Ombudsman in grievance redressal”. Sudha Ramanujam, Dy. Secretary spoke on “Role of Insurance Ombudsman in grievance redressal”. A paper on “GST in Insurance” written by Mr. P Lakshmana Raman, Asst. Secretary was published by the TNDALU. Due to efforts taken by the Chennai team in creating awareness about the Insurance Ombudsman complaints were increased during the year by 11%.

The audit of this office was conducted and finalized by Auditors M/s. Manohar Chowdhry & Associates, Chennai.

DELHI

Mrs Sandhya Baliga, Insurance Ombudsman Delhi demitted the office of Insurance Ombudsman on 14.07.2017 on the completion of her tenure. Since then the post of Insurance Ombudsman, Delhi remained vacant.

Office of Insurance Ombudsman had started the financial year with NIL pendency of complaints as on 01.04.2017. During the FY 2017-18, a total of 1625 complaints were received out of which 951 complaints were disposed off during the FY 2017-18. The disposal of 951 complaints also includes the complaint cases which were settled after due follow up with the Insurance Companies. The pendency of 674 complaints is due to the fact that the office did not have any



Insurance Ombudsman after retirement of the incumbent Ombudsman on 14.07.2017.

During the current financial year, Delhi Ombudsman office was taken up for modernization of entire premises. Additional area was hired at the second floor of the existing premises for conducting hearing and for waiting area of complainants. The modernization work of both the premises was completed in the current financial year 2017-18. The renovated premises was inaugurated on 21.03.2018 by Sh. M R Kumar, Zonal Manager, NZ, LIC of India in the august presence of Ms. Sandhya Baliga, Ex-Ombudsman, Delhi, Smt. Moushumi Mukherji, Secretary (ECOI) and representatives of various Insurance Companies.

Annual accounts for the FY 2017-18 in respect of the office were audited by S P Chopra & Company, New Delhi. Annual Accounts for the year 2017-18 is prepared as per guidelines given by ECOI and finalized by the Auditors.

GUWAHATI

Mr. K.B.Saha, Insurance Ombudsman, Kolkata, who was given additional charge of Guwahati Ombudsman office, demitted office on 26.07. 2017. Since then Insurance Ombudsman post is vacant for this office.

During the year 2017-18 total complaints registered by the Guwahati Ombudsman office were 361 and 100 complaints remained outstanding. In 2017-18 out of total complaints, 261 were disposed of during the year.

To popularise the existence of this forum office has started creating customer awareness through various programmes. Two episodes of half hour duration each was telecasted by Doordarshan N.E. to create awareness of complaint grievance role of Ombudsman office amongst insured customers. The programme was in the form of discussion with anchor and audiences. The existence of this type of forum for redressal of their grievances was made known to the insured public through this programme. This office has also conducted two Customer Meets at Imphal/Manipur and Shillong in Meghalaya during the financial year 2017-18.

The audit of this office was conducted by Auditors M/s. B. L. Purohit & Co., Chartered Accountants, Guwahati. The accounts for the financial year 2017- 18 were finalized by the Auditors.



HYDERABAD

During the year 2017-18, the Insurance Ombudsman, Hyderabad continued to have jurisdiction over the states of Andhra Pradesh, Telangana and also Yanam portion of the Union Territory of Pondicherry. Sri Sadasiv Mishra, Insurance Ombudsman, Patna was given additional charge of the centre from 28.10.2016 after Mr. Parshad demitted office. Sri Sadasiv Mishra, Insurance Ombudsman, Addl. Charge demitted office on 08.09.2017.

At the beginning of the year the outstanding complaints for hearing were NIL. During the period 2017-18 under review, the office received in all 888 complaints out of which 611 were disposed and 277 were outstanding for hearing as on 31.03.2018. During the year under review 81 complaints were disposed by way of passing Awards. Out of which, 36 Awards issued in favour of the complaints and 45 in favour of the Insurers. Thereafter in the absence of Hon'ble Insurance Ombudsman, the office could settle 27 non-life and 16 life complaints by way of mediation with the insurers and complainants.

During the year, office tried for creating/increasing awareness about the revised Insurance Ombudsman Rules, 2017 by conducting meetings with the insurers and complainants. Since the incumbent Insurance Ombudsman is also catering his services to other centres as additional charge, no outstation hearings could be held during the year.

The audit of this office was conducted by Auditors M. Bhaskara Rao & Co., Chartered Accountants, Hyderabad. The accounts for the financial year 2017- 18 were finalized by the Auditors.

JAIPUR

Post of Insurance Ombudsman at the office of Insurance Ombudsman, Jaipur remained vacant since 23rd Dec, 2016 after Shri A. K. Jain, Hon'ble Ombudsman demitted the office. During the year Smt. Sandhya Baliga, Hon'ble Insurance Ombudsman, Delhi and Shri Ajesh Kumar, Hon'ble Insurance Ombudsman, Noida held hearing at Jaipur Ombudsman office.

During the current financial year 2017-18, the Jaipur Ombudsman office started with opening balance of 39 complaints and received 605 complaints (both life and non-life) during the current fiscal which made the total complaints to 644. Out of 644 complaints, 50 awards were issued, 30 were dismissed and 20 mediations were done. 268 complaints were disposed off by way of settlement by insurers and Non entertainable. Thus at the end of the year, 276 complaints were remained outstanding.



In the jurisdiction of Jaipur Ombudsman office maximum complaints were attended are of the nature of mis-selling and partial or denial of health claims.

The office suggested that free look period of cancellation of the policy by the insured, if not satisfied, may be extended to 30 days.

For the financial year 2017-18, D.R. Mohnot and Company Jaipur was appointed as Auditor. The accounts for the financial year 2017- 18 were finalized by the auditors.

KOCHI

Smt. Sandhya Baliga, Hon'ble Insurance Ombudsman, Delhi took over additional charge of Ombudsman, Kochi till her demitting the office as on 13.07.2017.

Lease Deed of Kochi Ombudsman office was renewed during the financial year 2017-18 for 10 years from September 2017 to August 2027.

At the beginning of the year the outstanding complaints for hearing were NIL. During the period 2017-18, the office received in all 1115 complaints out of which 615 were disposed and 500 complaints remained outstanding for hearing as on 31.03.2018. Office successfully resolved 73 registered complaints with mutual agreement with insurance companies without conducting any hearing during the current year 2017-18.

The audit of this centre was conducted by Auditors M/s. K. Varghese & Co., Chartered Accountants, Kochi.

KOLKATA

Office of Insurance Ombudsman had started the financial year 2017-18 under the leadership of Hon'ble Insurance Ombudsman Shri K.B. Saha who demitted his office on 28.07.2017.

Office started the financial year 2017-18 with 295 number of outstanding complaints (191 Life and 104 Non-Life) with a fresh top up of 2504 (1612 Life and 892 Non-Life) received during the year. Out of the total newly added complaints of 2504, 1014 were non-entertainable complaints. Total number of complaints disposed of by the office was 1603 – 310 in the form of Awards, 144 as dismissal, 1014 as non-entertainable and 135 as withdrawal/settlement. As on 31.03.2018 total number of complaints remained outstanding were 1196 out of which 718 were Life and 478 as Non-Life. During the 4 months period of



financial year 2017-2018, Kolkata Ombudsman has passed total 310 Awards. No Awards were passed during the period from 01.08.2017 to 31.03.2018 due to absence of Insurance Ombudsman.

On an analysis of the nature of complaints received, it revealed that mis-selling of insurance product was rampant, particularly in Life Insurance sector, which is a matter of concern to all of us. Similarly, complaints related to non-settlement of Medi-claim dominated the General Insurance sector.

The audit of this centre was conducted by Auditors Chatterjee & Co., Chartered Accountants, Kolkata.

LUCKNOW

The post of Ombudsman at the office of Lucknow Ombudsman is lying vacant since 04.08.2017 after Shri. Narayan Prasad Bhagat, Hon'ble Ombudsman demitted his office on 03.08.2017.

The office started the financial year with 81 complaints on hand. During the year 2017-18, 1155 complaints were received and 806 complaints disposed of resulting into 430 complaints remained outstanding as on 31.03.2018. The last hearing was conducted at Lucknow office on 15.06.2017. After retirement of honourable Ombudsman the office has tried for amicable settlement between the complainant and the insurance companies. Most of the complainants alleged unjustified repudiation of claim, delay in settlement of claim & partial settlement of claims.

The audit of this centre was conducted by Auditors M/s S.N. Kapur & Associates, Chartered Accountants, Lucknow.

MUMBAI

The post of Ombudsman at the office of Mumbai Ombudsman is lying vacant since 15.05.2016 after Shri. A.K.Dasgupta, Hon'ble Ombudsman demitted his office. Thereafter Shri A.K.Sahoo, Hon'ble Ombudsman, Pune took over additional charge of the Mumbai office till he demitted office on 09.09.2017.

During the year 2017-18, the centre received 3974 complaints. There were 485 carried over complaints from earlier period thus the total number of cases handled by the centre during 2017-18 was 4459. Out of the above 2508 cases were non-entertainable and 3231 cases were disposed off through the process of hearing and awards. The closing balance at the end of the period and carried forward to 2018-19 was 1228.



It is seen that the number of complaints received by the Ombudsman office are 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 / Health Insurance companies.

The share of complaints for a company as a ratio to the total complaints received by the Ombudsman office is an indicator of the effectiveness of the grievance redressal machinery of the companies. As an example, the customer base of LIC is the highest but their complaint share is much lower considering their market share.

The audit of this centre was conducted by Auditors M/s NBS & Co., Chartered Accountants, Mumbai. There were no adverse comments in the Auditors' Report for the financial year 2017-18.

NOIDA

The post of Ombudsman at the office of Noida Insurance Ombudsman is lying vacant since 31.12.2017 after Shri. Ajesh kumar, Hon'ble Ombudsman demitted his office.

The office started the financial year with "nil" complaints on hand. During the year 2017-18 the office received 1007 complaints out of which 449 were not entertainable within the framework of Insurance Ombudsman Rules, 2017 and over 168 complaints were withdrawn following amicable settlement by insurers. A total number of 353 hearings were conducted and dispose off total 792 complaints during the year 2017-18. The closing balance at the end of the period was 215.

Bima Lokpal Diwas was celebrated at the office on 15 November 2017. Cheques of Awards were handed over to complainants on this day. Representatives of Insurance Companies, both life and non-life presented their views on various topics involving the complaints.

The audit of this centre was conducted by Auditors M/s PSMG & Associates, Chartered Accountants, Mumbai.



PATNA

The post of Ombudsman at the office of Patna Ombudsman is lying vacant since 09.09.2017 after Shri. Sadasiv Mishra, Hon'ble Ombudsman demitted his office on 08.09.2017.

As one of the major goals of the insurance industry is the hassle free resolution of customer complaints, office of Patna Ombudsman is only helping the industry in building up the confidence of the insuring public.

At the beginning of the year the outstanding complaints for hearing were NIL. During the period 2017-18, the office received in all 439 complaints out of which 325 were disposed and 114 complaints remained outstanding for hearing as on 31.03.2018 out of which 74 were Life and 40 as Non-Life complaints.

The audit of this centre was conducted by Auditors L. K. Kejriwal & Co. Chartered Accountants, Patna. There were no adverse comments in the Auditors' Report for the financial year 2017-18.

PUNE

During the financial year 2017-18, activities of Pune Ombudsman office were in full swing till the demission of Shri A K Sahoo, Hon. Ombudsman on 08.09.2017. Shri A K Sahoo was the driving force behind early and judicious disposal of the complaints. He has set and inculcated very high standards of work culture and discipline in day to day work of the Centre.

At the beginning of the year the outstanding complaints for hearing were 20. During the period 2017-18, the office received in all 1733 complaints out of which 1146 were disposed and 607 complaints remained outstanding for hearing as on 31.03.2018 out of which 325 were Life and 282 as Non-Life complaints. Out of the total number of complaints received in respect of Life Insurance Sector around 18% are pertaining to LIC of India and the remaining 82% are pertaining to Private sector. In case of General Insurance, major chunk of complaints are on repudiation of claims either in part or in full.

The audit of this centre was conducted by Auditors M/S SUNSVG & ASSOCIATES, Chartered Accountants, Pune.
