



क्षेत्रीय लोकपाल परिषद  
Council for Insurance Ombudsmen

**Council for  
Insurance Ombudsmen**



# **Annual Report 2020-2021**

## **MEMBERS OF THE COUNCIL FOR INSURANCE OMBUDSMEN**

<b>Sl. No.</b>	<b>Name of Member</b>	<b>Designation and Tenure</b>
1	Mr Girish Radhakrishnan	Chairman cum MD, United India Insurance Co. Ltd. and GIPSA Chairman - Chairperson, CIO
2	Mr M.R.Kumar	Chairman, L.I.C of India - Member (CIO)
3	Mr Saurabh Mishra	Joint Secretary to GOI, Dept of Financial Services, Ministry of Finance – Member (CIO)
4	Ms. S N Rajeshwari	Member (Distribution), IRDAI – Member (CIO)
5	Mr. Atul Sahai	Chairman-cum-MD, New India Assurance Co Ltd – Member, (CIO)
6	Ms. Vibha Padalkar	MD & CEO, HDFC Standard Life Insurance Co. Ltd. Member (CIO)
7	Mr. Mahesh Kumar Sharma	MD & CEO, SBI Life Insurance Co.Ltd. – Member (CIO)
8	Mr Ritesh Kumar	MD & CEO, HDFC Ergo General Insurance Co. Ltd. – Member (CIO)
9	Mr. Anuj Gulati	MD & CEO, Care Health Insurance Co. Ltd. – Member (CIO)



## MEMBERS OF THE COUNCIL FOR INSURANCE OMBUDSMEN



**Mr. Girish Radhakrishnan, Chairman cum MD,**  
United India Insurance Co. Ltd. and GIPSA Chairman Chairperson, CIO



**Mr. M.R.Kumar, Chairman, LIC of India**  
Member (CIO)



**Mr. Saurabh Mishra, Joint Secretary to GOI,**  
DFS, Ministry of Finance, Member (CIO)



**Ms. S N Rajeshwari, Member (Distribution), IRDAI**  
Member- CIO



**Mr. Atul Sahai, CMD, New India Ass Co.Ltd**  
Member- CIO



**Ms. Vibha Padalkar, MD & CEO,**  
HDFC Standard Life Insurance Co. Ltd. Member - CIO



**Mr. Mahesh Kumar Sharma, MD & CEO,**  
SBI Life Insurance Co Ltd, Member - CIO



**Mr Ritesh Kumar, MD & CEO,**  
HDFC Ergo General Insurance Co Ltd ,Member - CIO



**Mr. Anuj Gulati, MD & CEO**  
Care Health Insurance Co. Ltd. Member - CIO



## ANNUAL REPORT FOR THE YEAR 2020-21

### **PREFACE**

We have the pleasure to present the consolidated Annual Report and Audited Accounts of the Office of the Council for Insurance Ombudsmen for the financial year ended as on 31<sup>st</sup> March, 2021.

The report has been prepared as per provisions of Insurance Ombudsman Rules 2017 as amended till date.

The Council for Insurance Ombudsmen (CIO) was earlier known as Governing Body of Insurance Council (GBIC) from 1.11.1998 to 24.04.2017 and from 25<sup>th</sup> April, 2017 to 1<sup>st</sup> March, 2021, it was known as Executive Council of Insurers (ECOI).

During the year 2020-21, all our 17 centres disposed off 30596 number of complaints. 15 centres disposed 100% of their cases within 90 days, the benchmark as per Rules. The other two centres which had huge backlogs from the previous years also did a magnificent job in reducing the number of outstanding cases.

All 17 offices have been conducting almost all hearings online which has been a great relief to customers as well as insurers. It also helps in faster disposal. Online registration of complaints, upload of documents by customers as well as Insurers and uploading of awards digitally have made things easier for all stakeholders.

We had also published the 'Synopsis of Notable Awards' to help all centres in ensuring the quality and uniformity of awards.

The offices are future ready and are well poised to take on any challenge. They have played a magnificent role in enhancing the image of the insurance industry and ensured that citizens of our country feel confident that justice will be delivered faster, free and with full transparency.

The insurance industry in India is growing and will continue to grow phenomenally. The Council for Insurance Ombudsmen will continue to support the industry by carrying out its mandate in an effective manner.

**B. C. Patnaik**  
SECRETARY GENERAL  
Council for Insurance Ombudsmen

Mumbai,Dated : 5th Aug 2021



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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(as amended from time to time).

The name of the institution changed to the Council for Insurance Ombudsmen from the earlier Executive Council of Insurance by the Ministry of Finance, Government of India in the gazette under the Insurance Ombudsman (Amendment) rules, 2021 notified on 02.03.2021.

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 9<sup>th</sup> October 2001, directed the Governing Body of Insurance Council (GBIC) to consolidate the Annual Reports of all Offices of 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 CIO (erstwhile ECOI/GBIC) and submitted to the Government of India and I.R.D.A.I.

Consequent upon notification of Insurance Ombudsman Rules, 2017 (as amended from time to time) the practice is being continued as the rule 18(2) of Insurance Ombudsman Rules, 2017(as amended from time to time) also specifies that Council for Insurance Ombudsmen 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 after 30<sup>th</sup> June but before 30<sup>th</sup> September.

The annual reports for the financial year 2020-21 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.

## (A1) 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 & Date of joining
1	Ahmedabad- July, 1999	State of Gujarat and Union Territories of Dadra and Nagar Haveli and Daman and Diu.	Shri Kuldip Singh 03.10.2019
2	Bengaluru-August, 2014	State of Karnataka	Ms Neerja Shah 23.04.2018
3	Bhopal- April, 2000	States of Madhya Pradesh and Chhattisgarh	Shri Guru Saran Srivastava 24.05.2018
4	Bhubaneswar-May, 2000	State of Orissa	Shri S. C. Panda 11.09.2019
5	Chandigarh-July, 1999*	States of Punjab, Haryana (excluding 4 districts of Haryana viz Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh and Chandigarh	Dr. Dinesh Kumar Verma 16.04.2018

\*(Territorial jurisdiction of Delhi & Chandigarh redefined w.e.f. 01.04.2021 as approved in 7<sup>th</sup> meeting of CIO erstwhile ECOI held on 02.02.2021)

6	Chennai- August, 1999	State of Tamil Nadu and Union Territories- Puducherry Town and Karaikal (which are part of Union Territory of Puducherry).	Shri M. Vasantha Krishna 03.05.2018
7	Delhi-July, 1999 *	Delhi and 4 Districts of Haryana viz. Gurugram, Faridabad, Sonepat and Bahadurgarh	Shri Sudhir Krishna 12.09.2019
8	Guwahati- September, 1999	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	Shri Kiriti B. Saha 02.05.2018
9	Hyderabad- August, 1999	State of Andhra Pradesh, Telangana and Yanam – a part of Union Territory of Puducherry	Sri I.Suresh Babu 11.06.2018
10	Jaipur- October, 2014	State of Rajasthan	Ms. Sandhya Baliga 13.04.2018
11	Kochi-June, 2000	States of Kerala and Union Territory of (a) Lakshadweep (b) Mahe- a part of Union Territory of Puducherry	Ms. Poonam Bodra 07.11.2018
12	Kolkata– March, 2000	States of West Bengal, Sikkim and Union Territories of Andaman & Nicobar Islands	Shri P. K. Rath 30.09.2019

## (A1) 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 & Date of joining
13	Lucknow- October, 1999	<b>Districts of Uttar Pradesh</b> Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gajipur, 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.	Justice Anil Kumar Srivastava 11.09.2019
14	Mumbai- November, 2000	State of Goa and Mumbai Metropolitan Region excluding Areas of Navi Mumbai and Thane.	Shri Milind Kharat 04.05.2018
15	Noida- September 2014	State of Uttarakhand 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, Gautambodha Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	Shri C. S. Prasad 17.09.2019
16	Patna- September, 2014	States of Bihar and Jharkhand	Shri N. K. Singh 09.10.2019
17	Pune- September, 2014	State of Maharashtra-Areas of Navi Mumbai and Thane but excluding Mumbai Metropolitan.	Shri Vinay Sah 03.12.2019

**(A2) In the financial year under reference:**

- The sixth meeting of Council for Insurance Ombudsmen, CIO (erstwhile Executive Council of Insurers, ECOI) was conducted on 14.09.2020
- The seventh meeting of Council for Insurance Ombudsmen, CIO (erstwhile Executive Council of Insurers, ECOI) was conducted on 02.02.2021
- Ministry of Finance, Government of India has notified Insurance Ombudsman (Amendments) Rules, 2021 in the gazette on 02.03.2021 and further amended from time to time
- The name of the Office of Executive Council of Insurers had been changed to Council for Insurance Ombudsmen as per amendments to the Insurance Ombudsmen Rules (Amendment), 2021. Accordingly, the office has prepared the new logo which had been circulated to all. The domain name of website also changed from ecoi to cioins
- All the Offices of Insurance Ombudsman are required to follow the prescribed procedures as envisaged in Insurance Ombudsman Rules 2017 (as amended from time to time), in dealing with complaints received
- The 1<sup>st</sup> meeting of the Council for Insurance Ombudsmen was conducted on 25.03.2021
- Online registration of complaints through our website was introduced. Both online registration of complaints and conduct of online hearings through virtual platform ensured business continuity in the pandemic situation.
- Offices of the Insurance Ombudsman have conducted online hearings using digital platform for the convenience of the complainants as envisaged by the IRDAI, due to pandemic situation of COVID19.
- All the Offices of Insurance Ombudsman organized Bima Lokpal Day on 11.11.2020 under the guidance of the Chairman as instructed by the Office of CIO. On this occasion, the Office of CIO had sent communication to all OIO's vide email dated 19.10.2020 and 27.10.2020 giving broad guidelines along with creative designed by Office of CIO. Hoardings, banners, standees, hand-outs, etc. were prepared by the OIOs as per the approved creative. Interaction and information sharing with representatives of Insurance Companies, TPAs, policy holders, complainants and Media through GoTo Meet was organized by all the Offices of Insurance Ombudsman. Interviews of Offices of Insurance Ombudsman, Ahmedabad, Bhubaneswar, Chandigarh, Delhi, Hyderabad and Lucknow were telecast on various media on local channels of all the OIO's. The office of CIO has prepared special radio jingles with the help of All India Radio, which was broadcast on Vivid Bharati across

the country throughout the day. Insurers were requested to display e-banners on their website. Pamphlets / fliers were distributed. Scrollers were telecast in local TV channels for creating awareness of Ombudsman system among the public. A complaint clearance drive was organized across all centres which had a tremendous response.

- During the year Council approved the relocation of premises of OIO, Kolkata and OIO, Patna. Further, Council also approved modernization of new premises of OIO, Kolkata.
- Offices of the Insurance Ombudsman regularly submitted their monthly statements in respect of complaint statistics, Trial Balance, bank reconciliation etc. to the Office of CIO.
- Office of CIO has compiled and published booklet for “Synopsis of Notable Awards” issued by the 17 Offices of Insurance Ombudsman for the year 2019-20.
- Office of Insurance Ombudsman, Bhopal and Jaipur submitted their final accounts for the financial year 2020-21 as on 01.04.2021.
- Overall ratio of complaints received, disposed of and outstanding during the financial year 2020-21 in the Offices of Insurance Ombudsmen –

	Complaints at the beginning of the year		Complaints Received during the year		Disposed off during the year		Outstanding	
	Total Number	%	Total Number	%	Total Number	%	Total Number	%
<b>Life</b>	3593	41.19	13415	51.01	15493	50.64	1515	34.25
<b>Non-life</b>	2400	27.52	2890	10.99	4828	15.78	462	10.45
<b>Health</b>	2729	31.29	9992	38.00	10275	33.58	2446	55.30
<b>TOTAL</b>	<b>8722</b>	<b>100</b>	<b>26297</b>	<b>100</b>	<b>30596</b>	<b>100</b>	<b>4423</b>	<b>100</b>

- Offices of Insurance Ombudsman, Delhi, Guwahati, Jaipur and Lucknow has cleared 100% complaints for the year 2020-21 by making all complaints “NIL” as at 31<sup>st</sup> March, 2021
- The Office of CIO has introduced the “TRU-ME” application for touch-less attendance management system to record the attendance of employees to ensure punctuality of officials during office hours under the overall guidance and control of Insurance Ombudsman

**(A3) Gist of Circulars issued by Office of CIO during the year 2020-21**

<b>Circular no.</b>	<b>Circular Date</b>	<b>Circular Reference</b>
337	22.06.2020	Audio / video hearing in the Offices of Insurance Ombudsman
338	23.06.2020	Taking over charge of the Office of ECOI
339	29.06.2020	Classification of absence due to lockdown (LIC)
340	06.07.2020	Classification of absence due to lockdown (OIC)
341	08.06.2020	Classification of absence due to lockdown (UIIC)
342	08.07.2020	DAVP rates for newspaper advertising
343	31.07.2020	Purchase of laptop for office use for Insurance Ombudsman
344	03.08.2020	Classification of absence due to lockdown
345	25.09.2020	Purchase of Laptop for officers on deputation to the Offices of Insurance Ombudsman in the cadre of SDM
345(A)	23.11.2020	Encashment of un-availed leave by Specialist (Life /Non-life)
346	23.11.2020	Amendments to Guidelines for preservation and destruction of old records for the Offices of Insurance Ombudsman (Circular 265)
347	23.11.2020	Amendments to Guidelines for preservation and destruction of old records for the Office of the Executive Council of Insurers (Cir no 264 internal)
348	23.11.2020	Amendments to the FPSO
349	23.11.2020	Provision of Laptop to the In-charges of Offices of Insurance Ombudsman
350	25.11.2020	Amendments to the – 1) Instructions for Contractual Engagement of Personnel having experience in General Insurance Industry as Professional Experts in the Offices of Insurance Ombudsman, 2015 2) Instructions for Contractual Engagement of Personnel having experience in Life Insurance Industry as Professional Experts in the Offices of Insurance Ombudsman, 2016
351	07.12.2020	Scheme of Education Advance to LIC Deputationists in the Office of ECOI & in the Offices of Insurance Ombudsman
352	07.12.2020	Advance for purchasing laptop to LIC deputationists in the Office of ECOI & Offices of Insurance Ombudsman
353	01.03.2021	Instructions for closing of Accounts as on 31.03.2021
354	17.03.2021	Revision in Territorial Jurisdiction of the Offices of Insurance Ombudsman

## (A4) Gist of decisions taken in the 6th meeting of Executive Council of Insurers

The Sixth meeting of the Council for Insurance Ombudsmen (erstwhile Executive Council of Insurers, ECOI) was conducted on 14.09.2020. The major decisions approved in this meeting are as follows-

- The nomination of the following seven members were unanimously approved and the new Members were formally inducted –
  - 1) Ms T. L. Alamelu, Member (Non-Life)
  - 2) Shri Gurdeep Singh, Deputy Secretary, DFS, MoF, Govt. of India
  - 3) Shri Girish Radhakrishnan, Chairman GIPSA and CMD, United India Insurance Co. Ltd.
  - 4) Shri Mahesh Kumar Sharma, MD & CEO, SBI Life Insurance Co. Ltd.
  - 5) Shri Anuj Gulati, MD & CEO, Care Health Insurance Co. Ltd.
  - 6) Shri Atul Sahai, CMD, The New India Assurance Co. Ltd.
  - 7) Shri Ritesh Kumar, MD & CEO, HDFC Ergo General Insurance Co. Ltd.
- Shri G. Radhakrishnan, Chairman , GIPSA, was duly declared as Chairperson of the Council for Insurance Ombudsmen (erstwhile Executive Council of Insurers)
- The Council approved initiation of the process of appointment of Insurance Ombudsman at 9 centres viz Jaipur, Bengaluru, Chandigarh, Chennai, Guwahati, Mumbai, Hyderabad, Bhopal and Kochi on demitting of existing Insurance Ombudsman and which would be falling vacant in 2021 or any other vacancy which may arise on or before the date of notification due to exit of any Insurance Ombudsman and advised ECOI to proceed with the necessary actions in the matter.
- The Audited final accounts and the Annual Report for the financial year 2019-20 were approved in this meeting.
- Some of the items which were missing in the earlier amendments to the Financial Powers (Standing Order), 2018, (as amended from time to time) had been taken up and approved in



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the meeting. Subsequently, circular no. 348 dated 23.11.2020 was issued in this regard by the Office of CIO.

- The amendments to the "Guidelines for Destruction of old records for the office of CIO and OIOs" were approved by the Council and subsequently, circular no 346 dated 23.11.2020 was issued in this regard by the Office of CIO and conveyed to all the seventeen Offices of Insurance Ombudsman.
- Further amendments to the Instructions for Contractual engagement of Personnel having experience in Life and General Insurance Industry as Specialist (Life – 2016 & Non-life – 2015 respectively) ) in the Offices of the Insurance Ombudsman were approved.
- Circular Resolution No. 01/2021 was circulated to all the members of Council regarding 'Relocation of office of Insurance Ombudsman, Kolkata' was approved by the Council members. The matter was placed before the Council for information and further provision was made for shifting and modernization of new premises of Office of Insurance Ombudsman, Kolkata, which was approved in the meeting.

## (A5) Gist of decisions taken in the 7th meeting of Executive Council of Insurers

The Seventh meeting of the Council for Insurance Ombudsmen (erstwhile Executive Council of Insurers, ECOI) was held on 02.02.2021. The major decisions approved in this meeting are as following-

- The proposed budget of Rs.54.71 Crore (Rupees Fifty Four Crore and SeventyOne Lakhs only) of 17 offices of Insurance Ombudsman & ECOI for the financial year 2021-22inclusive of Revenue Budget of Rs.53.64 crore (Rupees Fifty Three Crore and Sixty Four Lakhs only) and Capital Budget of Rs. 1.07 Crore (Rupees One Crore and Seven Lakhs only) were approved
- Regarding the audit query in respect of TDS on GST no. for filing TDS to be obtained, it was informed that all the 17 Ombudsmen centres and Council for Insurance Ombudsmen have now obtained individual TDS on GST no. for filing the TDS on GST returns
- The discussion was held on the proposed changes / amendments in the rules of Insurance Ombudsman, 2017
- Secretary, CIO apprised the Council in detail about the changes in the Selection Process of Insurance Ombudsman that has been suggested as per the Draft Amendment to Insurance Ombudsman Rules, 2017
- Secretary General sought permission of the Council Members for launching the ‘Online Registration System’ on the website of CIO
- The process of Office Automation and a budget of Rs.Five Lakhs for the implementation of the same in the Office of CIO and 17 offices of Insurance Ombudsman were approved
- The four districts/cities viz. Gurugram, Faridabad, Sonepat, Bahadurgarh falling under Haryana were carved out of the territorial jurisdiction of OIO Chandigarh and included under the territorial jurisdiction of OIO, Delhi
- It was informed in the meeting that the Insurance Ombudsman, Delhi, Noida, Lucknow, Patna and Bhopal were consulted and accordingly additional charge of Office of Insurance Ombudsman, Ahmedabad has been given to Insurance Ombudsman, Delhi, Noida & Lucknow. Additional charge of Office of Insurance Ombudsman, Pune has been given to Insurance Ombudsman, Patna & Bhopal. Insurance Ombudsman, Kolkata has assured to achieve nil pendency with respect to complaints beyond 90 days

## (A6) Gist of decisions taken in the 1st meeting of Council for Insurance Ombudsmen

The first meeting of the Council for Insurance Ombudsmen (erstwhile Executive Council of Insurers, ECOI) was held on 25.03.2021. The major decisions approved in this meeting are as follows—

- Shri Girish Radhakrishnan, Chairman, GIPSA, who was elected as Chairperson of ECOI had been re-designated as Chairperson of the Council for Insurance Ombudsmen (CIO) and members (ECOI) were redesignated as members (CIO).
- The Ministry of Finance vide its notification dated 2<sup>nd</sup> March, 2021 has amended the Insurance Ombudsman Rules 2017 as Insurance Ombudsman (Amendment) Rules 2021. As per the said rules, the “Executive Council of Insurers” has been redefined as “Council for Insurance Ombudsmen”.
- The detailed discussion was held in respect of the amendments in the Insurance Ombudsman Rules, 2017.
- The Council took on record that subsequent to the redefining of the 'Executive Council of Insurers' as the 'Council for Insurance Ombudsmen', as per Insurance Ombudsman (Amendment) Rules 2021, changes were made in the logo and name. Domain name changed from ecoi to cioins, all 63 email ids were changed to the new domain suffix, website had been changed to www.cioins.co.in, boards/hoardings / letterheads were also changed.
- Secretary, CIO has informed the Council that all the provisions which were there in the Insurance Ombudsman Rules, 2017 (amended till date) had already been incorporated in the Complaint Management System (CMS) which was already in place since 2013-14. On receipt of feedback and suggestions on CMS from the members of the Council, Secretary General, CIO had assured to work on the same.
- The proposal for shifting of the premises of OIO, Patna to new premises was placed before the Council for information. Secretary, CIO has informed the Council that OIO-Patna has proposed to shift the location of their office to a better location. Accordingly, Bihar State Housing Corporative Federation Ltd has proposed premises of Lalit Bhawan and that the new premises being in a Government Building, advertisement etc. can be dispensed with. The same was approved by the Council.

## (A7) Amendments to the Insurance Ombudsman Rules, 2017

The Government of India, Ministry of Finance vide Gazette notification dated 02<sup>nd</sup> March, 2021 has issued amendments to the Insurance Ombudsman Rules, 2017 which will now be called Insurance Ombudsman Rules, 2017(as amended from time to time). The amendments are as below with respect to the concerned rules –

Rule	Present	Amendment
4 Sub rule(1) Clause (l)	New	Insurance broker means a person who has been granted a certificate of registration as an insurance broker by the Authority.
13 sub rule (1)	The Ombudsman shall receive and consider complaints or disputes relating to	The Ombudsman shall receive and consider complaints alleging deficiency in performance required of an insurer (including its agents and intermediaries) or an insurance broker, on any of the following grounds.  Explanation- For the purpose of this sub-rule, the term - deficiency shall have the meaning as assigned to it in clause (11) of section 2 of the Consumer Protection Act, 2019 (35 of 2019).
13 sub rule (1) clause (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 (f).	any other matter arising from non-observance of or non-adherence to the provisions of any regulations made by the Authority with regard to protection of policyholders' interests or otherwise, or of any circular, guideline or instruction issued by the Authority, or of the terms and conditions of the policy contract, insofar as such matter relates to issues referred to in clauses (a) to (h).
14 sub-rule(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 complained against or the residential address or place of residence of the complainant is located.	Any person who has a grievance against an insurer or insurance broker, 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 or the insurance broker, as the case may be complained against or the residential address or place of residence of the complainant is located.
14 sub-rule (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	The complaint shall be in writing, duly signed or made by way of electronic mail or online through the website of the Council for Insurance Ombudsmen by the complainant

	<p>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 the relief sought from the Insurance Ombudsman</p>	<p>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 or the insurance broker, as the case may be 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 the relief sought from the Insurance Ombudsman.</p>
14 Sub-Rule 3	<p>No complaint to the Insurance Ombudsman shall lie unless— (a) the complainant makes a written representation to the insurer named in the complaint and— (i) either the insurer had rejected the complaint; or (ii) the complainant had not received any reply within a period of one month after the insurer received his representation; or (iii) the complainant is not satisfied with the reply given to him by the insurer; (b) The complaint is made within one year— (i) after the order of the insurer rejecting the representation is received; or (ii) after receipt of decision of the insurer which is not to the satisfaction of the complainant; (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>No complaint to the Insurance Ombudsman shall lie unless— (a) the complainant makes a written representation to the insurer or insurance broker, as the case may be named in the complaint and— (i) either the insurer or insurance broker, as the case may be had rejected the complaint; or (ii) the complainant had not received any reply within a period of one month after the insurer or insurance broker, as the case may be received his representation; or (iii) the complainant is not satisfied with the reply given to him by the insurer or insurance broker, as the case may be; (b) The complaint is made within one year— (i) after the order of the insurer or insurance broker as the case may be rejecting the representation is received; or (ii) after receipt of decision of the insurer or insurance broker, as the case may be which is not to the satisfaction of the complainant; (iii) after expiry of a period of one month from the date of sending the written representation to the insurer or insurance broker, as the case may be if the insurer or insurance broker, as the case may be named fails to furnish reply to the complainant.</p>
14 sub-rule (3), clause (a)	<p>(a) No complaint to the Insurance Ombudsman shall lie unless— (a) the complainant makes a written representation to the insurer named in</p>	<p>No complaint to the Insurance Ombudsman shall lie unless - The complainant has made a representation in writing or through electronic mail or</p>

	<p>the complaint and— (i) either the insurer had rejected the complaint; or (ii) the complainant had not received any reply within a period of one month after the insurer received his representation; or (iii) the complainant is not satisfied with the reply given to him by the insurer; (b) The complaint is made within one year— (i) after the order of the insurer rejecting the representation is received; or (ii) after receipt of decision of the insurer which is not to the satisfaction of the complainant; (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>online through website of the insurer or insurance broker concerned named in the complaint and—</p> <ul style="list-style-type: none"> <li>i) either the insurer or insurer broker as the case may be had rejected the complaint; or</li> <li>(ii) the complainant had not received any reply within a period of one month after the insurer or insurer broker as the case may be received his representation; or</li> <li>(iii) the complainant is not satisfied with the reply given to him by the insurer or insurer broker as the case may be ;</li> </ul> <p>(b) The complaint is made within one year—</p> <ul style="list-style-type: none"> <li>(i) after the order of the insurer or insurer broker as the case may be rejecting the representation is received; or</li> <li>(ii) after receipt of decision of the insurer or insurer broker as the case may be which is not to the satisfaction of the complainant;</li> <li>(iii) after expiry of a period of one month from the date of sending the written representation to the insurer or insurer broker as the case may be if the insurer or insurer broker as the case may be named fails to furnish reply to the complainant .</li> </ul>
14 sub-rule (4)	The Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, 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 shall be deemed to be the date of filing of the complaint, for further proceedings under these rules.	The Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the insurer or insurance broker, as the case may be 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 shall be deemed to be the date of filing of the complaint, for further proceedings under these rules.
14 Sub rule (6)	New	The Council for Insurance Ombudsmen shall develop a Complaint Management System, which shall include an online platform developed for the purpose of online submission and tracking of the status of complaints made under rule 14.

15 Sub-rule (2)	The Ombudsman shall have the power to ask the parties concerned for additional documents in support of their respective contentions and wherever considered necessary, collect factual information relating to the dispute available with the insurer and may make available such information to the parties concerned	The Ombudsman shall have the power to ask the parties concerned for additional documents in support of their respective contentions and wherever considered necessary, collect factual information relating to the dispute available with the insurer or insurance broker as the case may be and may make available such information to the parties concerned
15 sub-rule (5)	New	The Ombudsman may, on his own or on the request of the complainant, hear a matter through video-conference if he is satisfied that circumstances so require, after notifying the complainant and the insurer or insurance broker concerned, subject to guidelines issued by the Council for Insurance Ombudsmen in this regard and published on its website: Provided that the Ombudsman may allow the insurer (including its agents and intermediaries) or insurance broker, as the case may be, to be heard through video-conference.
Rule 16	<p>(1) Where a complaint is settled through mediation, the Ombudsman shall make a recommendation which it thinks fair in the circumstances of the case, within one month of the date of receipt of mutual written consent for such mediation and the copies of the recommendation shall be sent to the complainant and the insurer concerned.</p> <p>(2) If the recommendation of the Ombudsman is acceptable to the complainant, he shall send a communication in writing within fifteen days of receipt of the recommendation, stating clearly that he accepts the settlement as full and final.</p> <p>(3) The Ombudsman shall send to the insurer or insurance broker, as the case may be, a copy of its recommendation, along with the acceptance letter received from the complainant and the insurer shall,</p>	<p>(1) Where a complaint is settled through mediation, the Ombudsman shall make a recommendation which it thinks fair in the circumstances of the case, within one month of the date of receipt of mutual written consent for such mediation and the copies of the recommendation shall be sent to the complainant and the insurer or insurance broker, as the case may be concerned.</p> <p>(2) If the recommendation of the Ombudsman is acceptable to the complainant, he shall send a communication in writing within fifteen days of receipt of the recommendation, stating clearly that he accepts the settlement as full and final.</p> <p>(3) The Ombudsman shall send to the insurer or insurance broker, as the case may be, a copy of its recommendation, along with the acceptance letter received from the complainant and the insurer or insurance</p>

	thereupon, comply with the terms of the recommendation immediately but not later than fifteen days of the receipt of such recommendation, and inform the Ombudsman of its compliance.	broker, as the case may be shall, thereupon, comply with the terms of the recommendation immediately but not later than fifteen days of the receipt of such recommendation, and inform the Ombudsman of its compliance.
17 Sub-rule (5)	A copy of the award shall be sent to the complainant and the insurer named in the complaint	A copy of the award shall be sent to the complainant and the insurer or insurance broker, as the case may be named in the complaint.
17 Sub-rule (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	The insurer or insurance broker, as the case may be shall comply with the award within thirty days of the receipt of the award and intimate compliance of the same to the Ombudsman and upload the details in the complaints management system
17 Sub-rule (8)	The award of Insurance Ombudsman shall be binding on the insurers	The award of Insurance Ombudsman shall be binding on the insurers or insurance brokers, as the case may be.

## (B) ACCOUNTS

All the Offices of the Insurance Ombudsman have submitted their audited Trial Balances as at 31.03.2021. L.S.Nalwaya & Co. Chartered Accountants, Mumbai who have been appointed as External Auditors for conducting the audit of Office of CIO, erstwhile ECOI (stand-alone) and consolidated accounts of the Council for Insurance Ombudsmen and all Offices of the Insurance Ombudsman for the financial year 2020-2021 have completed their Audit and signed the Accounts.

Consolidation of Final Accounts at CIO for all the Offices of the Insurance Ombudsman and Office of the CIO was done remotely, through “Tally-ERP 9” Package where consolidated statements of accounts were generated automatically without error.

As per the suggestion accepted in the 37th meeting and approved in the 42nd meeting of the Council for Insurance Ombudsmen (erstwhile Executive Council of Insurers / GBIC), the new method of funding was implemented from 01.04.2015. Instead of putting the entire burden of advance on one company (i.e. L.I.C of India), the amount towards expenses of the then GBIC and all Offices of Insurance Ombudsman may be collected in advance from the member companies, in the beginning of the financial year, based on the provisional market share pertaining to previous financial year. Such advance on provisional Market Share and paid up capital (whichever is more) basis will be later adjusted as per actual share and thereafter properly accounted.

The Council for Insurance Ombudsmen (erstwhile Executive Council of Insurers) in its second meeting on 25.09.2018 has decided that w.e.f. 01.04.2019 the following revised procedure for sharing of expenses under Rule 12(2), 12(3) and 12(4) of Insurance Ombudsman Rules, 2017 will be followed –

- 1) Approval of annual budget of the Office of the Executive Council of Insurers and its 17 Ombudsman offices in the Council meeting of ECOI.
- 2) The amount of total approved budget will be divided equally between Life Insurance segment and General Insurance segment.
- 3) Life Insurance Council and General Insurance Council will share the expenses equally (i.e. 50% by LI Council and 50% by GI Council) and remit the approved budgeted amount as in (2) above in advance on half-yearly basis to the Office of the Executive Council of Insurers.

A copy of the consolidated Audit Report of the Office of the Council for Insurance Ombudsmen and the 17 Offices of the Insurance Ombudsman along with the Income and Expenditure Account and Balance Sheet as at 31.03.2021 is annexed below.



### Independent Auditor's Report

To

The Secretary,

**Office of the "Council for Insurance Ombudsmen" & 17 Offices of Insurance**

**Ombudsmen**

**(Erstwhile Executive Council of Insurers)**

3<sup>rd</sup> Floor, Jeevan Seva Annexe,

Off. S.V. Road, Santacruz (West)

Mumbai – 400054

#### **Report on the Financial Statements**

1. We have audited the accompanying financial statements of the **Office of the "Council for Insurance Ombudsmen" (CIO) (Erstwhile Executive Council of Insurers) & 17 Offices of Insurance Ombudsmen** which comprise the Balance Sheet as at 31<sup>st</sup> March, 2021 and the Statement of Income & Expenditure for the year then ended on that date 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.

#### **Responsibility of Management's and those charged with Governance for the Financial Statements**

2. Office of the "Council for Insurance Ombudsmen" (CIO) (Erstwhile Executive Council of Insurers) 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 Office of the "Council for Insurance Ombudsmen" (CIO) (Erstwhile Executive Council of Insurers) and its Offices in accordance with the requirements of the Insurance Act 1938 as amended by the Insurance Laws (Amendment) Act, 2015 and Insurance Ombudsman Rules, 2017 (as amended on 02.03.2021, Insurance Ombudsman (Amendment) Rules 2021). 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' Responsibilities for the Audit of the Financial statements**

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.

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 CIO 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 audit opinion.

### Basis for Opinion

4. In our opinion and to the best of our information and according to the explanations given to us, except for the effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements have been prepared in accordance with the requirements of the Insurance Act, 1938 as amended by the Insurance Laws (Amendment) Act, 2015 and Insurance Ombudsman Rules, 2017 (as amended on 02.03.2021, Insurance Ombudsman (Amendment) Rules 2021) 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 Office of the "Council for Insurance Ombudsmen" (CIO) (Erstwhile Executive Council of Insurers) and its Offices.
- (i) In case of Balance Sheets give a true and fair view of the state of affairs of the CIO and its Offices as at 31<sup>st</sup> March, 2021; 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 No. 2: The Office of the "Council for Insurance Ombudsmen" (erstwhile Executive Council of Insurers) started its operations in 1998. The accounts were maintained by L.I.C of India till the year 2000-2001, which were unaudited figures. In the year 2001-2002, these unaudited figures were brought forward as the opening balances by the office of the "Council for Insurance Ombudsmen" (erstwhile Executive Council of Insurers).
- 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 No. 5: As per Ombudsman Rules 2017 (amended as on 02.03.2021) and the decision taken regarding the sharing of expenses of CIO & 17 OIO's in the 2nd Meeting of the Executive Council of Insurers, CIO will inform Life Insurance Council & General Insurance Council the actual expenses of CIO & 17 OIOs for the financial year, 2020-2021. The Actual expenses will be distributed equally and informed to Life Insurance Council and General Insurance Council who will have to process the refund / recovery on the basis of actual sharing.
- d) Note No. 10: The Management has obtained opinion on its obligation to file Income Tax Return. As per the opinion obtained, the office of "Council for Insurance Ombudsmen" (erstwhile Executive Council of Insurers) is not required to file Income Tax Return, as it is not carrying on any commercial activity.



- e) Note No. 11: Regarding TDS on GST on Contracts applicable from 01.10.2018 as per notification no 50/2018- Central Tax issued by CBIC, section 51 of CGST Act 2017, we have obtained TDS on GST number for Council for Insurance Ombudsmen (erstwhile Executive Council of Insurers) and 17 Offices of Insurance Ombudsman and filed the TDS on GST returns during the financial year 2020-21. CIO have also filed the advance ruling papers with GST authorities for applicability of GST and are in the process of obtaining their opinion on the applicability of the said notification to our Organization.
- f) Writ Petitions have been filed against the Office of the "Council for Insurance Ombudsmen" (erstwhile Executive Council of Insurers) 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 Kiriti 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. A contingent liability may arise in respect of the above cases
- g) Office of the "Council for Insurance Ombudsmen" (erstwhile Executive Council of Insurers) the financial statements have been prepared in the manner as specified in the circular No. ECOI/Cir No. 353/2020-21 which states that the excess of expenditure over income should be transferred to the a/c code 125- Collection of fixed assets, accordingly the deficit of each OIO has been adjusted to that account.
- h) The Ministry of Finance vide its notification G.S.R. 147(E) dated 02.03.2021 has amended Insurance Ombudsman Rules 2017 as Insurance Ombudsman (Amendment) Rules 2021. As per the said rule, the "Executive Council of Insurers" has been renamed as "Council for Insurance Ombudsmen".

#### **Report on Other Legal & Regulatory Requirements**

6. As required by the Insurance Act 1938 as amended by the Insurance Laws (Amendment) Act, 2015 and Insurance Ombudsman Rules 2017, as amended on 02.03.2021, Insurance Ombudsman (Amendment) Rules 2021, except to the extent stated hereinabove, we report that:

- a) We have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of our audit and have found them to be satisfactory.
- b) In our opinion and to the best of our information and according to the explanations given to us, proper books of accounts as required by law have been maintained by the Office of the "Council for Insurance Ombudsmen (CIO)" (Erstwhile Executive Council of Insurers) and its Offices so far as appears from our examination of books.
- c) The Balance Sheet and Statement of Income & Expenditure of the Office of the "Council for Insurance Ombudsmen (CIO)" (Erstwhile Executive Council of Insurers) and its Offices referred to in these reports 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.

#### Other Matters

- a) It is observed that there is default in payment of TDS for Income Tax amounting to Rs. 329740/- as per TRACES. These defaults have not been responded by the OIO'S. These are long pending in nature and needs to be resolved or paid. Non-payment or Non-resolution will lead to payment of interest and late fees. However, no any provision has been made in this regards in Books of Accounts. The details are as follows.

Sr. No.	Name of office	Quarter	Form Type	Amount of Demand	
1	Bengaluru	2015-16	-	5050.00	
		2016-17	-	2770.00	
2	Kochi	2007-08	-	2490.00	
		2009-10	-	500.00	
		2010-11	-	12030.00	
		2012-13	-	820.00	
		2019-20	-	110.00	
		2020-21	-	13560.00	
				<b>Total.</b>	
				<b>37,330.00</b>	

- b) In case of Bengaluru OIO, Tax is not deducted at sources for outstanding expenses, i.e. Contractual payments other than AMC and staff amenities (Sodexho) payments made for the month of March 2021.

Cheque cancelled account is having balance of Rs.1686 which is long outstanding.

- c) In case of New Delhi OIO, the unmodified opinion expressed by the Auditor that Internal Audit of the office have not been undertaken during the year; hence the internal audit reports were not available. The Impact of the same on financial statements, which in view of the management will not be material, remains unascertainable.
- d) In case of Noida OIO, the unmodified opinion expressed by the Auditor that Internal Audit of the office have not been undertaken during the year; hence the internal audit reports were not available. The Impact of the same on financial statements, which in view of the management will not be material, remains unascertainable.

- e) In case of Patna OIO, The Total expenditure against of the grant is Rs. 1,05,25,168.95 in respect of that total fund is Rs. 1,22,20,000/- out of which Rs. 15,70,000/- is related to the financial year 2021-22 and sanctioned notionally for administrative expenses for the month of April and May of 2021-22. Auditors suggestion that transfer of utilized fund / excess of expenditure over income to collection of fixed assets (account code 125) should be equal in virtue of accounting principles, In the current financial year, excess of expenditure over the income of Rs. 1,05,25,168.95 and transferred fund in specified account code 125 called collection of fixed assets is Rs. 1,22,20,000/-.



- f) In case of Pune OIO, Payment vouchers are checked by the auditor from the statements made available to them, in 16 cases TDS have been excess deducted rather than the applicable rates and in 1 case TDS have not been deducted by the Pune OIO.

**For L. S. NALWAYA & Co.  
Chartered Accountants  
FRN.115645W**

  
**Ashish Nalwaya  
Partner  
MRN.110922**



UDIN: 21110922AAAACE8270

Place: Mumbai  
Date: 02.06.2021







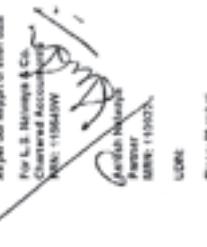
भारतीय बीमा अधिकारी  
Council for Insurance Ombudsmen

## Office of the "Council for Insurance Ombudsmen" & 17 Offices of Insurance Ombudsman (Earlierly Executive Council of Insurers)

### Consolidated Income & Expenditure Account for the year ended 31st March, 2021

A/c Code	Expenses	Year ended 31/03/2021	Year ended 31/03/2020	A/c Code	Income	Year ended 31/03/2021	Amount (In Rs.)	Year ended 31/03/2020
451	Depreciation	53,54,171.11	53,29,284.32					
452	PR & Publicity	77,533.00	17,193.00					
455	Infrastructure & Renovation Cost	-	3,130.00					
453	Other Miscellaneous Expenses	4,38,042.36	5,28,959.80					
456	Expenses on External Committee	-	5,91,675.00					
457	Sunday Office Equipments (< Rs. 5,000/-)	3,27,462.00	1,22,042.00					
460	SR A/c	130.62	96.01					
461	Library Expenses	16,930.00	17,665.00					
462	Fixed Allowance to Ombudsman	1,53,14,516.00	1,14,88,963.00					
467	Reimb to emp/l for IT paid on perks	6,15,709.00	3,90,013.00					
468	Payment to Specialist	1,72,39,895.77	-					
469	Incidental Charges on line Hearing	50,743.00	-					
499	Loss on Sale of Fixed Assets	10,528.00	4,837.00					
	<b>TOTAL (in Rs.)</b>	<b>55,08,12,414.36</b>	<b>37,19,42,756.47</b>		<b>TOTAL (in Rs.)</b>	<b>55,08,12,414.36</b>	<b>37,19,42,756.47</b>	

Note to Accounts as per Schedule 'B' annexed

  
**Secretary General**  
  
**Secretary**  
  
 Anjanee Mistry  
 For S. N. Mistry & Co.  
 Chartered Accountants  
 Regd. No. 116459W  
 Date: 11/04/2021  
  
**Chartered Accountant**  
**Mumbai**  
**Regd. No. 116459W**  
**Date: 11/04/2021**





कीमा लोकपाल परिषद  
Council for Insurance Ombudsmen

Ref: CIO/consol.Accts./2020-21

02.06.2021

**M/s L. S. Nalwaya & Co.**

Chartered Accountants

122-Sheer\_E-Punjab,  
Opp. St Dominic Savio High School,  
Andheri (East),32  
Mumbai - 400 093

Dear Sirs,

**Re: Audit of financial statements for the year ended March 31, 2021**

In connection with your audit of Balance Sheet of the Council for Insurance Ombudsmen (erstwhile Executive Council of Insurers) and its 17 Ombudsman Offices as at March 31, 2021 and the statement of Income and Expenditure for the year ended on that date, we acknowledge as management our responsibility for preparation and fair presentation of the financial statements and recognize that obtaining representations from us concerning the information contained in this letter is a significant procedure for the purpose of expressing an opinion as to whether the financial statements present fairly, in all material respects, the financial position results of operations of Office of "Council for Insurance Ombudsmen" (erstwhile Executive Council of Insurers) and its 17 Ombudsman Offices in accordance with the requirements of Insurance Act, 1938 and Insurance Ombudsman Rules, 2017 (as amended on 02.03.2021, Insurance Ombudsman (Amendment) Rules 2021) and in conformity with accounting principles generally accepted in India, as applicable.

We understand that your examination included such tests and procedures as you considered necessary for the purpose of expressing an opinion on the financial statements. We also understand that such procedures would not necessarily detect fraud, irregularities or error, should any exist. We acknowledge that control over and responsibility for the prevention and detection of fraud, irregularities and error remains with us.

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that in the light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement.

We confirm, to the best of our knowledge and belief, the following representations made to you during your audit:

### **Financial statements and records:**

1. The accounts and records of the Council for Insurance Ombudsmen(erstwhile Executive Council of Insurers) and its 17 Ombudsman Offices have been maintained in accordance with the requirements of the Insurance Act1938, Insurance Ombudsman Rules, 2017 (as amended on 02.03.2021,Insurance Ombudsman (Amendment) Rules 2021) and also in conformity with accounting principles generally accepted in India, as applicable.
2. The financial statements are in agreement with the books of account, and we have maintained proper books of account, as required by law. There are no material transactions that have not been properly recorded in the accounting records underlying the financial statements.
3. The management has taken proper and sufficient care for the maintenance of adequate accounting records in accordance with the applicable provisions of the Insurance Act 1938, Insurance Ombudsman Rules, 2017 (as amended on 02.03.2021, Insurance Ombudsman (Amendment) Rules 2021) and for safeguarding the assets of Council for Insurance Ombudsmen (erstwhile Executive Council of Insurers) and its 17 Ombudsman Offices for preventing and detecting fraud and other irregularities.
4. The financial statements are free from material errors and omissions
5. There have been no material changes since the date of the Balance sheet in respect of any of the statements made above, and no events have occurred subsequent to the Balance sheet date, which are of such nature that would affect the true and fair view of the state of affairs and results of Council for Insurance Ombudsmen (erstwhile Executive Council of Insurers) and its 17 Ombudsman Offices as at March 31, 2021 or would require adjustment to, or disclosure in the financial statements.
6. The accounting policies and estimates followed by office of Council for Insurance Ombudsmen" (erstwhile Executive Council of Insurers) and its 17 Ombudsman offices during the current year are consistent with those adopted in the audited financial statements for the year ended 31st March, 2020.

### **Internal Controls:**

7. There are no material weaknesses in internal control, including any for which we believe the cost of corrective actions exceeds the benefits. There have been no significant changes in internal control, other than regular strengthening of controls in the normal course of business, since March 31, 2020.
8. There has been no fraud or possible irregularities, involving management or employees who have significant roles in internal control or others where the fraud could have a material effect on the financial statements. We have no knowledge of any allegations of fraud or suspected fraud affecting the office of the "Council for Insurance Ombudsmen" (erstwhile

Executive Council of Insurers) and its 17 Ombudsman offices or received in communications from employees, former employees, or others, which could have a material effect on the financial statements.

9. We acknowledge management's responsibility for implementation and operation of accounting and internal control systems in order to prevent and detect frauds and errors. We have adequate systems in place and we hereby certify that there were no material frauds, noticed or reported on or by office of "Council for Insurance Ombudsmen" (erstwhile Executive Council of Insurers) and its 17 Ombudsman offices during the year.

#### **Liabilities:**

10. Full provisions have been made in the Balance sheet for all known liabilities of the office of "Council for Insurance Ombudsmen" (erstwhile Executive Council of Insurers) and its 17 offices, due or accrued, as at March 31, 2021
11. The provisions made for expenses are not in excess and are reasonable.
12. Other than as disclosed in financial statements, there are no other amounts which are due from/ to other branches / zones.

#### **Loans, Advances and Other Assets:**

13. Office of the Council for Insurance Ombudsmen (erstwhile Executive Council of Insurers) and its 17 Ombudsman offices have satisfactory title to all owned assets, and there are no liens or encumbrances on such assets nor has any asset been pledged as collateral.
14. The current assets have a value on realization in the ordinary course of business at least equal to the amounts at which they are stated in the books.
14. The net book values at which fixed assets are stated in the Balance sheet are arrived at:
  - a. After taking into account all capital expenditure on additions there to, but no expenditure property chargeable to revenue,
  - b. After eliminating the cost and accumulated depreciation relating to items sold, discarded, demolished or destroyed,
  - c. After providing adequate depreciation on fixed assets during the year,
  - d. After considering impairment.

#### **Cash and bank balances:**

15. Office of Council for Insurance Ombudsmen" (erstwhile Executive Council of Insurers) has "NIL" balance under cash-in-hand in the Balance Sheet as on date.

- 16. The management believes that the outstanding items lying in the bank reconciliation statements would not have material effect on financial statements.
- 17. There are proper controls and monitoring over the items reflected in the bank reconciliation statement.

**Receivables:**

- 18. Receivables represent bonafide sums due to the Office of "Council for insurance Ombudsmen" (erstwhile Executive Council of Insurers) in normal course of business. Others:

**Others:**

- 19. There have been no events subsequent to the Balance sheet date which require adjustment of or disclosure in the financial statements,
- 20. To the best of our knowledge and belief, office of "Council for Insurance Ombudsmen" (erstwhile Executive Council of Insurers) has not made any improper payments or payments which are illegal or against public policy.
- 21. The management has obtained opinion on its obligation to file Income Tax Return. As per the opinion obtained, Office of "Council for Insurance Ombudsmen" (erstwhile Executive Council of Insurers) is not required to file Income Tax Return, as it is not carrying on any commercial activity.
- 22. The Office of the "Council for Insurance Ombudsmen" (erstwhile Executive Council of Insurers) started its operations in 1998. The accounts were maintained by L.I.C of India till the year 2000-2001, which were unaudited figures. In the year 2001-2002, these unaudited figures were brought forward as the opening balances by the office of the Council for Insurance Ombudsmen" (erstwhile Executive Council of Insurers).
- 23. The accounts of 16 offices of the Insurance Ombudsman have been audited by various auditors whereas accounts of Insurance Ombudsman, Mumbai audited by your audit firm. The consolidation of the same is being done after considering the fact that the amount received from all the insurance companies would be found excess or short on receiving the requisite data i.e., paid-up capital and gross direct premium income from all the insurance companies. Accordingly, the excess / short will be duly adjusted from the funds required from all the insurance companies for the subsequent financial year.
- 24. The management has obtained opinion on its obligation to file Income Tax Return. As per the opinion obtained, Office of the "Council for Insurance Ombudsmen" (erstwhile Executive Council of Insurers) is not required to file Income Tax Return, as it is not carrying on any commercial activity.



कीमा लोकपाल परिषद  
Council for Insurance Ombudsmen

25. Regarding TDS on GST on Contracts applicable from 01.10.2018 as per notification no 50/2018-Central Tax issued by CBIC, section 51 of CGST Act 2017, we have obtained TDS on GST number for the Council for Insurance Ombudsmen (erstwhile Executive Council of Insurers) and 17 Offices of Insurance Ombudsman and have filed the TDS on GST returns during the financial year 2020-21. We have also filed the advance ruling papers with GST authorities for applicability of GST and are in the process of obtaining their opinion on the applicability of the said notification to our Organization.
26. The Ministry of Finance vide its notification G.S.R. 147(E) dated 02.03.2021 has amended Insurance Ombudsman Rules 2017 as Insurance Ombudsman(Amendment) Rules 2021. As per the said rule, the "Executive Council of Insurers" has been renamed as "Council for Insurance Ombudsmen".

**For the Council for Insurance Ombudsmen**  
**(Erstwhile Executive Council of Insurers)**

**Secretary General**

Place: Mumbai

Date: 02.06.2021

**CONSOLIDATED ACCOUNTS OF**  
**"COUNCIL FOR INSURANCE OMBUDSMEN"**  
**(ERSTWHILE EXECUTIVE COUNCIL OF INSURERS)**  
**AND 17 OFFICES OF INSURANCE OMBUDSMAN**

**SCHEDULE 'B'**

**NOTES TO THE ACCOUNTS FOR THE YEAR ENDED AS ON 31/03/2021**

**1. SIGNIFICANT ACCOUNTING POLICIES**

**A. SYSTEM OF ACCOUNTING**

Office of "Council for Insurance Ombudsmen" (erstwhile 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 upto Rs.5,000/- each shall be charged to revenue account code 457 Sundry Office Equipment in the year of purchase.

A/C code	Asset	Rate of depreciation
216	Office Equipment's	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%
224	Misc. Capital Equipment's	10%
231	Lease-hold Improvements	10%

iii. **Operating Leases:** Operating Leases are those where lessor effectively retains substantially all the risks and benefits of ownership over leased term are classified as operating leases. Operating lease rentals are recognized as an expense, as applicable, over the lease period.

2. The Office of the Council for Insurance Ombudsmen" (erstwhile Executive Council of Insurers) started its operations in 1998. The accounts were maintained by L.I.C of India till the year 2000-2001, which were unaudited figures. In the year 2001-2002, these unaudited figures were brought forward as the opening balances by the office of the "Council for Insurance Ombudsmen" (erstwhile Executive Council of Insurers).
3. As per Ombudsman Rules 2017 (as amended on 02.03.2021, Insurance Ombudsman (Amendment) Rules 2021) and as decided in the 2nd meeting of Executive Council of Insurers, office of the "Council for Insurance Ombudsmen"(erstwhile ECOI) has received Rs. 62,63,00,090/- (Rupees Sixty two crores sixty-three lakhs and ninety only) from the member companies of Life Insurance Council and General Insurance Council towards advance sharing of expenses for the financial year 2020-21 through Life Insurance Council and General Insurance council
4. We had received funds from Member Insurance companies through Life Insurance council and General Insurance Council for the financial year 2020-2021 on the basis of advance sharing done and, informed to member Insurance companies by Life insurance Council and General Insurance Council. After getting the requisite data i.e., Paid-up capital and Gross direct premium income from the insurance companies for the financial year 2019-2020, we had completed the necessary exercise of arriving at the share of expenses of the 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 for the financial year 2019-2020, and accordingly, a schedule was prepared. Out of total refund of Rs. 4,78,87,771/- due to member Insurance companies of Life Insurance Council and General Insurance Council towards actual sharing of expenses for FY 2019-2020,we have refunded the entire amount. We have also recovered Rs. 94,69,375/- out of Rs 1,04,24,948/- towards actual sharing of expenses for the FY 2019-2020. The balance recoveries towards Actual sharing of Expenses for the FY 2019-2020 from four member companies of GI Council of Rs 9,55,573/- is shown in the Asset under A/c 291- Outstanding Income.
5. As per Ombudsman Rules 2017 (amended as on 02.03.2021, Insurance Ombudsman (Amendment) Rules 2021) and the decision taken regarding the sharing of expenses of CIO & 17 OIO's in the 2nd Meeting of the Executive Council of Insurers, we will inform Life Insurance Council & General Insurance Council the actual expenses of CIO & 17 OIO's for the financial year, 2020-2021. The Actual expenses will be distributed equally and informed to Life Insurance Council and General Insurance council who will have to process the refund/recovery on the basis of actual sharing.
6. The amount of Rs. 35,11,15,000/- has been provided as replenishment to 17 offices of Insurance Ombudsman for the financial year 2020-2021.

7. The following Offices of Insurance Ombudsman have received amounts from Insurance companies towards Deposit Payable as per High Court Order for the Legal cases pending in the Court which is shown under liability in the Balance Sheet as on 31.03.2021

Bhopal	Rs. 1,55,620/-
Hyderabad	Rs. 28,68,971/-
Noida	Rs. 3,31,444/-

For Noida OIO, the High Court order was to keep the amount received from Insurance Company in Fixed deposit. In the current FY 2020-2021 Interest earned on Fixed Deposit is added in the a/c 122- Other Misc. Credit and A/c 211-Sundry Deposit Recoverable. Therefore, reflected in the Balance sheet as an asset and also as Liability.

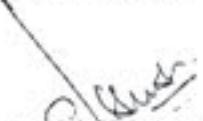
8. We have reconciled and received the confirmations of Balances of Sundry Creditors and Sundry Debtors.
9. Writ Petitions have been filed against the Office of the "Council for Insurance Ombudsmen" (erstwhile Executive Council of Insurers) and the Union of India by Shri A. K. Dasgupta, ex. Insurance Ombudsman, Mumbai, Shri G. Rajeshwara Rao, ex. Insurance Ombudsman, Hyderabad, Shri A. K. Sahoo, ex. Insurance Ombudsman, Pune, Shri Mateshwari Prasad, ex. Insurance Ombudsman, Bangalore and Shri Kiriti 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. **A contingent liability may arise in respect of the above cases.**
10. During the year, status of complaints is as under :

Particulars	Complaints o/s as on 01.04.2020	Received during the year	Disposed during the year	Outstanding o/s as on 31.03.2021
For Life Insurance	3593	13415	15493	1515
For general Insurance	2400	2890	4828	462
For Health	2729	9992	10275	2446
<b>TOTAL</b>	<b>8722</b>	<b>26297</b>	<b>30596</b>	<b>4423</b>

11. The Management has obtained opinion on its obligation to file Income Tax Return As per the opinion obtained, the office of "Council for Insurance Ombudsmen" (erstwhile Executive Council of Insurers) is not required to file Income Tax Return as it is not carrying on any commercial activity.
12. Regarding TDS on GST on Contracts applicable from 01.10.2018 as per notification no 50/2018- Central Tax issued by CBIC, Section 51 of CGST Act 2017, we have obtained TDS on GST number for Council for Insurance Ombudsmen (erstwhile executive Council of Insurers) and 17 Offices of Insurance Ombudsman and filed the TDS on GST returns during the financial year 2020-21. We have also filed the advance ruling papers with GST authorities for applicability of GST and are in the process of obtaining their option on the applicability of the said notification to our Organization
13. The Ministry of Finance vide its notification G.S.R. 147(E) dated 02.03.2021 has amended Insurance Ombudsman Rules 2017 Insurance Ombudsman(Amendment) Rules 2021. As per the said rule, the "Executive Council of Insurers" has been renamed as "Council for Insurance Ombudsmen".

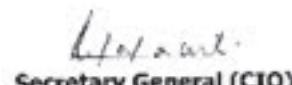
As per our Report of even date

For L. S. Nalwaya & Company  
Chartered Accountants  
FRN: 115645W

  
Ashish Nalwaya  
Partner  
MRN: 110922



  
Secretary(CIO)

  
Secretary General (CIO)

UDIN :  
Place : Mumbai  
Date : 02.06.2021

## (C) COMPLAINT ANALYSIS

The Complaints Statistics have been generated through the CMS. The following consolidated statements as at 31.03.2021 are attached herewith:

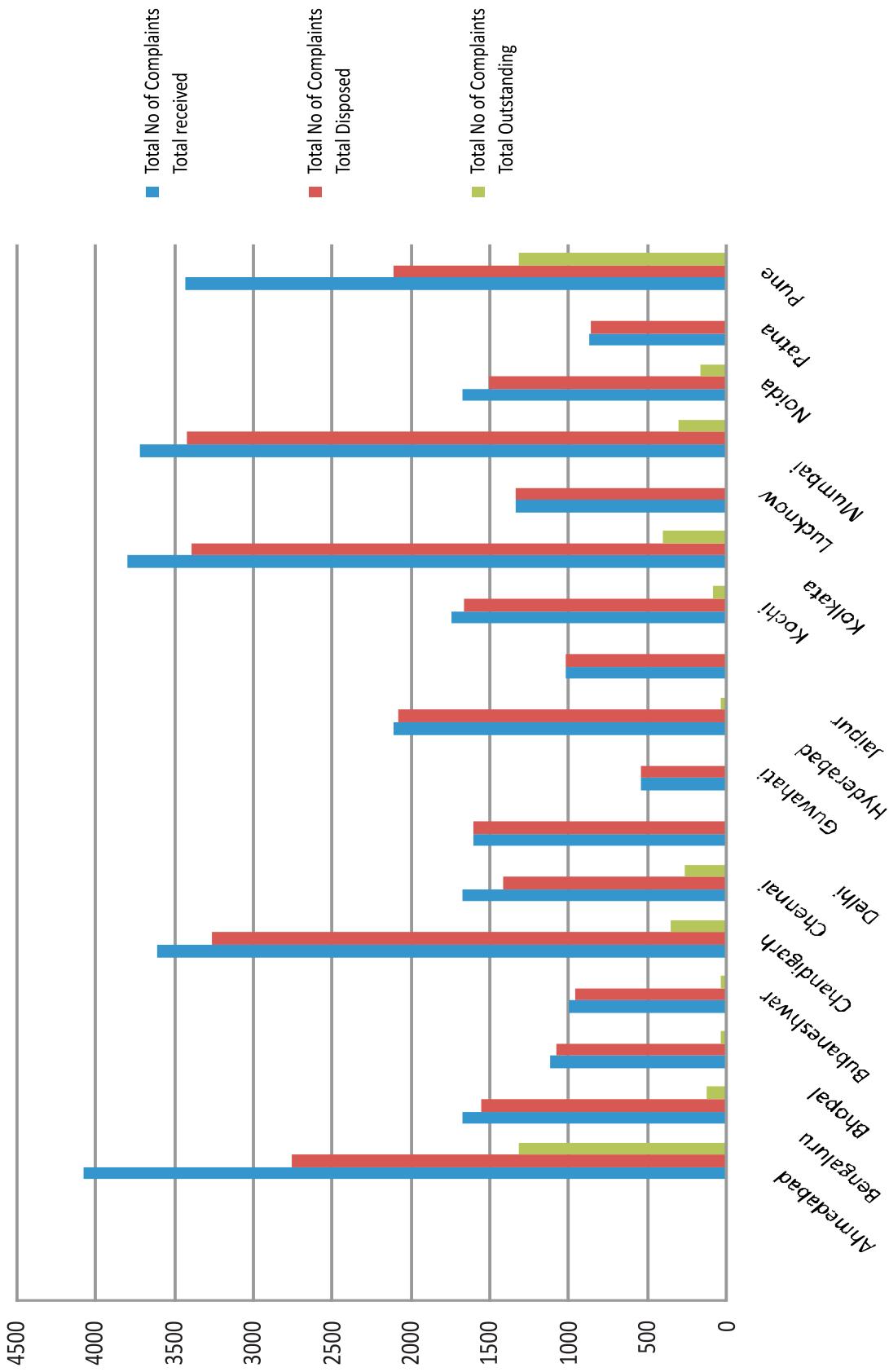
No.	Description	Statement
1	Complaints Disposal (Summary – Life , General & Health Insurance )	L1G1H1
2	Complaints Disposal Centre Wise Life Insurance)	L2
3	Complaints Disposal (Centre Wise General Insurance)	G2
4	Complaints Disposal (Centre Wise Health Insurance)	H2
	Complaints Disposal (Company Wise Life Insurance)	L3
	Complaints Disposal (Company Wise General Insurance)	G3
	Complaints Disposal (Company Wise Health Insurance)	H3
	Details of Awards & Recommendations - Amount Wise (Centre Wise- Life, General& Health Insurance )	L4G4H4
	Details of Awards & Recommendations - Amount Wise (Company Wise Analysis – Life Insurance)	L5
	Details of Awards & Recommendations - Amount Wise (Company Wise Analysis - General Insurance)	G5
	Details of Awards & Recommendations - Amount Wise (Company Wise Analysis – Health Insurance)	H5
	Nature wise classification of complains received (Centre Wise- Life, General & Health Insurance )	L7G7H7
	Nature Wise Classification of complaints received (Centre wise - Life Insurance)	L8
	Nature wise Classification of complaints received (Centre wise – General Insurance)	G8
	Nature wise Classification of complaints received (Centre wise - Health Insurance)	H8
	Nature wise Classification of Complaints received (Company wise analysis - Life Insurance)	L9
	Nature wise classification of complaints received (Company wise analysis - General Insurance)	G9
	Nature wise classification of complaints received (Company wise analysis - Health Insurance)	H9





भारतीय बीमा विधिविज्ञान  
Council for Insurance Ombudsmen

## Life Insurance, General & Health Insurance Industry: Complaint Analysis (L1G1H1) as at 31.03.2021

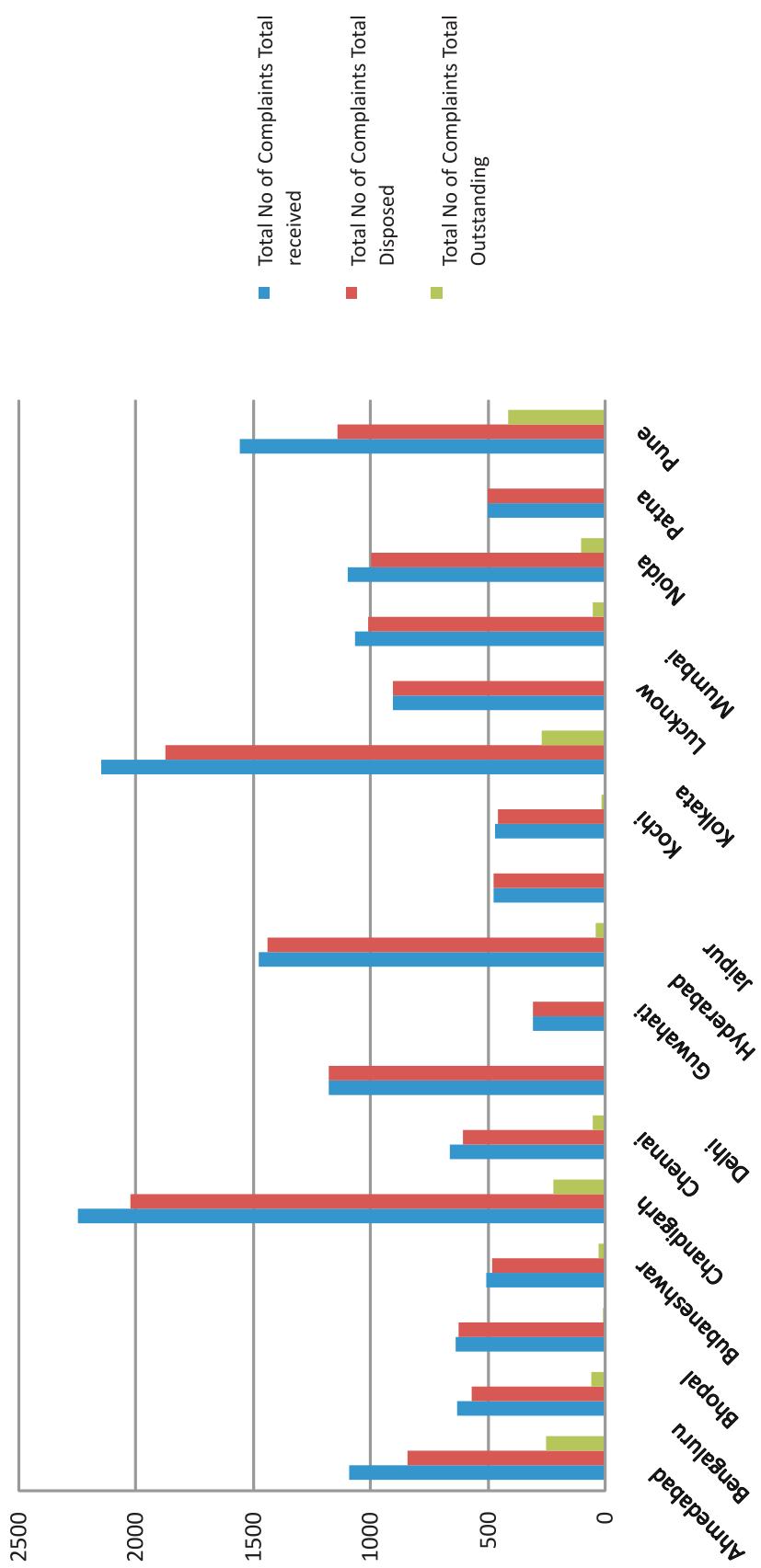






भारतीय बीमा अधिकारी  
Council for Insurance Ombudsmen

## Life Insurance Industry: (L2) Complaint Analysis (Centrewise) as at 31.03.2021

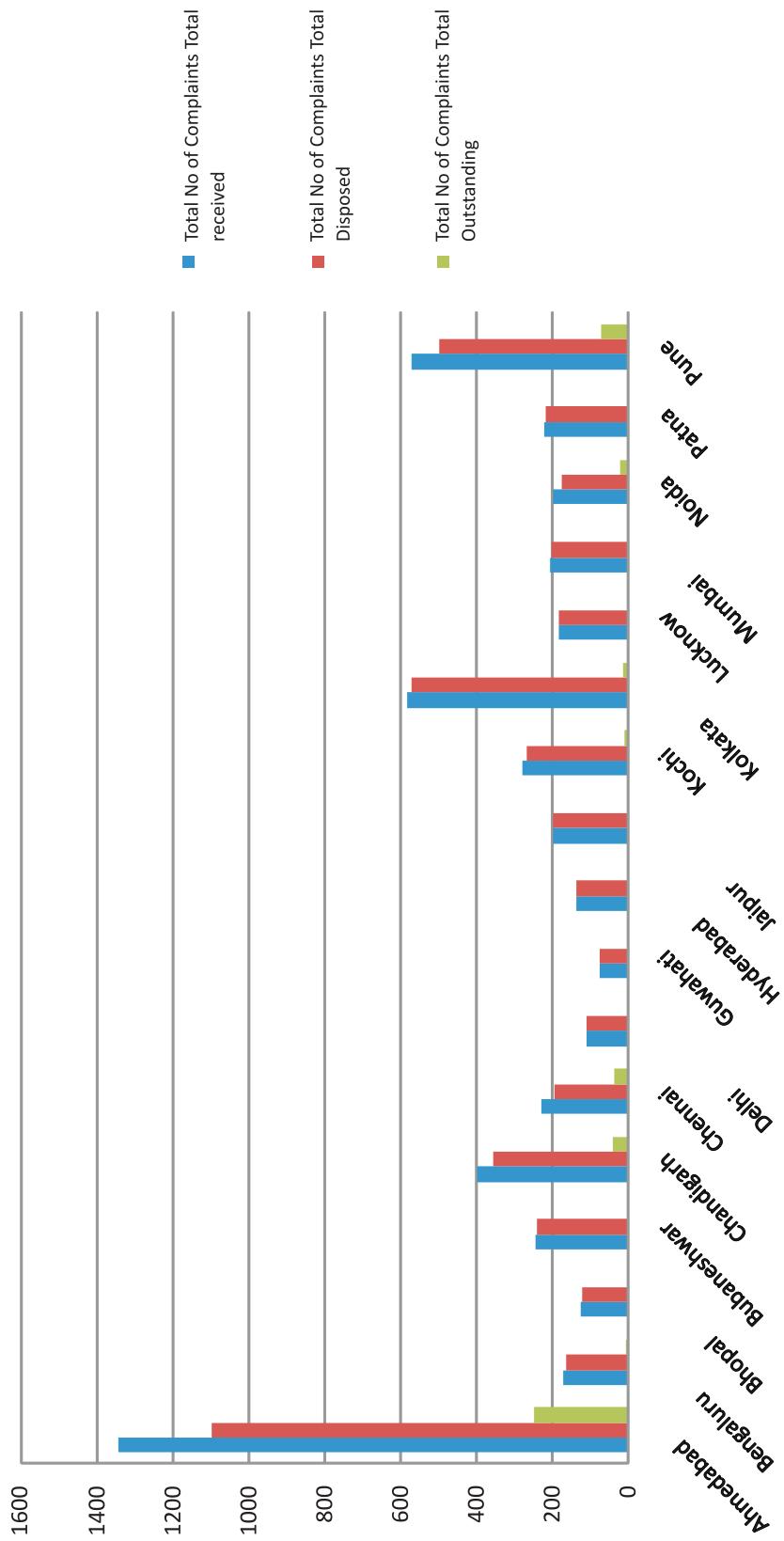






भारतीय बीमा विधिव्यापार  
Council for Insurance Ombudsmen

## General Insurance Industry (G2) Complaint analysis (Centrewise) as at 31.03.2021





भारतीय बैंक और बीमा  
Council for Insurance Ombudsmen

## OFFICE OF THE COUNCIL FOR INSURANCE OMBUDSMEN

### Complaints Disposal statement for the period from 01.04.2020 to 31.03.2021

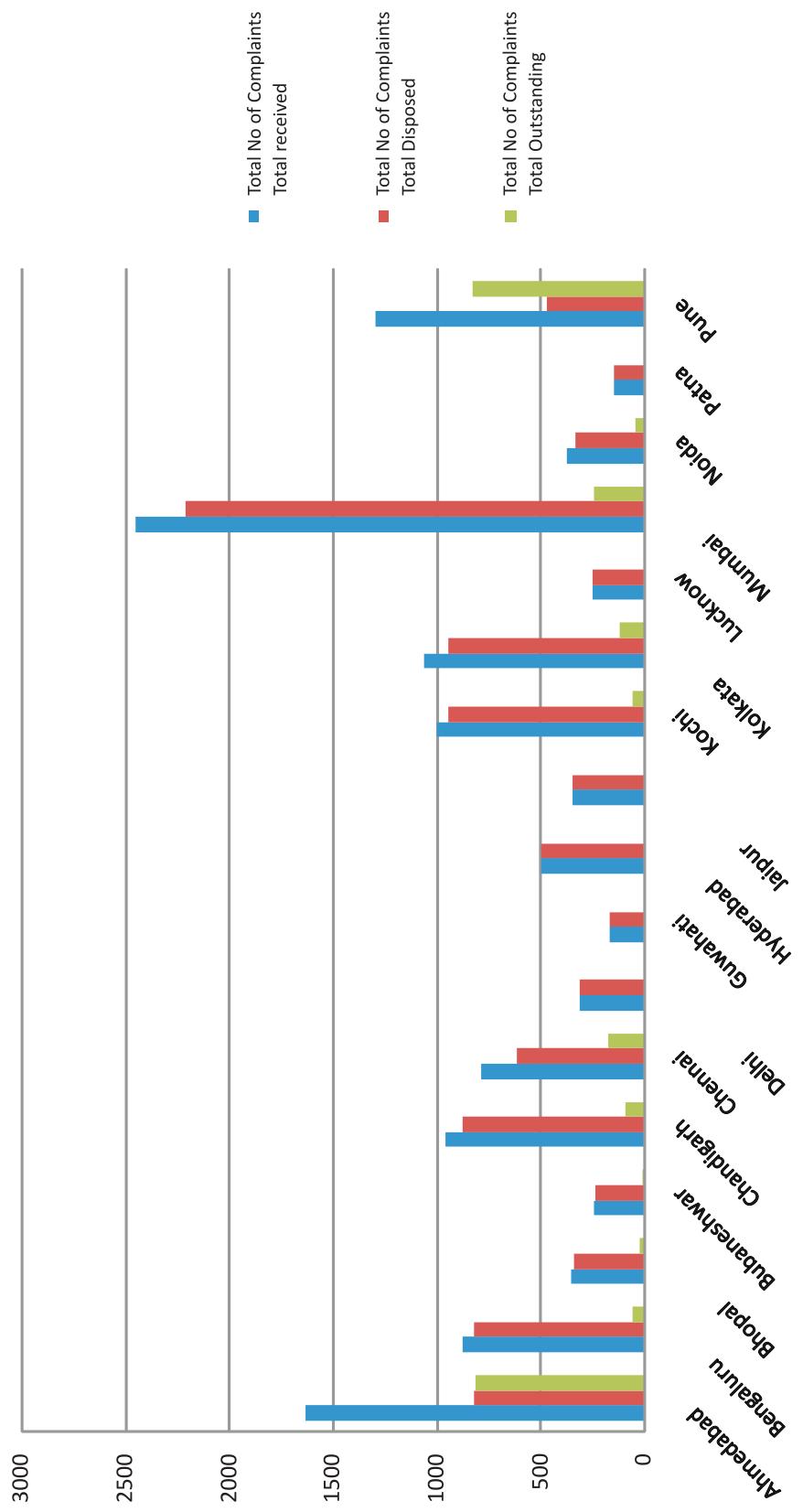
#### STATEMENT H2 HEALTH INSURANCE

Name of the centre	Total No of Complaints		Complaints disposed by way of				Durationwise disposal of Complaints			Durationwise Outstanding complaints		
	Received O/s at the beginning of the year	Recom mendations	Awards fmg. Ims. Co.	Dismissal awards fmg. Ims. Co.	Non-Entertainable Withdrawal	Total Dispose d	Within 3 months to 1 year	Above 1 year	Total Dispose d	Within 3 months	3 months to 1 year	Total Outstanding
Ahmedabad	699	935	1634	10	93	167	496	819	527	46	246	819
Bengaluru	39	835	874	0	213	180	18	405	816	762	54	0
Bhopal	12	340	352	0	23	69	15	227	334	323	11	0
Bhubaneswar	40	203	243	1	79	21	16	116	233	180	53	0
Chandigarh	185	774	959	0	379	156	0	336	871	627	244	0
Chennai	62	721	783	1	119	85	106	300	611	415	196	0
Delhi	17	295	312	54	30	109	7	112	312	309	3	0
Guwahati	5	157	162	0	31	30	9	92	162	159	3	0
Hyderabad	44	452	496	3	133	50	14	296	496	448	48	0
Jaipur	35	307	342	1	143	35	61	102	342	321	21	0
Kochi	34	961	995	0	300	299	37	304	940	818	122	0
Kolkata	430	631	1061	4	323	334	100	181	942	267	351	324
Lucknow	31	219	250	13	53	40	13	131	250	215	29	6
Mumbai	435	2013	2448	1	1230	188	273	514	2206	1645	552	9
Noida	61	309	370	12	101	68	41	108	330	254	76	0
Patna	15	129	144	2	23	26	15	78	144	109	35	0
Pune	585	711	1296	71	133	32	75	156	467	248	51	168
<b>Total</b>	<b>2729</b>	<b>9992</b>	<b>12721</b>	<b>173</b>	<b>3406</b>	<b>1775</b>	<b>967</b>	<b>3954</b>	<b>10275</b>	<b>7627</b>	<b>1895</b>	<b>753</b>
									<b>10275</b>	<b>1154</b>	<b>499</b>	<b>793</b>
												<b>2446</b>



भारतीय बीमा विधिव्यापार परिषद  
Council for Insurance Ombudsmen

## Health Insurance Industry (H2) Complaint Analysis (Centrewise) as at 31.03.2021





भारतीय बैंकर और बीमा  
Council for Insurance Ombudsmen

## OFFICE OF THE COUNCIL FOR INSURANCE OMBUDSMEN

### Complaints Disposal statement (Company-Wise) for the period from 01.04.2020 to 31.03.2021

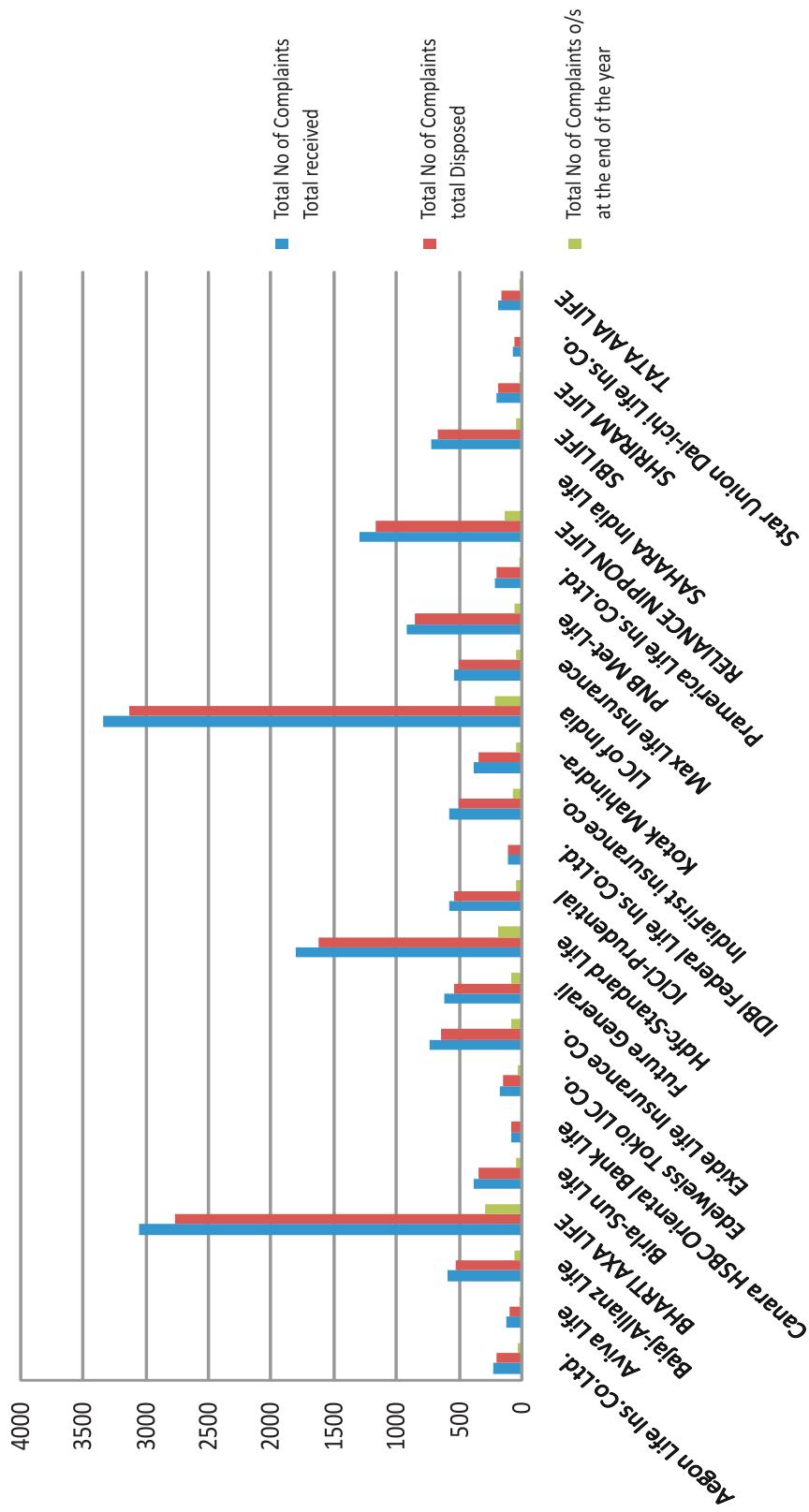
#### STATEMENT L3 LIFE INSURANCE

Name of Company	Total No of Complaints		Complaints disposed by way of						Durationwise Outstanding complaints								
	Ols at the beginning of the year	Received upto March	Total	Recommendations	Awards &g complainant	Awards &g ins. Co.	Non-Entertainable withdrawal	Total Disposed	Within 3 months to 1 year	Above 1 year	Total Disposed	Within 3 months to 1 year	Above 1 year	Total Outstanding			
Aegon Life Ins.Co.Ltd.	73	155	228	2	49	42	12	95	200	125	50	25	200	16	5	7	28
Aviva Life	35	91	126	4	32	23	5	44	108	67	28	13	108	15	2	1	18
Bajaj Allianz Life	108	483	591	37	94	82	35	283	531	424	57	50	531	34	8	18	60
BHARTI AXA LIFE	598	2451	3049	356	891	219	177	1122	2765	2043	448	274	2765	222	44	18	284
Birla-Sun Life	92	292	384	4	81	93	18	151	347	236	60	51	347	27	5	5	37
Canara HSBC Oriental Bank Life	11	76	87	1	13	15	7	47	83	69	11	3	83	3	1	0	4
Edelweiss Tokio LIC Co.	25	153	178	4	35	24	15	71	149	120	19	10	149	22	5	2	29
Exide Life Insurance Co.	323	414	737	9	199	198	43	200	649	309	112	228	649	45	33	10	88
Future Generali	256	368	624	9	219	107	28	184	547	268	109	170	547	32	30	15	77
Hdfc-Standard Life	434	1364	1798	98	326	237	200	755	1616	1136	254	226	1616	106	48	28	182
ICICI-Prudential	94	491	585	9	79	107	59	287	541	428	68	45	541	28	10	6	44
IDBI Federal Life Ins Co.Ltd.	32	87	119	3	23	26	16	43	111	76	16	19	111	4	3	1	8
IndiaFirst insurance co.	79	501	580	21	167	56	28	236	508	419	63	26	508	48	21	3	72
Kotak Mahindra-	71	316	387	6	60	92	25	161	344	241	77	26	344	36	5	2	43
LIC of India	571	2771	3342	28	345	646	221	1892	3132	2442	356	334	3132	152	30	28	210
Max Life Insurance	70	475	545	37	76	85	47	259	504	405	62	37	504	36	4	1	41
PNB MetLife	147	769	916	55	226	121	46	414	862	667	146	49	862	49	2	3	54
Pramerica Life Ins.Co.Ltd.	52	171	223	4	44	49	12	98	207	143	46	18	207	10	3	3	16
RELIANCE NIPPON LIFE	354	945	1299	54	373	235	60	441	1163	752	206	205	1163	95	26	15	136
SAHARA India Life	0	11	11	0	0	2	0	9	11	11	0	0	11	0	0	0	0
SBI LIFE	81	645	726	2	82	132	32	430	678	577	73	28	678	34	9	5	48
SHriram LIFE	35	177	212	2	32	22	17	124	197	156	33	8	197	11	0	4	15
Star Union Daiichi Life Ins Co.	17	56	73	0	15	16	6	32	69	47	10	12	69	2	2	0	4
TATA AIA LIFE	35	153	188	5	15	36	15	100	171	127	29	15	171	12	5	0	17
<b>Total</b>	<b>3533</b>	<b>13415</b>	<b>17008</b>	<b>750</b>	<b>3476</b>	<b>2665</b>	<b>1124</b>	<b>7478</b>	<b>15493</b>	<b>11288</b>	<b>2333</b>	<b>1872</b>	<b>15493</b>	<b>1039</b>	<b>301</b>	<b>175</b>	<b>1515</b>



भारतीय बीमा अधिकारी  
Council for Insurance Ombudsmen

## Life Insurance Industry (L3) Complaints Analysis Company wise as at 31.03.2021

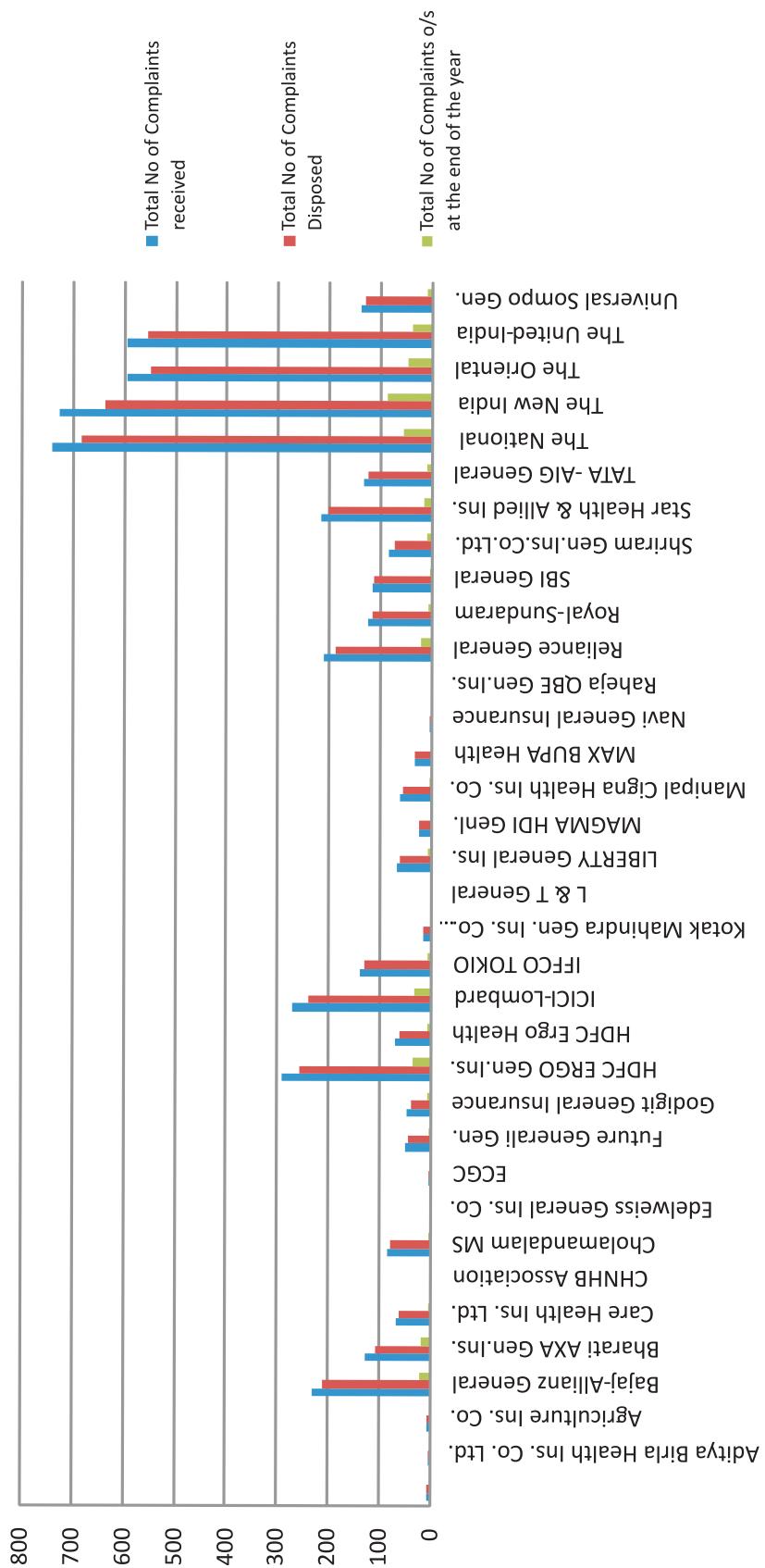






भारतीय बीमा अधिकारी  
Council for Insurance Ombudsmen

## General Insurance Industry (G3) Complaints Analysis Company wise as at 31.03.2021





## OFFICE OF THE COUNCIL FOR INSURANCE OMBUDSMEN

**Complaints Disposal statement (Company-Wise) for the period from 01.04.2020 to 31.03.2021**

**STATEMENT H3**  
**HEALTH INSURANCE**

Name of Company	Total No of Complaints Ols at the beginning of the year	Complaints disposed by way of					Durationwise disposal of Complaints					Durationwise Outstanding complaints							
		Received upto March	Total Recommendations	Awards fvg complainant	Awards fvg ins.co.	Withdrawal Entertain able	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 Disposed	Within 3 months	3 months to 1 year	Above 1 year	Total Outstanding
ACKO GENERAL INSURANCE CO. LTD	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aditya Birla Health Insurance Company Limited	31	94	125	3	30	17	12	40	102	72	20	102	9	5	9	23			
Aegon Life Ins. Co. Ltd.	0	2	2	0	0	1	0	1	2	2	0	0	2	0	0	0	0	0	0
Agriculture Insurance Company of India Ltd.	0	1	1	0	0	0	0	1	1	1	0	1	0	1	0	0	0	0	0
Aviva Life Ins. Co. India Pvt. Ltd.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bajaj Allianz General Insco. Ltd.,	41	207	248	1	65	43	17	74	200	160	35	5	200	23	10	15	48		
Bajaj Allianz Life Insurance Co. Ltd.	2	7	9	0	0	0	5	4	9	7	2	0	9	0	0	0	0	0	0
Bharti AXA General Insurance Co. Ltd.	7	41	48	3	9	9	2	16	39	30	7	2	39	8	1	0	9		
Bharti AXA Life Ins. Co. Ltd	3	2	5	0	2	1	0	2	5	2	2	1	5	0	0	0	0	0	0
Birla Sun Life Insurance Co. Ltd.	1	1	2	0	1	1	0	0	2	0	2	0	2	0	0	0	0	0	0
Canara HSBC Oriental Bank of Commerce Life Ins. Co. Ltd.	0	1	1	0	0	0	0	1	1	1	0	0	1	0	0	0	0	0	0
Care Health Insurance Ltd.	112	431	543	12	105	89	71	192	469	354	84	31	469	26	26	22	74		
CHNHB ASSOCIATION	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cholamandalam NS Gen. Insu.Co. Ltd	8	150	158	1	38	13	1	66	119	110	9	0	119	36	1	2	39		
EDELWEISS GENERAL INSURANCE CO LTD	0	6	6	0	0	1	0	4	5	5	0	0	5	0	1	0	1	0	1
Edelweiss Tokio Life Ins. Co. Ltd.	0	2	2	0	1	0	0	1	2	1	1	0	2	0	0	0	0	0	0
Exide Life Insurance Company Ltd.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Export Credit Guarantee Corporation of India Ltd.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

cont...

## OFFICE OF THE COUNCIL FOR INSURANCE OMBUDSMEN

### Complaints Disposal statement (Company-Wise) for the period from 01.04.2020 to 31.03.2021

**STATEMENT H3**  
**HEALTH INSURANCE**

Name of Company	Total No of Complaints O/s at the beginning of the year	Complaints disposed by way of				Durationwise disposal of Complaints			Durationwise Outstanding complaints			
		Received upto March	Total Recommendations	Awards fng complainant ins.co.	Awards fng withdrawal ins.co.	Total Disposed	Within 3 months to 1 year	Above 1 year	Total Disposed	Within 3 months to 1 year	Above 1 year	
Future Generali India Insurance Co. Ltd.	4	123	127	0	27	23	1	36	87	80	4	3
Future Generali India Life Ins. Co. Ltd.	0	4	4	0	0	3	0	1	4	3	1	0
GODIGIT General Insurance Co. Ltd	0	12	12	0	5	0	0	3	8	7	1	0
HDFC ERGO General Insurance Company Ltd.	52	438	490	13	115	51	64	153	396	335	50	11
HDFC Ergo Health Ins.	114	301	415	4	104	69	47	132	356	241	91	24
HDFC Standard Life Insurance Co. Ltd.	1	22	23	0	1	3	0	16	20	18	2	0
ICICI LOMBARD GENERAL INSURANCE CO.LTD.	16	145	161	3	27	26	15	62	133	109	21	3
ICICI Prudential Life Insurance Co. Ltd.	5	8	13	0	2	3	3	3	11	7	4	0
IDBI Federal Life Ins.Co.Ltd.	0	0	0	0	0	0	0	0	0	0	0	0
IFFCO-TOKIO Genl. Insr. Co. Ltd.	24	186	210	0	57	27	9	81	174	155	14	5
IndiaFirst Life Insurance Co. Ltd., Kotak Mahindra General Insurance Company Limited	0	0	0	0	0	0	0	0	0	0	0	0
Kotak Mahindra Life Insurance Ltd.	0	1	1	0	0	0	0	1	1	1	0	0
L&T GENERAL INSURANCE CO.LTD.	0	1	1	0	0	0	1	1	0	0	1	0
Liberty Gen. Ins.Co.ltd	9	15	24	0	5	9	2	5	21	14	4	3
LIC of India	21	96	117	0	23	28	6	53	110	79	22	9
Magma HDI General Insurance Co. Ltd.	0	5	5	0	0	2	0	3	5	5	0	0
Manipal Cigna Health Insurance Company Limited	72	262	334	6	76	78	15	100	275	187	76	12
MAX BUPA HEALTH INSURANCE CO.LTD	103	361	464	21	146	41	83	121	412	290	91	31
Max Life insurance Co. Ltd.	0	0	0	0	0	0	0	0	0	0	0	0

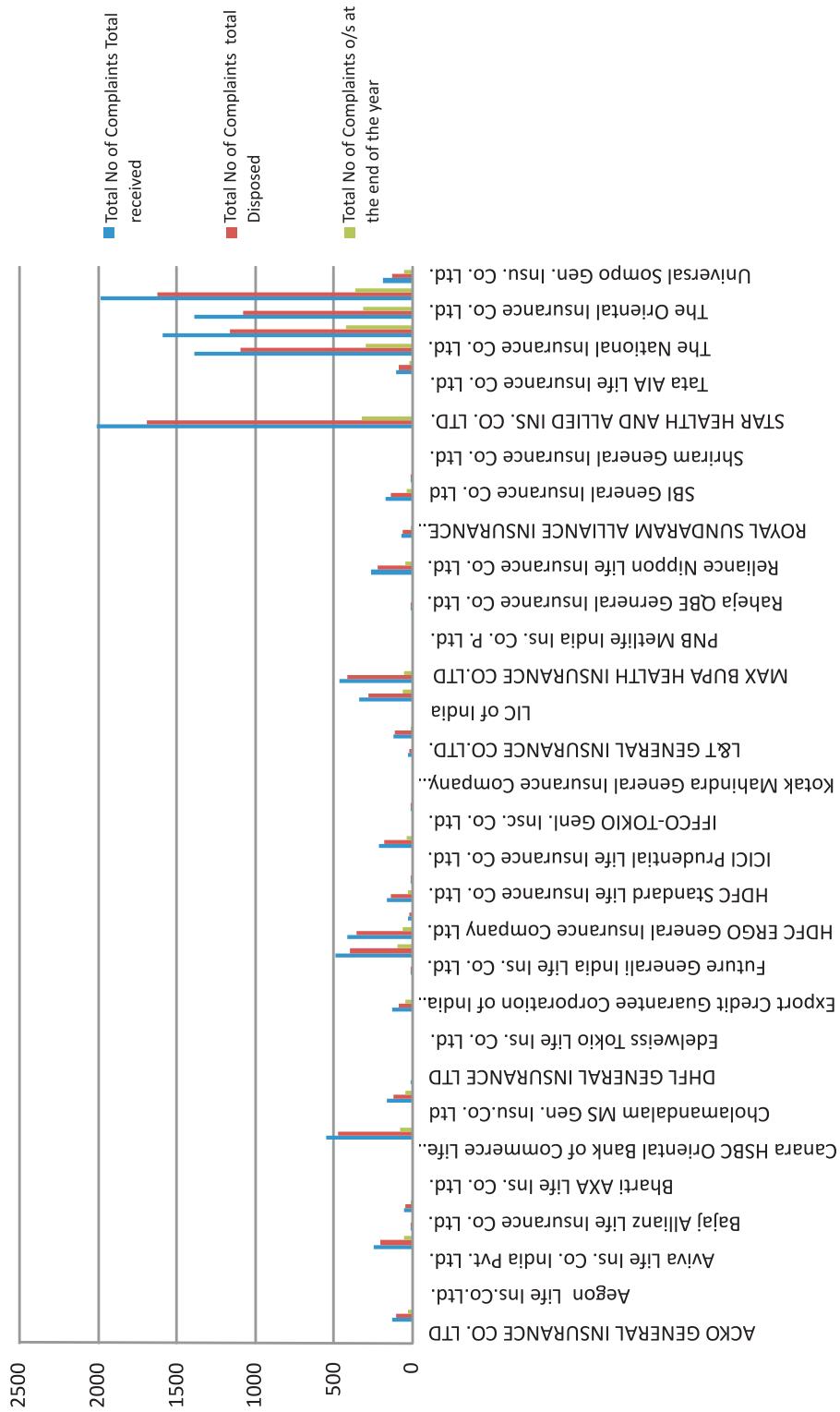
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भारतीय बीमा ओम्बुडसमैन  
Council for Insurance Ombudsmen

## Health Insurance Industry (H3) Complaints Analysis Company wise as at 31.03.2021





भारतीय बीमा ऑफिसर्स  
Council for Insurance Ombudsmen

OFFICE OF THE COUNCIL FOR INSURANCE OMBUDSMEN  
RECOMMENDATIONS AND AWARDS (CENTRE-WISE) FOR THE PERIOD  
FROM 01.04.2020 TO 31.03.2021

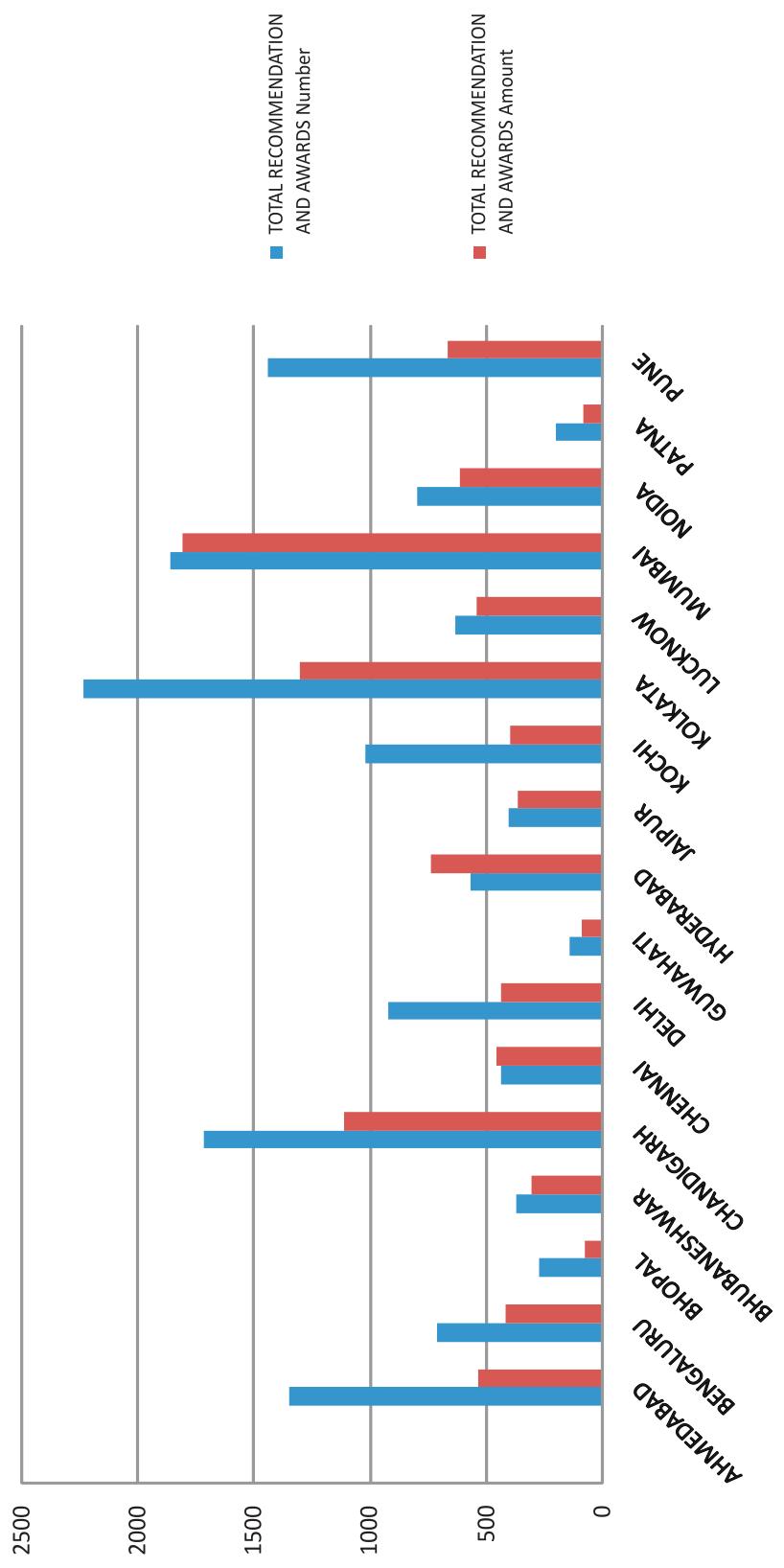
Rs. in Lacs L4G4H4

Name of the Centre	LIFE		GENERAL		HEALTH		TOTAL	
	RECOMMENDATION & AWARDS	Number	Amount	Number	Amount	Number	Amount	RECOMMENDATION AND AWARDS
AHMEDABAD	398	105.92	791	361.32	156	67.05	1345	534.29
BENGALURU	243	108.91	70	77.55	393	229.08	706	415.54
BHOPAL	149	64.46	26	3.64	92	3.75	267	71.85
BHUBANESHWAR	182	107.47	86	136.55	101	59.67	369	303.69
CHANDIGARH	978	685.67	202	172.89	535	247.46	1715	1106.02
CHENNAI	148	182	80	152.93	205	115.98	433	450.91
DELHI	675	320.43	50	54.36	193	57.72	918	432.51
GUWAHATI	53	24.9	25	25.58	61	35.75	139	86.23
HYDERABAD	336	364.07	41	123.17	186	250.59	563	737.83
JAIPUR	139	135.52	84	80.40	179	145.63	402	361.55
KOCHI	267	143.6	148	66.30	599	184.31	1014	394.21
KOLKATA	1102	827.89	469	227.17	661	246.67	2232	1301.73
LUCKNOW	460	422.41	64	35.17	106	83.41	630	540.99
MUMBAI	329	428.89	111	141.78	1419	1233.87	1859	1804.54
NOIDA	516	425.1	96	98.95	181	83.18	793	607.23
PATNA	99	30.9	49	32.15	51	14.62	199	77.67
PUNE	817	221.68	386	324.92	236	113.17	1439	659.77
<b>Total</b>	<b>6891</b>	<b>4599.82</b>	<b>2778</b>	<b>2114.83</b>	<b>5354</b>	<b>3171.91</b>	<b>15023</b>	<b>9886.56</b>



भारतीय बीमा अधिकारी  
Council for Insurance Ombudsmen

## Life, General and Health Insurance Industry (L4G4H4) Recommendations & Awards (Centrewise) as at 31.03.2021

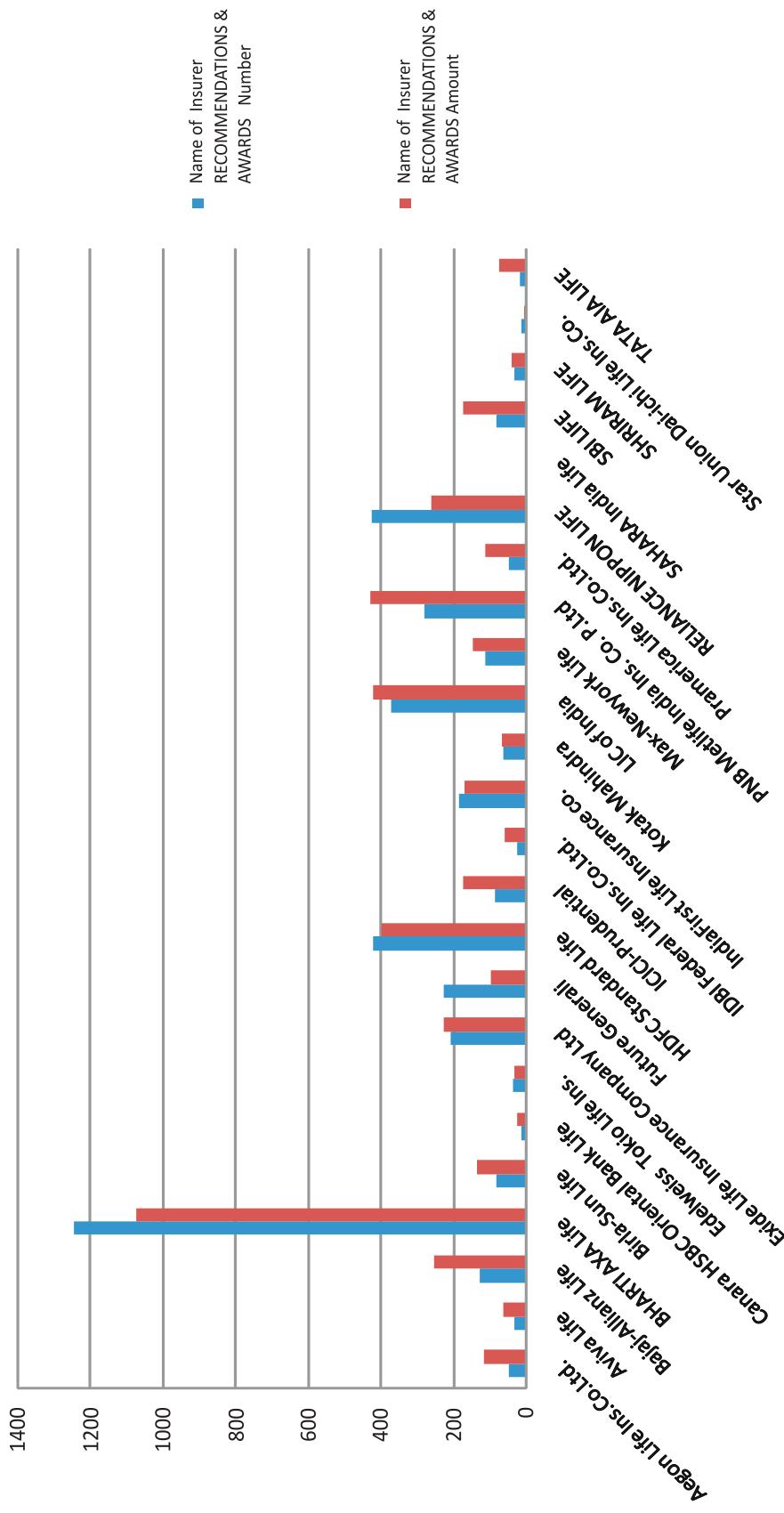






भारतीय बीमा अधिकारी  
Council for Insurance Ombudsmen

## Life Insurance Industry (L5) Recommendations & Awards (Companywise) as at 31.03.2021





भारतीय बीम अधिकारी  
Council for Insurance Ombudsmen

**OFFICE OF THE COUNCIL FOR INSURANCE OMBUDSMEN  
RECOMMENDATIONS AND AWARDS (COMPANYWISE) FOR THE PERIOD  
FROM 01.04.2020 to 31.03.2021**

**STATEMENT G 5  
GENERAL INSURANCE  
Amount in Lacs**

Name of the Insurer	RECOMMENDATIONS		AWARDS		RECOMMENDATION & AWARDS	
	Number	Amount	Number	Amount	Number	Amount
Acko General Insurance Co. Ltd.	0	0	0	0	0	0
Aditya Birla Health Ins. Co. Ltd.	0	0	2	0.39	2	0.39
Agriculture Ins. Co.	0	0	1	1	1	1
Bajaj-Allianz General	1	2.62	46	113.26	47	115.88
BharatiAXA Gen.Ins.	3	10.15	22	35.82	25	45.97
Care Health Ins.	7	54.37	18	24.35	25	78.72
CHNHB Association	0	0	0	0	0	0
Cholamandalam	1	0	11	21.3	12	21.3
Edelweiss General Insurance	0	0	0	0	0	0
ECGC	0	0	1	13.3	1	13.3
Future Generali Gen.	0	0	16	17.9	16	17.9
Godigit General Insurance	1	0.55	8	12.59	9	13.14
HDFC ERGO Gen.Ins.	1	0	47	80.74	48	80.74
HDFC Ergo Health	3	0.79	24	18.37	27	19.16



भारतीय अधिकारी  
Council for Insurance Ombudsmen

**OFFICE OF THE COUNCIL FOR INSURANCE OMBUDSMEN  
RECOMMENDATIONS AND AWARDS (COMPANYWISE) FOR THE PERIOD  
FROM 01.04.2020 to 31.03.2021**

**STATEMENT G 5  
GENERAL INSURANCE  
Amount in Lacs**

Name of the Insurer	RECOMMENDATIONS		AWARDS		RECOMMENDATION & AWARDS	
	Number	Amount	Number	Amount	Number	Amount
ICICI-Lombard	6	20.26	44	79.09	50	99.35
IFFCO TOKIO	1	0	38	61.24	39	61.24
Kotak Mahindra Gen. Ins. Co. Ltd.	0	0	7	11.02	7	11.02
L & T General Ins. Co.	0	0	0	0	0	0
Liberty Gen.Ins.	2	0.62	11	12.24	13	12.86
Magma HDI Gen. Ins.Co.	0	0	5	7.22	5	7.22
ManipalCigna Health Ins. Co	11	3.96	9	5.83	20	9.79
MAX BUPA	2	2.56	9	15.19	11	17.75
Navi General Insurance	0	0	1	0.31	1	0.31
Rahela QBE Gen.Ins.	0	0	0	0	0	0
Reliance General	3	1.85	31	52.78	34	54.63
Royal-Sundaram	3	16.53	34	114.94	37	131.47
SBI Genl. Ins. Co.	3	0	23	67.12	26	67.12
Shriram Gen.Ins.Co.Ltd.	3	0	25	51.01	28	51.01

cont.



भारतीय बीम ओब्युड्समेन  
Council for Insurance Ombudsmen

**OFFICE OF THE COUNCIL FOR INSURANCE OMBUDSMEN**  
**RECOMMENDATIONS AND AWARDS (COMPANYWISE) FOR THE PERIOD**  
**FROM 01.04.2020 to 31.03.2021**

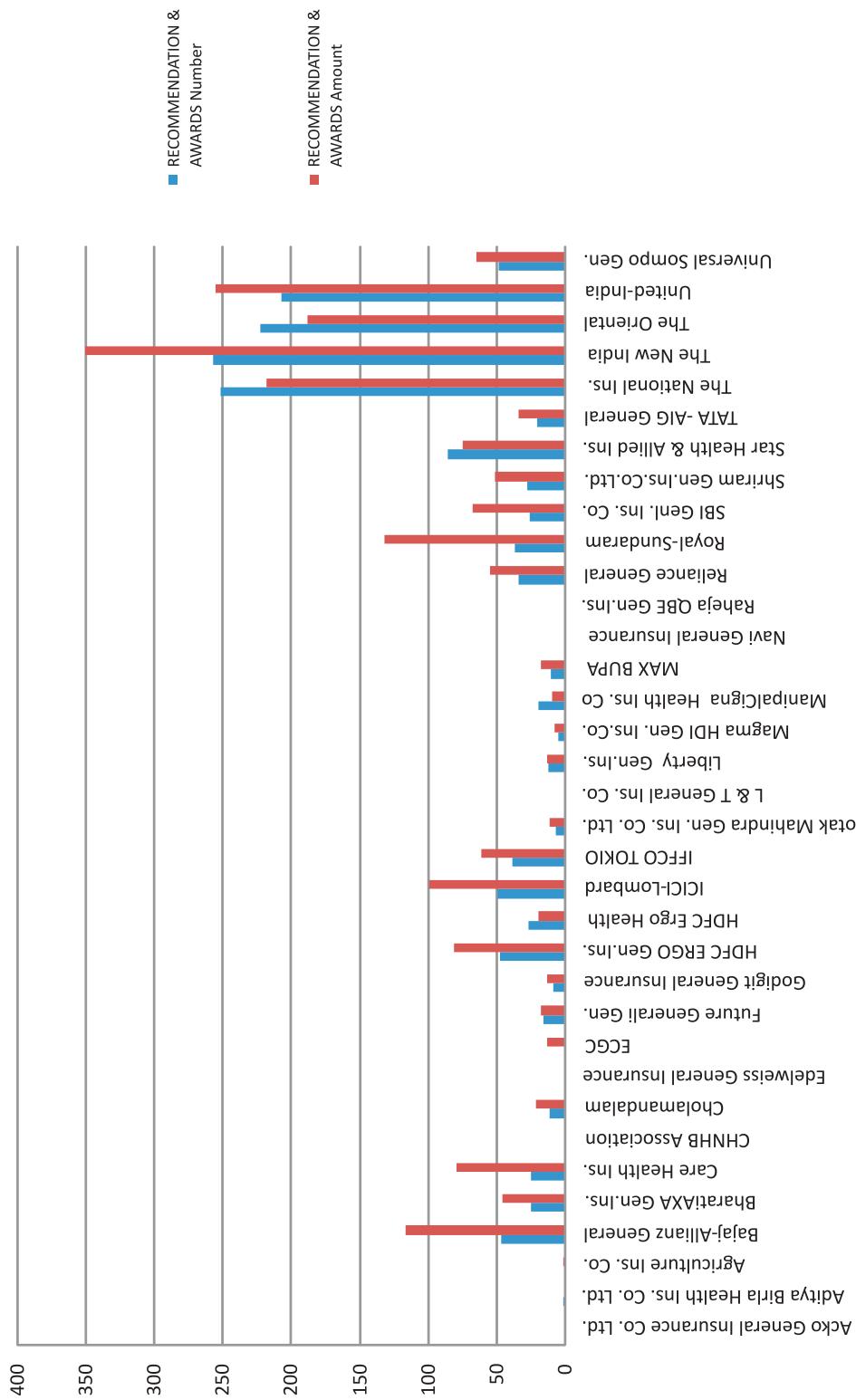
**STATEMENT G 5**  
**GENERAL INSURANCE**  
Amount in Lacs

Name of the Insurer	RECOMMENDATIONS		AWARDS		RECOMMENDATION & AWARDS	
	Number	Amount	Number	Amount	Number	Amount
Star Health & Allied Ins.	3	6.23	83	68.19	86	74.42
TATA-AIG General	4	1.21	17	33	21	34.21
The National Ins.	3	1.19	249	216.87	252	218.06
The New India	3	5.58	254	344.26	257	349.84
The Oriental	8	0	215	187.6	223	187.6
United-India	3	0.74	204	254.14	207	254.88
Universal Sompo Gen.	2	0	47	64.59	49	64.59
<b>Total</b>	<b>77</b>	<b>129.21</b>	<b>1502</b>	<b>1985.66</b>	<b>1579</b>	<b>2114.87</b>



क्रिएटिव इंस्युरेन्स  
Council for Insurance Ombudsmen

## General Insurance Industry (G5) Recommendations & Awards (Companywise) as at 31.03.2021





भारतीय बीमा  
Council for Insurance Ombudsmen

**OFFICE OF THE COUNCIL FOR INSURANCE OMBUDSMEN**  
**RECOMMENDATIONS AND AWARDS (COMPANYWISE)**  
**FOR THE PERIOD FROM 01.04.2020 to 31.03.2021**

STATEMENT H5  
HEALTH INSURANCE  
(FIGURES IN LACS)

Name of Insurer	RECOMMENDATIONS		AWARDS		RECOMMENDATIONS & AWARDS	
	Number	Amount	Number	Amount	Number	Amount
ACKO GENERAL INSURANCE CO. LTD	0	0	0	0	0	0
Aditya Birla Health Insurance Company Limited	3	2.03	30	29.03	33	31.06
Aegon Life Ins.co.ltd.	0	0	0	0	0	0
Agriculture Insurance Company Of India Ltd.	0	0	0	0	0	0
Aviva Life Ins. Co. India Pvt. Ltd.	0	0	0	0	0	0
Bajaj Allianz General Insc Co. Ltd.,	1	0	65	73.47	66	73.47
Bajaj Allianz Life Insurance Co. Ltd.	0	0	0	0	0	0
Bharti Axa General Insurance Co.ltd.	3	0.54	9	1.19	12	1.73
Bharti Axa Life Ins. Co. Ltd.	0	0	2	1.07	2	1.07
Birla Sun Life Insurance Co. Ltd.	0	0	1	0.04	1	0.04
Canara Hsbc Oriental Bank Of Commerce Life Ins. Co. Ltd.	0	0	0	0	0	0
Care Health Ins. Co. Ltd.	12	22.76	105	175.38	117	198.14
CHNHB ASSOCIATION	0	0	0	0	0	0
Cholamandalam Ms Gen. Insu.co. Ltd	1	0.02	38	23.04	39	23.06
EDELWEISS GENERAL INSURANCECO LTD	0	0	0	0	0	0
Edelweiss Tokio Life Ins. Co. Ltd.	0	0	1	0	1	0
Exide Life Insurance Company Ltd.	0	0	0	0	0	0
Export Credit Guarantee Corporation Of India Ltd.	0	0	0	0	0	0
Future Generali India Insurance Co. Ltd.	0	0	27	44.47	27	44.47
Future Generali India Life Ins. Co. Ltd.	0	0	0	0	0	0
GODIGIT General Insurance Co. Ltd	0	0	5	3.53	5	3.53
HDFC ERGO General Insurance Company Ltd.	13	11.5	115	145.61	128	157.11

cont.



भारतीय बैंक और बीमा अधिकारी  
Council for Insurance Ombudsman

**OFFICE OF THE COUNCIL FOR INSURANCE OMBUDSMEN**  
**RECOMMENDATIONS AND AWARDS (COMPANYWISE)**  
**FOR THE PERIOD FROM 01.04.2020 to 31.03.2021**

STATEMENT H5  
 HEALTH INSURANCE  
 (FIGURES IN LACS)

Name of Insurer	RECOMMENDATIONS		AWARDS		RECOMMENDATIONS & AWARDS	
	Number	Amount	Number	Amount	Number	Amount
HDFC Ergo Health Ins.	4	1.41	104	114.51	108	115.92
HDFC Standard Life Insurance Co. Ltd.	0	0	1	30	1	30
ICICI Lombard General Insurance Co. Ltd.	3	0.25	27	38.79	30	39.04
ICICI Prudential Life Insurance Co. Ltd.	0	0	2	0	2	0
IDBI Federal Life Insurance Co. Ltd.	0	0	0	0	0	0
IFFCO-TOKIO Genl. Ins. Co. Ltd.	0	0	57	64.89	57	64.89
India First Life Insurance Co. Ltd.,	0	0	0	0	0	0
Kotak Mahindra General Insurance Company Limited	0	0	0	0	0	0
Kotak Mahindra Life Insurance Ltd.	00	0	0	0	0	0
L&T GENERAL INSURANCE CO.LTD.	0	0	0	0	0	0
Liberty Gen. Ins.Co.Ltd	0	0	5	3.67	5	3.67
LIC of India	0	0	23	19.04	23	1904
Magma HDI General Insurance Co. Ltd.	0	0	0	0	0	0
ManipalCigna Health Insurance Company Limited	6	8.19	76	88.68	82	96.87
MAX BUPA HEALTH INSURANCE CO.LTD	21	26.41	146	299.99	167	326.4
Max Life Insurance Co. Ltd.	0	0	0	0	0	0
Navi GENERAL INSURANCE LTD.	0	0	1	0	1	0
PNB Metlife India Ins. Co. P.Ltd.	0	0	1	5	1	5
Pramerica Life Ins.Co.Ltd.	0	0	1	5	1	5
Raheja QBE Gerneral Insurance Co. Ltd.	0	0	0	0	0	0
Reliance General Insurance Co. Ltd.	8	2.76	63	85.97	71	88.73
Reliance Nippon Life Insurance Co. Ltd.	0	0	1	0	1	0

cont.



भारतीय बैंक और बीमा  
Council for Insurance Ombudsman

**OFFICE OF THE COUNCIL FOR INSURANCE OMBUDSMEN**  
**RECOMMENDATIONS AND AWARDS (COMPANYWISE)**  
**FOR THE PERIOD FROM 01.04.2020 to 31.03.2021**

STATEMENT H5  
**HEALTH INSURANCE**  
(FIGURES IN LACS)

Name of Insurer	RECOMMENDATIONS		AWARDS		RECOMMENDATIONS & AWARDS	
	Number	Amount	Number	Amount	Number	Amount
<b>ROYAL SUNDARAM ALLIANCE INSURANCE COMPANY LTD</b>	2	0.57	7	3.15	9	3.72
Sahara India Life Ins. Co. Ltd	0	0	0	0	0	0
<b>SBI General Insurance Co. Ltd</b>	2	0.63	25	23.39	27	24.02
SBI Life Insurance Co. Ltd.	0	0	3	0	3	0
Shriram General Insurance Co. Ltd.	0	0	0	0	0	0
Shriram Life Ins. Co. Ltd.	0	0	0	0	0	0
<b>STAR HEALTH AND ALLIED INS. CO. LTD.</b>	46	32.21	455	432.07	501	464.28
Star Union Dai-ichi-Life Ins. Co.	0	0	0	0	0	0
Tata AIA Life Insurance Co. Ltd.	0	0	0	0	0	0
Tata AIG General Insurance Co. Ltd.	0	0	11	4.57	11	4.57
The National Insurance Co. Ltd.	11	2.43	420	238.32	431	240.75
The New India Assurance Co. Ltd.	10	2.46	453	405.19	463	407.65
The Oriental Insurance Co. Ltd.	9	0	466	213.33	475	213.33
The United India Insurance Co. Ltd.	16	7.06	621	458.34	637	465.4
Universal Sompo Gen. Insu. Co. Ltd.	2	0.73	39	19.23	41	19.96
<b>TOTAL</b>	<b>173</b>	<b>121.96</b>	<b>3406</b>	<b>3049.96</b>	<b>3579.00</b>	<b>3171.92</b>



क्रांति विकास परिषद  
Council for Insurance Ombudsmen

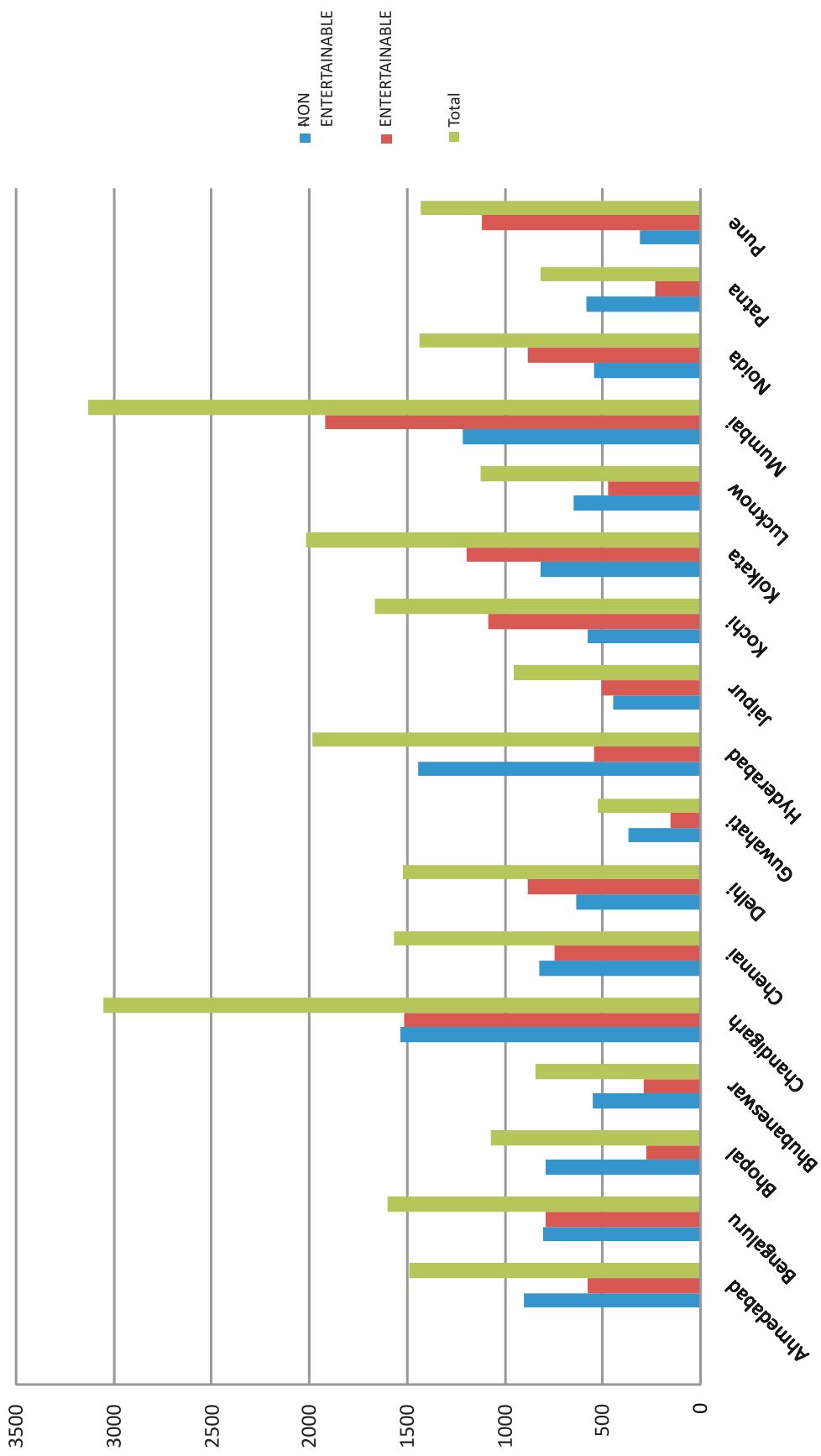
## Health Insurance Industry (H5) Recommendations & Awards (companywise) as at 31.03.2021







## Life, General and Health Insurance Industries: (L7G7H7) Entertainable & Non-entertainable Complaints (Centrewise)

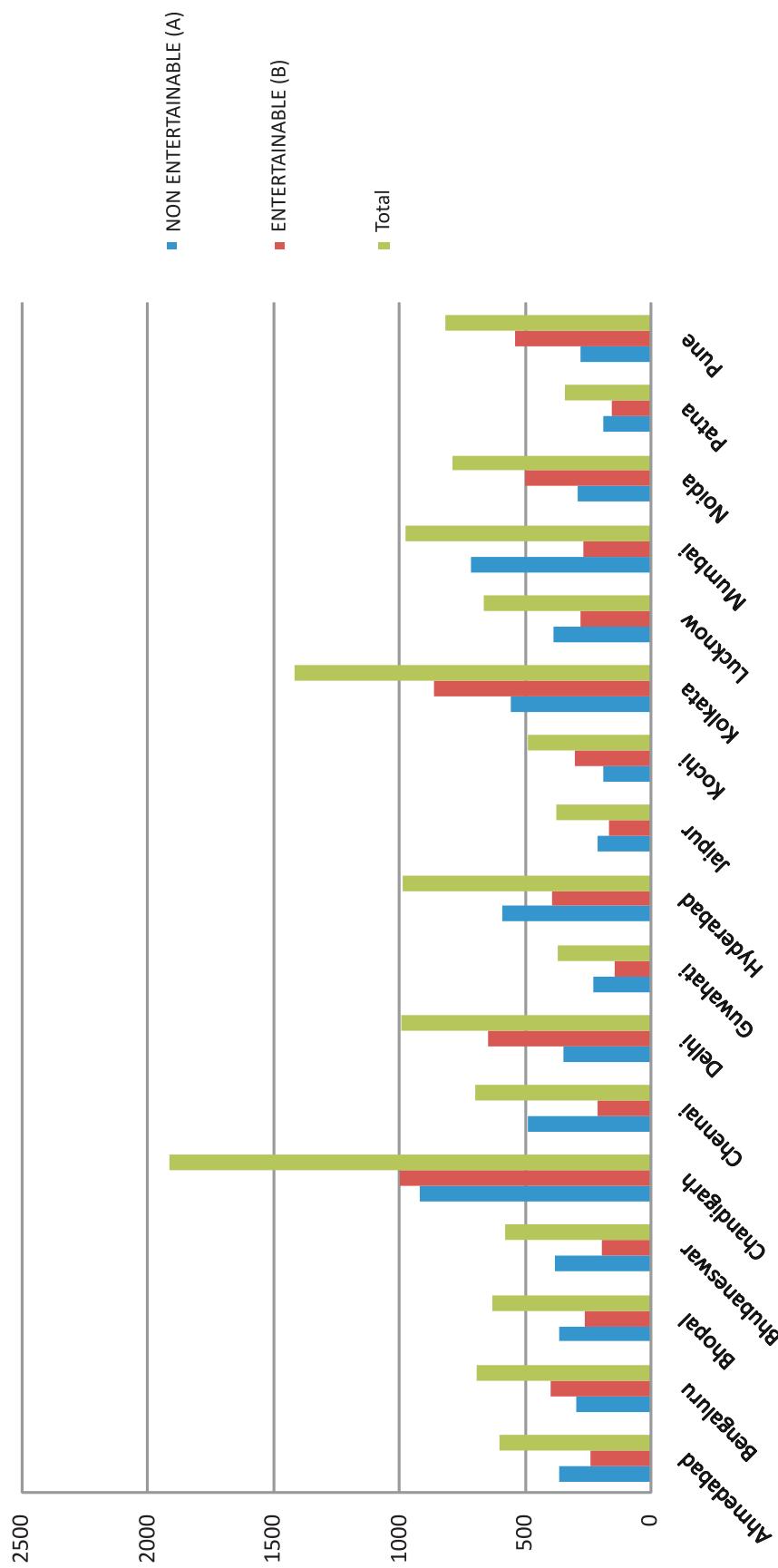






भारतीय बीमा अधिकारी  
Council for Insurance Ombudsmen

## Life Insurance Industry: (L8) Entertainable & Non-entertainable Complaints (Centrewise)



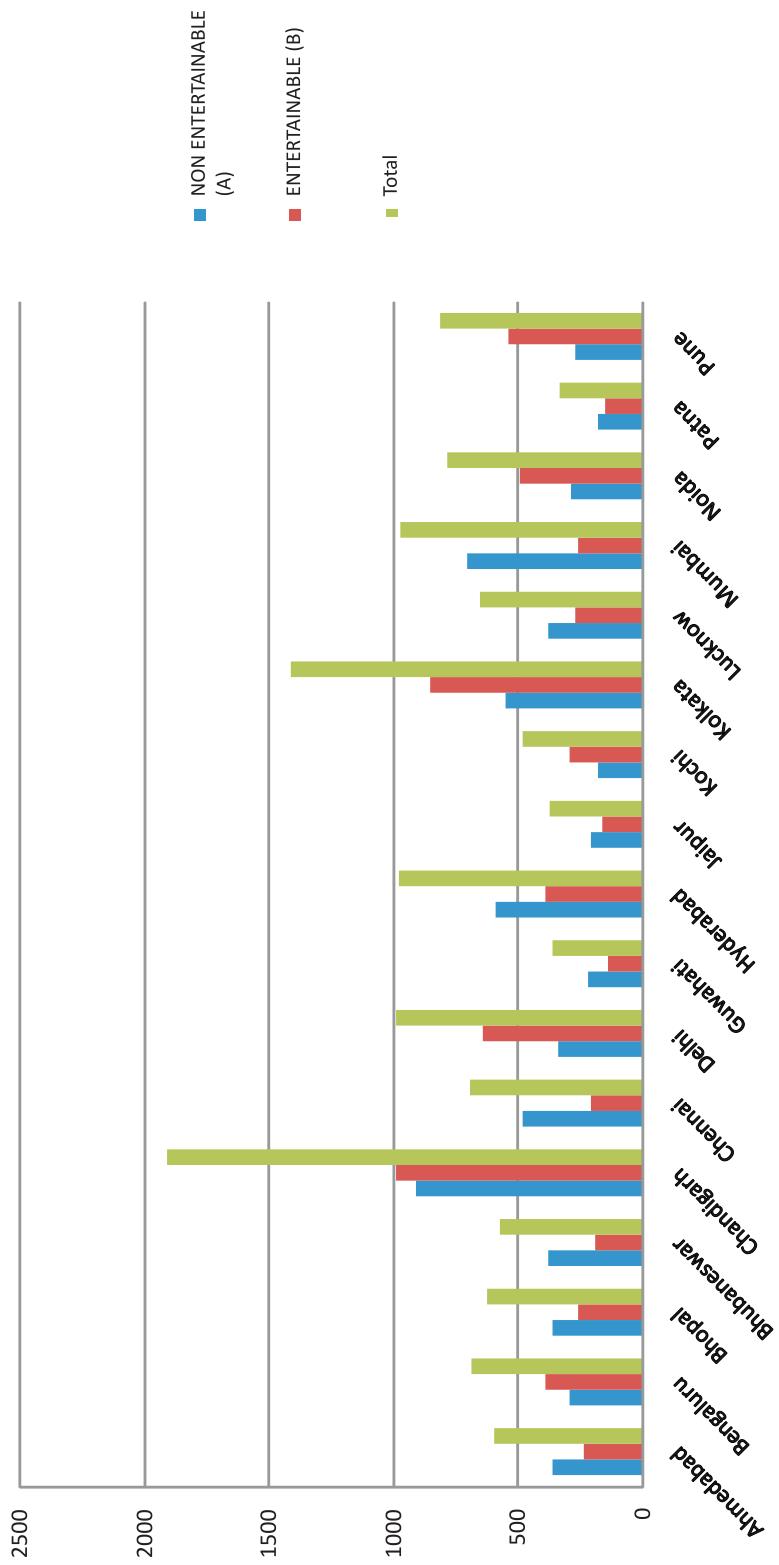




भारतीय बीमा विधिव्यापार  
Council for Insurance Ombudsmen

## General Insurance Industry: (G8)

### Entertainable & Non-entertainable Complaints (Centrewise)

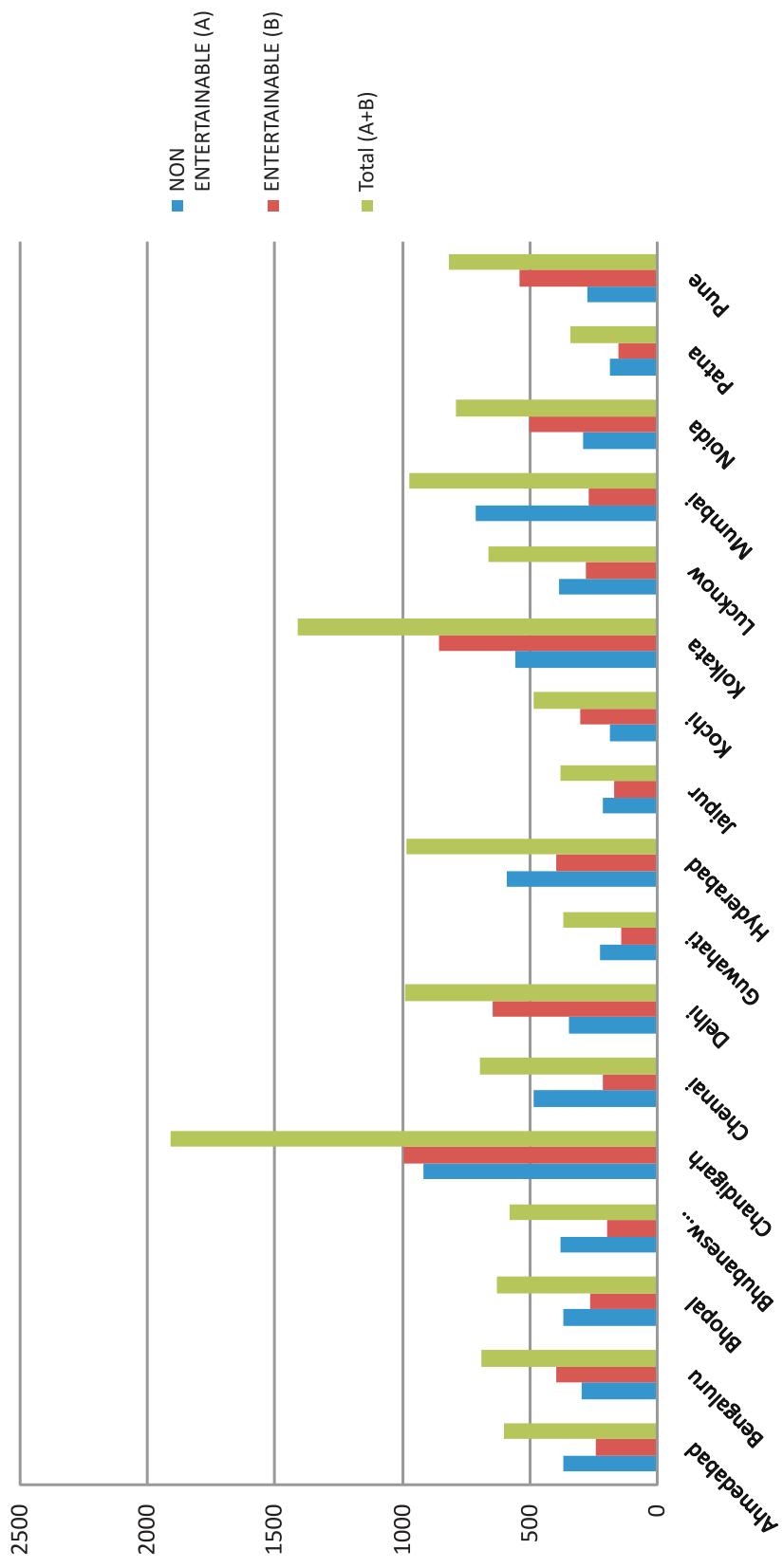






भारतीय बीमा अधिकारी  
Council for Insurance Ombudsmen

## Health Insurance Industry: (H8) Entertainable & Non-entertainable Complaints (Centrewise)

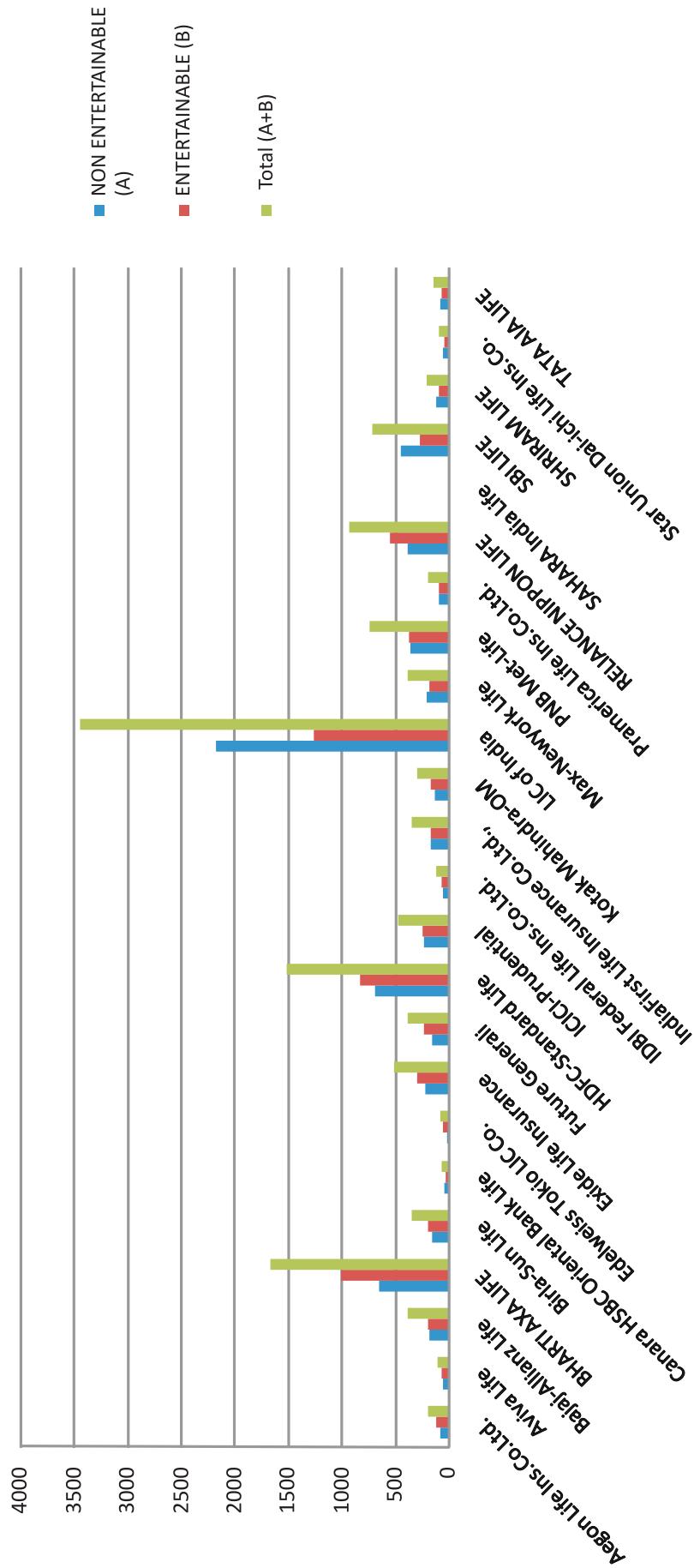






भारतीय बीमा विधिव्यापार  
Council for Insurance Ombudsmen

## Life Insurance Industry: L9 Non-entertainable & Entertainable Complaints (Companywise) as at 31.03.2021

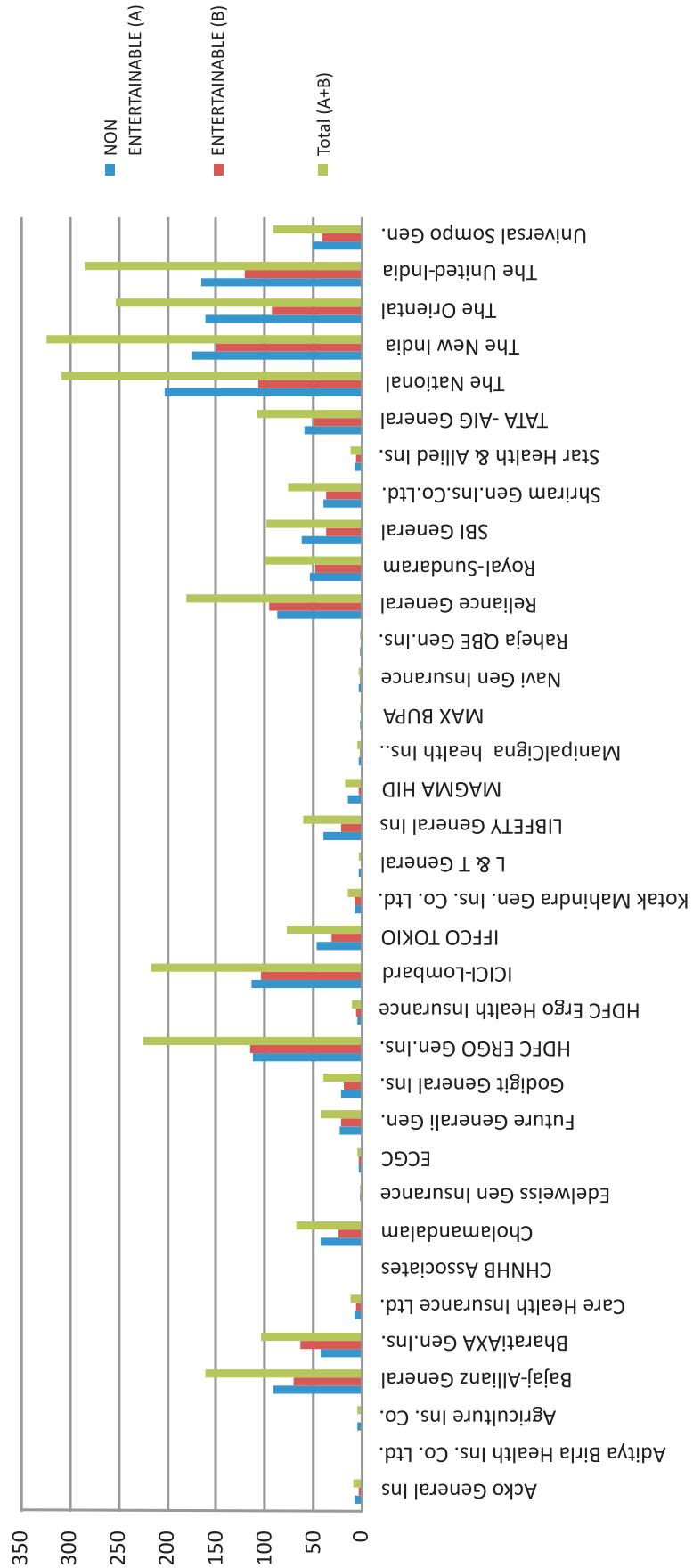






भारतीय बीमा ओम्बुडसमैन  
Council for Insurance Ombudsmen

## General Insurance Industry: (G9) Non-Entertainable & Entertainable Complaints (Companywise) as at 31.03.2021









**CIO**  
भारतीय बहुराष्ट्र  
Council for Insurance Ombudsmen

**OFFICE OF THE COUNCIL FOR INSURANCE OMBUDSMEN**  
**NATURE WISE CLASSIFICATION OF COMPLAINTS RECEIVED FOR THE PERIOD FROM 01.04.2020 to 31.03.2021**  
**COMPANY-WISE**

**STATEMENT H 9**  
**HEALTH INSURANCE**

Name of the Insurer	NON ENTERTAINABLE						ENTERTAINABLE						Total A + B				
	Beyond Rule [13(1)(a) to(i)]	[14(1)]	[14(3) (a)]	[14(5)]	[14(3(b))]	Total A	[13(1) (a)]	[13(1) (b)]	[13(1)(c)]	[13(1)(d)]	[13(1)(e)]	[13(1)(f)]	[13(1)(g)]	[13(1)(h)]	[13(1)(i)]		
SBI Life Insurance Co. Ltd.	0	0	1	0	0	1	2	1	0	0	0	0	0	0	3	4	
Shriram General Insurance Co. Ltd.	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	
Shriram Life Ins. Co. Ltd.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Star Health And Allied Ins. Co. Ltd.	109	71	512	0	11	703	8	935	5	5	2	9	0	5	5	974	1677
Star Union Dai-ichi-Life Ins. Co.	0	0	4	0	0	4	1	0	0	0	0	0	0	0	0	0	1
Tata AIA Life Insurance Co. Ltd.	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Tata AIG General Insurance Co. Ltd.	10	7	30	0	0	47	0	40	2	0	0	0	0	0	0	2	46
The National Insurance Co. Ltd.	48	35	256	0	9	348	16	565	2	1	2	3	1	2	1	593	941
The New India Assurance Co. Ltd.	53	37	317	1	12	420	10	746	2	2	1	7	1	0	0	769	1189
The Oriental Insurance Co. Ltd.	45	32	293	1	8	379	8	609	8	1	1	5	0	0	1	633	1012
The United India Insurance Co. Ltd.	86	64	449	1	15	615	39	857	8	5	3	13	2	1	2	930	1545
Universal Sompo Gen. Insu. Co. Ltd.	7	7	44	0	1	59	3	88	2	0	0	1	0	0	1	95	154
<b>Total</b>	<b>642</b>	<b>392</b>	<b>2832</b>	<b>5</b>	<b>83</b>	<b>3954</b>	<b>145</b>	<b>5544</b>	<b>87</b>	<b>46</b>	<b>13</b>	<b>125</b>	<b>14</b>	<b>20</b>	<b>44</b>	<b>6038</b>	<b>9992</b>

Beyond Scope of Rules [13(1)(a) to (i)]
Not within Jurisdiction [14(1)]
Customer Not represented to Ins. Co. [14(3)(a)]
Sub-judge in courts/forums [14(5)]
Not represented to OIO within a year [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 against insurers and their agents and intermediaries.
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

## Health Insurance Industry: (H9) Non-Entertainable & Entertainable Complaints (Companywise) as at 31.03.2021



## 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 Misselling and maximum number of cases pertains to private insurers. The other major chunk pertains to partial or total repudiation of death claim and the remaining pertains to 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 forged signatures of the policy holder/ life assured on proposal forms and benefit/ sales illustration. Mis-selling can be reduced by making consumers aware of Insurance especially in rural areas. The companies, IRDAI and Offices of Insurance Ombudsman should hold meetings involving Panchayats, local administrations & NGOs to spread awareness about Insurance.
3. Many times customer is not explained the features of the plan and he unknowingly signs the proposal form for insurance believing it to be a fixed deposit scheme or one-time payment of single premium. Agents should be trained to avoid mis-selling.
4. In most cases of mis-selling it is observed that the financial underwriting rules have been disregarded by the underwriter. Therefore 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.
5. 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.
6. Solicitation of business and issuance of premium receipts by unlicensed entities.
7. The share of complaints for a company as a ratio to the total complaints received by the Insurance 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. In General Insurance Business, large number of complaints pertains to Motor Insurance or Health Insurance claims. Health insurance complaints occur mainly due to reasonable & Customary Exclusion Clause.
2. 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 Insurance Ombudsman.
3. 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 to the policyholders.
4. 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.
5. 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.
6. 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.
7. 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 can redress grievances of hapless customers with more sensitivity. 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.
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 IRDAI's records. Many companies, instead of guiding their customers to approach their in-house grievance machinery, are directing them to Insurance 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.

## Health

1. The Insurers were advised to put in a place an effective communication channel with all network providers (Hospitals) for prompt resolution of grievances of policyholders
2. Where the policyholder is notified about availability of cashless facility at the empanelled network provider, the Insurers shall ensure that the cashless facility at such network provider be made available to the policyholders in accordance with the terms and conditions of the policy contract and as per the terms agreed in Service Level Agreement (SLA)
3. Insurers were advised to report levying of excess charges and denial of cashless facility to the respective state government for appropriate action

## 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. It is also noticed that there is a delay in submission of Self-Contained Note (SCN) and in many cases the SCN is not comprehensive enough.
3. Investigator should take care to collect supporting documentary evidence to substantiate findings noted in the report in all investigations.
4. Local offices of the Insurers should help aggrieved 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 / contact numbers of the issuing office / email 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 sizeable 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. In order to prevent mis-selling a deliberate attempt should be made in drafting the product literature in vernacular language and in keeping the terms and conditions of policy document simple and concise.
8. Insurers to ensure adoption of ethical business practices by brokers and corporate agent for procuring retail Life Insurance policies. Underwriting norms (both Financial & Medical) should be strictly adhered to by the insurers.

9. The craze for new business, communication gap between the insurer and the insured, casual approach in filling up proposal forms, non-disclosure 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. Skill development and training of marketing personnel of insurers for updated knowledge of insurance products. They should be able to guide the prospective clients and existing policy holders.
10. The commission payout scheme to insurance intermediaries should also be revised so as to avoid mis-selling. If more payout will be towards the end of the policy term, then mis-selling could be curtailed as agents/intermediaries will also be interested in maintaining the persistency ratio of the policy, which can be done by selling the right product to the right client.
11. 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.
12. 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.
13. The majority of the complaints registered were due to total or partial repudiation of claims by insurers. Hence, it is suggested that the insurance companies should have strong grievance redressal mechanism for redressal of complaints
14. IRDAI guidelines stating 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 by the insurers.
15. 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.

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**(E) An edited version citing important issues dealt at various Offices of the Insurance Ombudsmen are briefed hereunder:**

**From the desk of the Insurance Ombudsmen**  
**AHMEDABAD**

Insurance Ombudsman -**Shri Kuldip Singh**

The Complaint statistics of the centre for the financial year 2020-21 is as follows –

	<b>LIFE</b>	<b>NON-LIFE</b>	<b>HEALTH</b>	<b>TOTAL</b>
Opening Balance as at 01.04.2020	683	1202	699	2584
Received during the year	414	142	935	1491
Disposed during the year	844	1096	819	2759
Outstanding as at 31.03.2021	253	248	815	1316

Offices of Insurance Ombudsman, Delhi, Lucknow and Noida extended their help to the office in disposing few pending complaints. As per the Govt. directives, Covid-19 complaints were heard on priority basis in the office.

The office has disposed of 23.19% complaints within 90 days and achieved total disposal of 67.70% of total complaints during the financial year.

The audit for the Annual Accounts for the financial year 2020-2021 was done by Singhvi & Mehta, Chartered Accountants, Ahmedabad.

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**BENGALURU**

Insurance Ombudsman - **Ms. Neerja Shah**

The Complaint statistics of the centre for the financial year 2020-21 is as follows –

	<b>LIFE</b>	<b>NON-LIFE</b>	<b>HEALTH</b>	<b>TOTAL</b>
Opening Balance as at 01.04.2020	29	10	39	78
Received during the year	604	163	835	1602
Disposed during the year	575	165	816	1556
Outstanding as at 31.03.2021	58	8	58	124



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No complaints are pending beyond 60 days. The office disposed 92.62 % of the complaints as compared to 90% disposal during 2020-21.

The audit for the Annual Accounts for the financial year 2020-2021 was done by M/s Rao & Emmar Chartered Accountants.

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## BHOPAL

Insurance Ombudsman - **Shri G. S. Shrivastava**

During the year, due to Covid 19 the office had conducted online hearings for disposal of complaints which was very easy and simple to attempt even by a layman.

The Complaint statistics of the centre for the financial year 2020-21 is as follows –

	<b>LIFE</b>	<b>NON-LIFE</b>	<b>HEALTH</b>	<b>TOTAL</b>
Opening Balance as at 01.04.2020	30	1	12	43
Received during the year	608	126	340	1074
Disposed during the year	627	124	334	1085
Outstanding as at 31.03.2021	11	3	18	32

No complaint was pending for more than 30 days in the Centre. The office has achieved total disposal of 97.13% and within 90 days the office has disposed of 93.38% complaints.

The audit for the Annual Accounts for the financial year 2020-2021 was done by M/s Multi Associates, Chartered Accountants.

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## BHUBANESWAR

Insurance Ombudsman - **Shri Suresh Chandra Panda**

The Complaint statistics of the centre for the financial year 2020-21 is as follows –

	<b>LIFE</b>	<b>NON-LIFE</b>	<b>HEALTH</b>	<b>TOTAL</b>
Opening Balance as at 01.04.2020	72	41	40	153
Received during the year	440	205	203	848
Disposed during the year	488	243	233	964
Outstanding as at 31.03.2021	24	3	10	37

There are no cases pending above 90 days for the year 2020-21. The office has achieved total disposal of 96.30% and within 90 days the office has disposed of 76.92% complaints.

The Chairman of Insurance Regulatory Development Authority of India (IRDAI), Shri S.C.Khuntia visited the Office on 11-02-2021. He reviewed the performances of the office especially disposal of cases relating to various Insurance related grievances. He expressed satisfaction that in spite of Lockdowns and Shutdowns during Covid-19 Pandemic, the disposal of cases could be done by conducting hearings through Video Conferencing.

The audit for the Annual Accounts for the financial year 2020-2021 was done by appointed Chartered Accountant, M/s C. K. Prusty& Associates.

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### CHANDIGARH

Insurance Ombudsman - **Dr. Dinesh Kumar Verma**

The Complaint statistics of the centre for the financial year 2020-21 is as follows –

	LIFE	NON-LIFE	HEALTH	TOTAL
Opening Balance as at 01.04.2020	296	67	185	548
Received during the year	1953	331	774	3058
Disposed during the year	2029	358	871	3258
Outstanding as at 31.03.2021	220	40	88	348

The office has disposed of total 3258 complaints in the financial year. Disposal rate was 90.35% and the office has disposed off 69.83 % complaints within 90 days.

The audit for the Annual Accounts for the financial year 2020-2021 was done by appointed Chartered Accountant N. Kumar Chhabra & Co.

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## CHENNAI

Insurance Ombudsman - Shri M. Vasantha Krishna

The Complaint statistics of the centre for the financial year 2020-21 is as follows –

	<b>LIFE</b>	<b>NON-LIFE</b>	<b>HEALTH</b>	<b>TOTAL</b>
Opening Balance as at 01.04.2020	22	20	62	104
Received during the year	641	211	721	1573
Disposed during the year	610	195	611	1416
Outstanding as at 31.03.2021	53	36	172	261

Due to the Covid 19 pandemic situation and lockdown, no personal hearings were conducted. All hearings were conducted by VC with the consent of the parties concerned during the year. The office has achieved total disposal of 84.43% and within 90 days the office has disposed of 63.03% complaints.

The audit for the financial year 2020-21 was conducted by M/S Vaithisvaran and Co.,Chennai.

## DELHI

Insurance Ombudsman -Shri Sudhir Krishna

The Complaint statistics of the centre for the financial year 2020-21 is as follows –

	<b>LIFE</b>	<b>NON-LIFE</b>	<b>HEALTH</b>	<b>TOTAL</b>
Opening Balance as at 01.04.2020	54	6	17	77
Received during the year	1125	107	295	1527
Disposed during the year	1179	113	312	1604
Outstanding as at 31.03.2021	0	0	0	0

No complaint was pending in the office at the end of the financial year 2020-2021. Centre has achieved ZERO pendency even in the face of challenges arising due to the pandemic situation. The disposal rate of the complaints during 2020-21 was 99.69 per cent of the complaints which were disposed of within 3 months and this ratio was the highest in the Delhi office among all the OIO's. The ratio of settlement by way of conciliation was of the order of 56 per cent. The Delhi Centre was the first one in the country to have started the hearings in online mode, from 16th April 2020 onwards.

The audit for the financial year 2020-21 was conducted by S.P. Chopra & Co, Chartered Accountant, New Delhi.

## GUWAHATI

Insurance Ombudsman - **Shri Kiriti B. Saha**

The Complaint statistics of the centre for the financial year 2020-21 is as follows –

	<b>LIFE</b>	<b>NON-LIFE</b>	<b>HEALTH</b>	<b>TOTAL</b>
Opening Balance as at 01.04.2020	16	0	5	21
Received during the year	295	77	157	529
Disposed during the year	311	77	162	550
Outstanding as at 31.03.2021	0	0	0	0

Centre has achieved ZERO pendency during the year even in the face of challenges arising due to the pandemic situation. The office has cleared 100% of complaints registered during 2020-21 and within 90 days disposed of 99% complaints.

The audit for the financial year 2020-21 was conducted by the appointed Chartered Accountant H. K. Agrawala & Associates.

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## HYDERABAD

Insurance Ombudsman - **Shri I. Suresh Babu**

The Complaint statistics of the centre for the financial year 2020-21 is as follows –

	<b>LIFE</b>	<b>NON-LIFE</b>	<b>HEALTH</b>	<b>TOTAL</b>
Opening Balance as at 01.04.2020	73	7	44	124
Received during the year	1406	133	452	1991
Disposed during the year	1442	140	496	2078
Outstanding as at 31.03.2021	37	0	0	37

The office has disposed off 98.25% complaints and within 90 days the office has disposed of 90.78% complaints. No complaints were pending beyond 90 days in the office at the end of the year.

The audit for the financial year 2020-21 was conducted by the appointed Chartered Accountants, Raju& Prasad.

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## JAIPUR

Insurance Ombudsman - Ms. Sandhya Baliga

The Complaint statistics of the centre for the financial year 2020-21 is as follows –

	<b>LIFE</b>	<b>NON-LIFE</b>	<b>HEALTH</b>	<b>TOTAL</b>
Opening Balance as at 01.04.2020	16	35	12	63
Received during the year	465	307	186	958
Disposed during the year	481	342	198	1021
Outstanding as at 31.03.2021	0	0	0	0

Centre has achieved ZERO pendency even in the face of challenges arising due to the pandemic situation. Within 90 days the office has disposed of 96.28% complaints.

The audit for the financial year 2020-21 was conducted by B. L. Ajmera& Co. Chartered Accountant, Jaipur.

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## KOCHI (Ernakulam)

Insurance Ombudsman - Ms. Poonam Bodra

The Complaint statistics of the centre for the financial year 2020-21 is as follows –

	<b>LIFE</b>	<b>NON-LIFE</b>	<b>HEALTH</b>	<b>TOTAL</b>
Opening Balance as at 01.04.2020	30	13	34	77
Received during the year	444	266	961	1671
Disposed during the year	460	268	940	1668
Outstanding as at 31.03.2021	14	11	55	80

The office has disposed of 95.42% complaints and within 90 days the office has disposed of 82.04% complaints. No complaints were pending beyond 90 days in the office at the end of the year.

The audit for the financial year 2020-21 was conducted by the appointed Chartered Accountant, Elias George& Co.

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## KOLKATA

Insurance Ombudsman -**Shri P.K. Rath**

The Complaint statistics of the centre for the financial year 2020-21 is as follows –

	<b>LIFE</b>	<b>NON-LIFE</b>	<b>HEALTH</b>	<b>TOTAL</b>
Opening Balance as at 01.04.2020	880	464	430	1774
Received during the year	1270	120	631	2021
Disposed during the year	1878	570	942	3390
Outstanding as at 31.03.2021	272	14	119	405

At the start of the financial year, office had cases pending for more than 2 years and at the close of the year office finished with no case pending for more than 3 months. The office has disposed of 89.33% complaints during the financial year.

The audit for the financial year 2020-21 was conducted by the appointed Chartered Accountant, M/s B. M. Chatrath & Co LLP.

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## LUCKNOW

Insurance Ombudsman -**Justice Shri Anil Kumar Srivastava**

The Complaint statistics of the centre for the financial year 2020-21 is as follows –

	<b>LIFE</b>	<b>NON-LIFE</b>	<b>HEALTH</b>	<b>TOTAL</b>
Opening Balance as at 01.04.2020	160	22	31	213
Received during the year	747	161	219	1127
Disposed during the year	907	183	250	1340
Outstanding as at 31.03.2021	0	0	0	0

Centre has achieved ZERO pendency even in the face of challenges arising due to the pandemic situation. Within 90 days the office has disposed of 77.98% complaints.

The audit for the financial year 2020-21 was conducted by the appointed Chartered Accountant, R M Lall and Company.

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## MUMBAI

Insurance Ombudsman - **Shri Milind Kharat**

The Complaint statistics of the centre for the financial year 2020-21 is as follows –

	<b>LIFE</b>	<b>NON-LIFE</b>	<b>HEALTH</b>	<b>TOTAL</b>
Opening Balance as at 01.04.2020	118	31	435	584
Received during the year	949	175	2013	3137
Disposed during the year	1014	202	2206	3422
Outstanding as at 31.03.2021	53	4	242	299

The office has disposed of 91.96% complaints and within 90 days the office has disposed of 70.89% complaints. No complaints were pending beyond 90 days in the office at the end of the year.

The audit for the financial year 2020-21 was conducted by the appointed Chartered Accountant, L.S.Nalwaya & Co.

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## NOIDA

Insurance Ombudsman -**Shri C. S. Prasad**

The Complaint statistics of the centre for the financial year 2020-21 is as follows –

	<b>LIFE</b>	<b>NON-LIFE</b>	<b>HEALTH</b>	<b>TOTAL</b>
Opening Balance as at 01.04.2020	147	25	61	233
Received during the year	956	173	309	1438
Disposed during the year	999	177	330	1506
Outstanding as at 31.03.2021	104	21	40	165

The office has disposed of 90.12% complaints and within 90 days the office has disposed of 72.95% complaints. No complaints were pending beyond 90 days in the office at the end of the year.

The audit for the financial year 2020-21 was conducted by the appointed Chartered Accountant, S.P. CHOPRA & CO., New Delhi.

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## PATNA

Insurance Ombudsman -**Shri N.K. Singh**

The Complaint statistics of the centre for the financial year 2020-21 is as follows –

	<b>LIFE</b>	<b>NON-LIFE</b>	<b>HEALTH</b>	<b>TOTAL</b>
Opening Balance as at 01.04.2020	16	20	15	51
Received during the year	488	202	129	819
Disposed during the year	502	219	144	865
Outstanding as at 31.03.2021	2	3	0	5

The office has disposed of 99.42% complaints and within 90 days the office has disposed of 88.62% complaints. No complaints were pending beyond 90 days in the office at the end of the year.

The audit for the financial year 2020-21 was conducted by the appointed Chartered Accountant, Thakur Bhuwanesh & Associates.

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## PUNE

Insurance Ombudsman - **Shri Vinay Sah**

The Complaint statistics of the centre for the financial year 2020-21 is as follows –

	<b>LIFE</b>	<b>NON-LIFE</b>	<b>HEALTH</b>	<b>TOTAL</b>
Opening Balance as at 01.04.2020	951	459	585	1995
Received during the year	610	112	711	1433
Disposed during the year	1147	500	467	2114
Outstanding as at 31.03.2021	414	71	829	1314

The office has disposed of 61.67% complaints during the year.

The audit for the financial year 2020-21 was conducted by the appointed Chartered Accountant, A.R.Sulakhe & Co.

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