

HDFC SALES: COMPLAINTS & GRIEVANCE REDRESSAL NOTE

Version 2.0

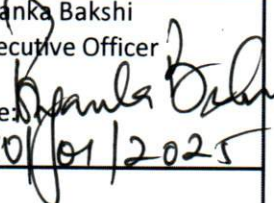

This note is explaining the broad framework. The document to be read with annexures which detail the process, TATs and impacts.

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HDFC Sales Grievance Redressal Note

1) Background & Objective:

As per the IRDAI (Registration of Corporate Agents) Regulations 2015, the grievance redressal mechanism has been set up at HDFC Sales Pvt. Ltd. (ie, a Corporate Agent, and hereinafter referred to as "HDFC Sales"). HDFC Sales ensures that the grievances are registered promptly and that the complaint is acknowledged immediately and that fair and impartial investigation is made in the matter of grievances.

The framework designed for grievance redressal aims to provide regular and proactive updates to the customer and ensure that timely resolution of the grievance is provided in accordance with the applicable regulatory framework along with a comprehensive response to the customer.

A Product Complaints Officer (PCO) and Grievance Redressal Officer (GRO) are appointed to manage and handle the complaints redressal mechanism.

Besides, HDFC Sales has put in place a number of measures to ensure effective redressal mechanism, which are set out in this process note along with the annexures referred to hereinafter.

The grievance redressal mechanism set out in this Policy elaborates the process for handling grievances /complaints and the defined Turn Around Time (TAT) for resolution of such grievances.

2) Origination and Classification of Insurance Complaints & Grievances:

In accordance to Regulation 4(4) of the Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) regulations, 2017 which defines a "Complaint" or a "Grievance" as, "written expression (includes communication in the form of electronic mail or other electronic scripts), of dissatisfaction by a complainant with insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities; A grievance could be received by HDFC Sales through any of the following modes:

HSPL - Modes of Receipt of Customer Complaint/ Grievances	
Letter (Internal)	A Customer signed Letter received at the branch, through courier, and/or branch walk-in, and walk-in to HDFC Sales Registered Office, Mumbai.
Email (Internal)	An email received from the Customer through their registered email ID on support@hdfcsales.com

Insurer / Partner (External)	A complaint or grievance received by the Insurers from customers and shared with HDFC Sales Pvt. Ltd. for further investigation.
Ombudsman (External)	A complaint or grievance received from the regulatory ombudsman (IRDA etc.)
Senior Mgt Escalation (Internal) Portal related	<p>A grievance / complaint escalated to Senior Management CEO/ COO/ NSM/ Regional Head Heads.</p> <p>A Grievance / Complaint received at HDFC Sales' website (support@hdfcsales.com)</p> <p>Any Grievance Complaint registered online at IRDAI's Bima Bharosa.</p>

* Please refer the complaint communication matrix with the TAT & actionable against each in enclosed Annexure 1

As per the aforementioned regulation, an "inquiry" or "request" would not fall within the definition of the "Complaint" or "Grievance".

3) Grievance Handling Process

All insurance related customer grievances received by the Branch through different channels is managed manually by the team.

These would be tracked for investigation (in coordination with relevant stakeholders internal and external) by the **FS Product Complaints Team**. Below are the steps involved in the resolution of the grievances. An elaborate process is enclosed in the Annexure 2

HSPL Manual Process for Managing Complaints & Grievances	
Internal / HSPL	<p>For all Complaints received through Internal Channels – Branch, Email, Escalations to be:</p> <ol style="list-style-type: none"> 1. Manually entered in the master excel sheet called complaints tracker by FS Product Complaints Officer PCO. 2. A Complaint Number is generated and responded to the customer. 3. Parallel investigation with the Partner Insurers will be arranged along with all relevant documents and supporting materials, (call recordings) etc. wherever applicable.
External / Insurer	<p>For all Complaints received from the external channel i.e. Insurer/ Partner or Ombudsman directly to the central ID:</p> <ol style="list-style-type: none"> 1. The Complaint /Grievance details will be retrieved from the Partner Insurer (Life/ERGO) through E-mail and entered in the Complaints Master Sheet under relevant categories by the FS Product Complaints Team. 2. All other relevant documents, call recordings etc. would be received through E-mails / SFTP from the Partner Insurer and saved in the local folders for ease of access. 3. An External Complaint Number will be generated for the same for internal reference and above received details will be shared with Business/ Sales Unit for inputs.

All the Grievances received at the Branch will be redirected to support@hdfcsales.com or be sent to HDFC Sales Registered office in Mumbai for tracking and closure as per the defined TATs.

All complaints/ Grievance received are classified for clear differentiation and discerned to understand **Service Request Queries / Complaints & Grievances**.

4) Broad Categories of Concern Highlighted by the Customers

Every complaint received would broadly be categorized into any of the below three categories for resolution and closure for the customer. There could be concerns related to Sales or a Request for consideration of exception on certain grounds or could be plain Service/s related concerns.

- a) Sales Related Concerns Highlighted by the Customer
- b) Request for Consideration on exception Grounds (Humanitarian, Financial, Medical Grounds etc.)
- c) Service/s Related Concerns

Actions to be taken on all of the above are further elaborated below:

A) Sales Related Concerns Highlighted by the Customers

FS Product Complaints Team shall investigate all cases where the customer highlights any concern pertaining to the Selling of the product / services to the customer:

- **Retrieve Policy Information:** FS Product Complaints Team shall retrieve the policy information in coordination with the FS operations team and the insurance partner. The information to be retrieved for cases with PCVC (Pre-conversion verification call) details from the respective insurance partners and share the details of the complaint with the

respective sales unit/ location for complete investigation **via email**. Policy details received from Insurer for complaint investigation is attached as Annexure 3.

- **Sales Unit Investigation & Response Submission:**

- Grievances shall be reviewed by the respective sales unit/Branch and the response shall be submitted with the PCO, on all parameters in the format as defined. – Formats are attached as Annexure 4.
- The response submitted by the Sales Unit / Branch will be further ratified by the Regional Complaints Committee (–which comprises of the Regional Head for Insurance (Same Branch) + Regional Head Insurance (Alternate Branch) as assigned by the PCO) before submitted to the PCO.
- For Life Insurance/General Insurance Product – PCO may also check if any issue was highlighted as a part of the “Audit Alerts” and the response submitted by the respective unit in such a scenario.
- The investigation report prepared by the respective sales unit/ Branch (Annexure 4) shall be reviewed by the **Regional Complaints Review committee** members to confirm on the decision. The Regional Complaints Review committee comprises of “RSM of the complaint branch” , “RSM of an alternate branch” (as may be assigned by the PCO) and the PCO. This committee can connect virtually to review and provide their recommendations on the investigation report.

- **Central Complaints Committee:**

- The case facts along with the views from respective sales unit and Regional Complaints Review committee members shall be subsequently presented to the Central complaints review committee for final decision. The same would be in the format as prepared by the PCO (Refer Annexure 5).

- **Call Recording:** The call recording for retail policies from the partners for the respective channels shall also be an integral part of the complaint investigation. Wherever the channel/ Partner/ insurer call recording is not available for any reason, the channel team will be required to share a justified reason for the non-availability of the call recording.
- All cases where further investigation is required may be referred to the relevant team. PCO shall follow up with the Relevant team to ensure closure of the investigation and updating of the staff action.

B) Request for consideration on exception grounds

- For all cases where the customer raises a request for cancellation on exception grounds e.g., humanitarian/ Financial/ Medical reasons, all such cases shall be shared with the respective sales unit by the PCO, who may review the case and decide on the customer's request.
- The Sales business unit, if accepts the consideration, will share their confirmation with the PCO who may seek approval from the NSM/ CEO or equivalent designations for cancellation of policy on exception basis "Service Gesture Cancellation".
- PCO shall share the approval along with other case facts including observations from PCVC call and customer's request letter with the Central complaints review committee (CRCC) in the defined format. Refer to case history report prepared as per Annexure 5 for cases not already evaluated by them.
- After procuring the respective approval from the CRCC, the case may be shared with the respective insurance partner along with the reasons for acceptance of cancellation reason and for processing of refund.
- PCO to follow-up with the Partner Insurer until the refund is processed. Once completed, the case to be tagged as closed.
- Upon receipt of confirmation from the Partner Insurer, a confirmation mail to be sent to the customer.

C) Services related request

- All the cases received for requests related to servicing of policy would be referred to the respective Insurer/ Internal Operations team by the PCO.
- Accordingly the PCO would send a response to the customer guiding the customer to approach the Partner Insurer or process and close the request internally as may be applicable within the TAT.

- The closure of these service requests shall thereafter be tracked at the Partner Insurer's end and at our end as well. PCO shall communicate to the customer on the closure of such service request.

5) **Details of Insurance Dispute Redressal Panel for review of Insurance case**

- a) **Constitution of the Panel:** The Panel will constitute of minimum 3 members representing the departments as below:

Insurance CRCC (Complaints Review Committee / Panel)

- Regional Committee Member (Optional)
 - GRO – HDFC Sales
 - Legal – HDFC Sales (Local Regional Committee, Central HO Committee Member)
 - NSM – HDFC Sales or equivalent designation (CEO/COO)
 - In case any of the above cannot be a part of the committee, the backup members will be nominated by the other committee members.
- b) **Terms of Reference:** All cases alleging incorrect sale / mis-sale of Insurance products would be referred to Complaints Review Committee (CRCC)/ Panel by the PCO.
- c) **Inputs to the Panel:** Investigation details in the prescribed format as mentioned above to be shared with the representatives. For retail policies, the information to include the observation of the Pre-Conversion Verification Check (PCVC) call recordings (as applicable) for policies issued post May'13. Investigation format has been attached as Annexure 5.
- d) **Output:**
- a. The Central Complaints review committee (CRCC) / Panel would meet in person / virtually and the Regional Committee member can participate on phone to review the complaints referred to them by the FS Complaints Product Team. Alternatively, Regional committee members can share their views over the email which will be reviewed by Central Committee members.
 - b. The final stand on the cases will be communicated to the resolving unit/ PCO (FS Complaints Product Team), along with the reason for the decision for them to take to closure.
 - c. The panel will also specifically recommend a case for cancellation only under heads of **inadequate sale / service gesture / benefit of doubt**. All inadequate sale cases would

be referred to relevant team by PCO for staff action as per the grid. Refer Annexure 8 for more details.

6) Decisions by Complaints Review committee

a) Mis-sale Denied –

- i. Complaints Review committee (CRCC) / Panel will review the overall case facts along with the inputs provided by the Partner Insurer/ Business units and may share its final stand on the grievance raised by the customer.
- ii. Wherever it is concluded to deny the mis-sale post reviewing the complaint, the case details shall be shared along with all the facts with the “**Internal Ombudsman (IO)**” to review.
- iii. IO shall consist of Chief Executive Officer (CEO) and Chief Operating Officer (COO)
- iv. IO will subsequently review the complaint independently and share its views as per the guidelines. The PCO shall document the IO ratification on email and post approval to action.

Internal Ombudsman Ratification & Validation Process

- Complaint cases referred to CRCC/ Panel where no sales gap is identified and the mis-sale allegation of the customer is denied, should be referred to Internal Ombudsman for its ratification.
- FS Complaints Product team, PCO, refers all cases where the mis-sale is denied. (Fully / Partially) with the internal ombudsman through mail. The mail should contain all relevant supporting documents of the case.
- PCO discusses the case with IO and seeks their ratification and confirmation on the CRCC Decision. In case of any disconnect the decision taken by the IO is final for the PCO. The same shall then be referred to CRCC & RCC.
- **Cases highlighted to Insurance Ombudsmen or pending with Legal Team of Insurer:** For cases which are pending with courts or insurance ombudsmen the decision on customer concerns can only be arrived post the judgement from respective authority. The PCO would investigate the grievance and share final stand of HSPL with Insurer team, however, the customer would be guided to await the decision from referred authority. The complaint would thereafter be tagged as ‘IO – Await Court Decision’ in the Complaints tracker.

b) **Acceptance of Inappropriate Sale/ Mis-sale** – Wherever the complaints review committee / Panel concludes the sale as an inappropriate sale, they may recommend the cancellation of the policy along with the staff action as per Annexure 8. PCO shall convey the decision to the Partner Insurer and the respective sales unit. The resolving unit PCO, may close the complaint in the Complaints tracker after communicating the decision to the customer.

- Product team shall share the committee decision along with all the other details with the relevant team for closure of staff action.
- It shall further follow up with the Relevant teams for closure of the staff action and maintain the final decision with them.
- All cases where a sales gap is identified by the review committee, may further be classified in the master file as “Employee Related Cancellation” or “Mis-sale accepted”.
- The categorization may differ from case-to-case basis and will depend on the degree of the gap identified basis which it shall be concluded. The decision of the review committee in this matter shall be considered as final.
- The committee takes guidance for tagging of “Employee Related cancellation” and “Mis-sale accepted” cases from the approved note. Approved Note is attached as an Annexure 8.

c) **Service Gesture Cancellation** – While no sales gap is observed during the solicitation process, a case may be recommended by the respective sales unit for cancellation basis the customer’s profile / Medical grounds/any other reasons. In such a scenario, the cancellation shall be approved by Branch Head / National Sale Manager – FS or equivalent designations which shall be further ratified by the Central review committee (CRCC) / Panel before the same is communicated to the customer / insurance partner.

- Complaints review committee (CRCC) may also use its discretion to recommend “Service Gesture Cancellation” basis the customer’s profile or any other ground it may deem appropriate which shall be communicated to the respective sales unit, Insurance partner and the customers accordingly by the Committee & FS Complaints Product Team.
- FS Complaints Product team, PCO shall share the decision with the insurance partner along with the grounds of cancellation in such a scenario.

- d) **Service Gesture Cancellation (By Insurer)** – Insurance partner may also decide to offer a “Service Gesture Cancellation” to the customer basis their observations. It will be required by the insurance partner to share the grounds for cancellation **with the HSPL Committee and seek confirmation from the NSM/ Complaint Review Committee before it communicates to the customer. In case the same is not reverted only then they can proceed with the information sharing with the customer.**
- e) **Service Issue Cancellation** – The cases, where the complaints review committee identifies a failure of service at the end of the Insurance partner which may be critical from the perspective of the sales process, it may recommend “Service Issue Cancellation” and the decision shall be shared with the respective insurance partner accordingly.
- f) **Benefit of Doubt Cancellation** – The cases, where the complaints review committee is not able to identify any sales gap because of lack of any evidence, however, the case facts may indicate towards, customer being genuine, it may offer “Benefit of Doubt” cancellation to the customer.

Cancellation & Reconciliation of Refund

- For any of the cancellation refund either by HSPL or Insurer, it is important for the Insurer to intimate the PCO, who will loop in the FS Operations Reconciliation team of the refund confirmation been processed with all details.
- This will entail the reconciliation of all cases wherever the refund has been agreed to check if the same has been processed.
- It shall also seek further intervention from the respective sales unit wherever there is any requirement from the customer’s end.

7) A grievance raised by the customers may also be closed as below:

a) **Customer not Contactable:**

- If any customer is not contactable, HSPL/Insurer would send a formal reply to the customer informing him that we have tried to contact and ask him to convey the preferred contact number and time to enable us to resolve his concerns. The team shall wait for a period of 48 hours for a response from the customer and in case of no response from the customer within 48 hours, the PCO would close the record as “Not Contactable” and the same is communicated to the customer in the “Complaints tracker”.
- Such cases shall be presented to the Complaints review committee with all the other inputs on the complaint investigation and concluded accordingly.
- Customer shall be shared the contact details of the complaints team for further discussion, if any, along with the final decision wherever the complaint is denied.

- b) **Further Requirement raised:** To arrive at an adequate resolution, there could be a requirement of certain documents from the customer. In such a scenario, HSPL/insurer would send a formal reply to the customer asking him to provide the required documents and tag as closed. HSPL will also wait for 48 hours for customers to come back with the requisite documents prior to tagging the same as closed in the "Complaints tracker". Customer shall be sent the contact details of the complaints team for further discussion in such cases.
- c) **Concerns highlighted by Third party:** HSPL will only investigate the case if the query is highlighted by the policy holder/ nominee (in case of customer death) or proposer of the policy. If the query is highlighted by a third party a formal reply will be sent to the customer third party guiding him to ask the policy holder or proposer of the policy to write to HSPL or HDFC Life. PCO will reply for closure with reply to the customer.
- d) **Policies not sourced by HSPL:** If any customer raises a query on insurance policy which is not sourced through HSPL as a corporate agent, the customer will be guided to take up the matter with the respective Insurance Company or their Agent/insurance intermediary. PCO will draft response to the customer.
- e) **Cases highlighted to Insurance Ombudsmen or pending with Legal Team of Insurer:** Please refer to Clause 6 (a) **Internal Ombudsman Ratification & Validation Process**

8) **Turn Around Time (TAT):**

The TAT for internal resolution of the customer's grievance is 7 working days from the date of receipt of complaint/grievance. The TAT would be tracked as per the entries in the Complaints tracker by the FS Complaints Product Team. The complaint/grievance to be closed by the PCO latest in **T+14 days**. For the **step** by step process and respective TATs, refer Annexure 2.

All cases which are presented to Complaints Review Committee/ CRCC and further queries / clarifications are sought, the PCO shall be responsible for getting the response from the respective partner Insurer/ Business Unit and ensuring end to end closure of the complaint.

9) **Escalation Process:**

Given that all complaints where the decision is taken to decline the complaint shall be further ratified by the Internal Ombudsman, the PCO shall guide the customers thereafter to External Ombudsman wherever they are not satisfied with the decision given after reconsideration of IO.

10) Complaints of Claim Processing:

For a complaint received in relation to repudiation of a claim by HSPL (either forwarded customer or Insurer), HSPL will provide necessary assistance and guidance in the matter for the rejection and repudiation of the claim and refer the same to CRCC and IO for their views / recommendation, and if applicable, also request if the Insurer could consider on the exceptional grounds – humanitarian or medical ground.

The claim repudiation will be reviewed from the following point of views:

- Customer Communication Gap : Non-Disclosure of information (SMQ Reject) Withholding the information Intentional or non – intentional.
- Product Offering Gap : Borrower/ Co -Borrower, Age, etc.
- Process Gap : For any process related delays claim rejected
- Payment Gap : Financial related.

After the same is reviewed and if the customer claims are found to be genuine HSPL to coordinate with the Insurer for reconsideration of the claim acceptance on either of the grounds.

If the complaint on claim rejection/repudiation received by any regulatory body associated to the business sourced, Insurer will have to reconsider the decision and re-investigate to closure

These complaints are sensitive in nature and to be treated on utmost PRIORITY.

These complaints will not be closed within the T+14 days TAT as Insurers have stated they may require to align with the Claims team TAT (can be max within 120 days or as required per their specific Board Policy), in this interim the response will be sent by the Insurer to the Complainant of the time taken and PCO will track these to closure. PCO will simultaneously inform the customer of the response shared by the Insurer with the Customer. If the claim related complaints are received through Regulator/ External Ombudsman (EO) the same would be referred to CRCC & IO for closure.

11) Review of the Process Note:

This note will be reviewed Annually or as and when there are changes in the process / applicable regulatory framework. The revised process shall be placed to all the stakeholders for their requisite approvals and same shall be shared with all stakeholders for any future reference.