



Insurance Regulatory and Development Authority
GENERAL INSURANCE & HEALTH
POLICY HOLDER COMPLAINTS REGISTRATION FORM
(Separate forms to be used for each complaint)

Annexure II

Please approach your Insurance Company first with the grievance. If you have not received a response or you are not satisfied with the response on your grievance, you may use this form to register the complaint with IRDA.

If the complaint is a dispute in regard to premium paid or payable, dispute on policy wording pertaining to claim payment, delay in settlement in claims or non-issue of insurance document the same may be lodged with Insurance Ombudsman. The addresses of the Ombudsmen are available on our website.

1. Name of the complainant: _____

2. Address of the complainant: _____

3. E-mail/Telephone/Fax: _____

4. Whether Individual /Company:
(Please tick)

Individual /Company/other entities

5. Name of the Insurance company: _____

6. Address of the servicing office/branch with office code (if available):

7. Policy number/Proposal deposit number:

8. Nature of complaint: (Please tick)

	Policy related
<input type="checkbox"/>	Fire Insurance
<input type="checkbox"/>	Marine Insurance
<input type="checkbox"/>	Motor Insurance



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	Health Insurance
<input type="checkbox"/>	(a) Against company
<input type="checkbox"/>	(b) Against TPA
<input type="checkbox"/>	Other Misc Insurance
	Non-settlement of claim
<input type="checkbox"/>	Fire Insurance
<input type="checkbox"/>	Marine Insurance
<input type="checkbox"/>	Motor Insurance
	Health Insurance
<input type="checkbox"/>	(a) Against company
<input type="checkbox"/>	(b) Against TPA
<input type="checkbox"/>	Other Misc Insurance
	Repudiation of claim/dispute in quantum
<input type="checkbox"/>	Fire Insurance
<input type="checkbox"/>	Marine Insurance
<input type="checkbox"/>	Motor Insurance
	Health Insurance
<input type="checkbox"/>	A) Against Company
<input type="checkbox"/>	B) Against TPA
<input type="checkbox"/>	Other Misc Insurance
<input type="checkbox"/>	Others

10. Details of complaint (including details of document copies attached):

SIGNATURE: _____

DATE: