

INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY OF INDIA

Sy No. 115/1, Financial District,
Nanakramguda, Gachibowli, Hyderabad – 500032

POLICY HOLDER COMPLAINTS REGISTRATION FORM

(Separate forms to be used for each complaint)

1. a. Name of the complainant: _____
- b. Name of the Firm: _____
(if complaint being filed on
behalf of Company /Organization)
2. Address of the complainant: _____

3. a. Mobile/Telephone Number: _____
- b. E-mail ID (if any): _____
4. Name of the Insurance company: _____
5. Name of the intermediary/Agent (if any): _____
6. Policy number/Proposal number: _____
7. Certificate of Insurance Number (required for Group Insurance policies): _____
8. Nature of Complaint: (Please tick)

Life		Non-Life	
Policy Type		Policy Type	
Unit Linked		Health insurance	
Pension Policy (other than Unit Linked)		Motor Insurance	
Health Insurance		Crop Insurance	
Conventional Life		Fire Insurance	
Others		Other(s)/ Miscellaneous	
Complaint Type		Complaint Type	
Death Claims		Claims	
Health (incl. Critical Illness) Claims		Cover Note	
Policy Servicing		Coverage	
Proposal Processing		Policy Related	
Survival Claims		Premium	
ULIP Related		Product/Sales related	
Unfair Business Practices		Proposal Processing	
		Refund	

9. Claim Number (mandatory for claim complaints): _____

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

SIGNATURE