

Name of Life Insurer:

A) Statement of Grievances in respect of policies sold with OTP Authentication in lieu of wet signature on physical Proposal form, BI, Suitability Assessment for the month of _____;

Number of Individual Policies sold (1)	Number of Policies sold through electronic consent* (2)	Number of grievances received out of (2)

*Include only those cases where the consent is obtained in electronic form under the provisions of this circular.

B) Grievance List for the month with

1) Policy number & Name of Proposer

2) Agent/Intermediary details

3) Nature of grievance

4) How dealt with (grievance resolution, action against agent/intermediary, system correction)