Volume XIV, No. 5

भा बी वि वि प्रा
irdai

Journal

May, 2015

Mis-Selling in Insurance Industry

- Things to know & learn

भारतीय बीमा विनियामक और विकास प्राधिकरण

Printed by
K. RAVINDRANATH
and published by T.S. VIJAYAN
on behalf of INSURANCE REGULATORY AND
DEVELOPMENT AUTHORITY OF INDIA.

Printed at Lakshmisri Enterprises
#3-4-417, G-3, Near Kachiguda X Roads, Hyderabad.
and published from Parishram Bhavan, 3rd Floor
Basheer Bagh, Hyderabad - 500 004
Phone: +91-40-23381100
Fax: +91-40-66823334
e-mail: irdajournal@irda.gov.in

From the Publisher

Mis-selling in common parlance refers to unfair or fraudulent practices adopted at the time of soliciting and selling insurance and generally includes selling policies which have not been sought by the customer or which are different from what the customer wanted or was promised or where the product offered for sale is not suitable to the needs of the customer. The insurer (including sales channels) usually has more access to information as to the suitability or otherwise of the product being offered to the insured and thus, insurers are responsible for any mis-sale. Keeping this in mind, the IRDAI has brought in the concept of Benefit Illustration wherein an attempt has been made to give an indication of guaranteed and non-guaranteed benefits available to a policyholder.

Complaints on unfair business practices affect the image of the insurance sector. This would significantly impact the initiatives aimed at enhancing the level of insurance inclusion as measured by indicators such as insurance penetration (measured as ratio of premium to GDP) and insurance density (measured as ratio of premium in USD to population). Hence, while there is need to assess and reduce the extent of mis-selling, there is also a need to reassure general public that the regulatory framework for insurance business is sound enough to protect policyholders' interests.

In order to check mis-selling, the Authority has made many regulations etc such as IRDA (Protection of Policyholders' Interests) Regulations, 2002,The IRDA (Insurance Advertisements and Disclosure) Regulations, 2000, IRDAI (Appointment of Insurance Agents) Guidelines, 2015,IRDA (Licensing of Corporate Agents) Regulations, 2002, IRDA (Insurance Brokers) Regulations, 2013, which are aimed at protecting rights of prospects and ensuring fair market conduct. The Authority has also issued Grievance Redressal Guidelines for insurance sector specifying the timelines for acknowledging, resolving and closing prospect or policyholder grievances including setting up a Policyholder Protection Committee which shall directly report to the Board of the Insurer.

The recent amendments to the Insurance Act, 1938 will enable the interests of policyholders to be better served through provisions like penalties on intermediaries / insurance companies for misconduct and disallowing multilevel marketing of insurance products in order to curtail the practice of mis-selling.

The articles being published in this issue of the journal deal with various aspects of mis-selling to educate and empower policyholders. Keeping in view the recent initiative of the Govt. of India for financial Inclusion, the next issue of the journal will focus on **"Increasing Insurance Penetration to Rural and Informal Sector of the Economy"**

T.S. Vijayan

ISSUE FOCUS

Mis Selling of Insurance Products

R. Venkatesan

Introduction (FORENOTE)

A television commercial by a leading insurance company shows a financial adviser being hounded by a devil-like creature who disappears when the adviser continues to give the right advice to the prospective client and another leading insurer had launched a campaign explaining the importance of paying attention to the basics before buying their insurance product.

There is enough evidence to suggest insurance is often mis-sold. In fact, the industry now accepts this and the sector regulator have instituted reforms to control the menace, but not up to their desired atmosphere. The efforts have certainly improved sales practices, but not completely plugged the hole.

- What can you as an individual do to protect yourself?
- How do you spot the devil in the detail?

Here are a few simple ways to spot mis-selling.

Life insurance is a long-term product because you need insurance for the most part of your working life. Even as an investment product, it works only if held for a long term because of the embedded costs. However, it's more difficult to sell a long-term product, so, to make their jobs easy; agents often approach you with a short-term insurance plan. If your agent says 'I have a good short-term savings product of three-five years' and gives you details of an insurance product, you should stay away from that agent because life insurance is not a product meant to give short-term benefits." The main purpose of life insurance is to protect your family and assets financially in case of unforeseen events.

Another example, when insurance is bundled with other financial products or passed off as a freebie. For instance, you take a home loan and instead of buying a pure term insurance, which you must buy to protect your dependents from having to repay the loan amount should you die, you are sold an insurance plan with returns or say, you are visiting your bank to open a Public Provident Fund account or a recurring deposit account and the bank employee directs you to an individual who offers a product that gives similar or better returns and insurance as bonus. This, again, is a red flag, as insurance is not a by-product of investing.

When you sit down to understand the calculation for a traditional plan or a unit-linked insurance plan, if the agent gives you a handwritten calculation instead of the insurance company's standard illustration of the calculation for the life insurance product, alarm bells should ring.

"An agent or distributor who wants to sell the product for her own benefit will show her own calculations where the predicted returns will generally be in double digits.

When you get a job offer, do you sign the contract without reading all the details? So why would you sign insurance documents without reading them first? "Most insurance agents who want to push an insurance product will offer to fill the form for you to their indirect benefit.

Also, beware of agents who ask you to not bother about the medical

details required in the form. "They do this because if there is a medical issue, the company will have follow-up questions. The agent wants to avoid this as he is not bothered about the claim part.

A lot of the hard sales push in insurance draws upon the basic human emotions of fear and greed. The minute you feel that the agent or distributor—who may well be a friend, a family friend or a neighbor—is talking of very high returns with very little risk, stay away. Avoid too-good-to-be-true products. If you still want to buy it, don't sign on the documents right away. Instead, ask for the policy brochure and go through it carefully.

Have you ever wondered why insurance agents and companies are always in the news for misselling and hard selling their products? It's easy enough to understand that they receive different amounts of commission for each product and are naturally going to sell the products which give them the highest paycheck at the end of the month. We are not going to argue on the moral hazard of that system, we think more than enough people have given it enough publicity.

The insurance industry have been doing really well the past few years in Singapore so it is entirely understandable that they rather keep the same system that is currently working well for them. Asking them to suggest and propose ideas to change the current model is similar to the government asking property developers to suggest more cooling measures to moderate the market and prevent speculation. The fee-based system wouldn't work in favor of consumers; other than there might not be as many insurance agents and the "reach" of the institutions diminishes. And when we say "reach", we actually mean cold calling, hard selling and heckling on the streets and over the phone. Thus, there could be significantly less profits for these institutions. We argue that a more holistic approach from the institutions, such as spending more time educating the public on the pros and cons of different insurance policies, would be time well spent. The institutions argue that the cold calling, hard selling and heckling on the streets and over the phone is a better use of their time and would serve the public better. There lies the big difference, sales over education. And let's not try to twist the sentence anymore than it needs to be. Under the current system, the only time you are receiving an "education" is when it would help deliver a sale. It is like saying you will only pay your legal fee if the lawyers you engage represent you in court.

We could look at a flat fee being paid; this would effectively eliminate agents' bias towards certain products with higher commissions.

The consumers have the option of seeking a second opinion before purchasing any policies that they are being sold to and Has ever tried seeking a 2nd opinion from another insurance agent regarding a policy that he is currently considering it. If he had, he would have realized the current problem with the industry almost immediately. The 2nd agent would most definitely have a "better and more ideal" plan that would be more "suitable" for the client. Why that is so is simply because agents are compensated only if they make the sales, so no sales equates to time wasted. With a fee-based system, the agent would be able to provide a neutral evaluation of the policies being considered without the pressure of closing a sale in order to make a living.

It is equally ridiculous in our opinion, to be suggesting that "consumers cannot care less" about the policies that they are buying. Sure they might be misinformed or missold a policy but that is because the advice they received in the first place was garbage to begin with – an insurance industry problem. It is hardly fair to suggest that a consumer deserved to be mis-sold a policy simply because they were unable to get access to good advice – an insurance industry problem.

Would industry giants say no to profits and shift towards a system that gives the consumers more rights and powers?

Many insurance companies will deny valid claims. In order to increase profits, companies go as far as to reward employees for successfully denying claims and firing employees who refuse to deny claims. Many insurance companies delay paying out claims for as long as possible in the hopes that the policyholder will eventually give up, or even die. In addition to delaying claims, some insurance companies will simply cancel, or rescind, policies once they learn that the policyholder has a medical condition that is expensive to treat. Insurance companies also drop people for technicalities, honest mistakes, and unintentional omissions.

For example, a Texas nurse had her policy dropped after she was diagnosed with breast cancer. The reason given for dropping her policy was that she failed to disclose a visit to the dermatologist for acne.

Another way insurance companies try to avoid paying claims is to make their insurance contracts incomprehensible. These contracts contain terms that are difficult to understand, even for an experienced attorney. According to the South Carolina Supreme Court, "insurers generally are attempting to convince the customer when selling the policy that everything is covered and convince the court when a claim is made that nothing is covered."

People who are facing financial crisis are suffering further because insurance companies are using their credit reports, which are often unreliable, to determine the premiums that they will pay, or whether they can get insurance at all. Insurance companies are punishing people for both poor credit, and lack of a credit history. Through this practice, the poor and elderly are being discriminated against. Even people who have fallen on difficult financial times through no fault of their own are being punished.

Since insurance companies will use a variety of unethical tactics to deny claims in pursuit of higher profits, consumers need to do whatever they can to protect themselves.

Consumerism:

Consumers buying insurance should always:

- Read your policy carefully.
- Make sure that you know exactly what is covered and what is not.
- Know how to appeal a denial by your insurance company, if you should need to do so in the future.
- Be very careful to fill out forms completely and accurately.
- Know that, if your insurance company rescinds your insurance, they may send you a premium refund check. By cashing the check, you may be inadvertently accepting their decision to rescind your policy.
- Do not give up when you feel that your rights are being violated. The insurance companies are hoping that you do give up, so it is critical that you stand up for yourself.
- In insurance field seller is the king maker and buyer is a goodhard decision maker.

UNETHICAL PRACTICE OF AGENTS:

Some time ago, an insurance broker made the national news. His name is Jerry Goldman and he was the insurance broker for Tom Hanks and his wife Rita Wilson. Goldman pleaded guilty to mail fraud for overcharging Hanks and Wilson hundreds of thousands of dollars in excess premiums. Over a 13 year period, Jerry Goldman inflated premiums as much as 600% and presented phony invoices to hide the overcharges. He was sentenced to 27 months in prison and ordered to pay about $840,000 as fine.

Unethical practices by insurance agents include overcharging or inflating premiums as well as charging an "agency fee" on a policy. Other unethical practices may be less obvious to a consumer, but include agents or agency staff receiving payments from a vendor for steering clients to a specific company such as an auto glass

company, roofer, etc. and pocketing premiums policies that aren't delivered.

Remedial measures: =

Here's what to look for to avoid being a victim of these four practices:

Agency fees or expenses not included with the premium payment at closing for a home policy on a new home or any other insurance product

Fees and expenses are not specified in the quote from the insurance company.

Always insist on a written quote. The quote should have the insurance company's name on it along with the name and contact information for the agent and/or agency.

When money is paid for a policy, you should always receive a policy with a declaration page for home and auto and In addition, you should always receive ID cards for a new car insurance policy.

If you make a change to a policy (change in coverage on a home, trade in a vehicle, add a new driver, etc.) you should receive an endorsement summary from the carrier outlining the policy change.

If you feel pressured to use a specific service glass company, roofer, body shop, etc. ask for more references or find your owns and certain law allows you to use whatever body shop, roofer, etc. you want.

Some carriers have preferred vendors for body shops, roofer, etc. There are benefits associated with using an insurance company's preferred vendors, but you can pick your own. In addition, there are some policies that include legitimate fees and taxes. These are usually associated with some commercial or business policies or with some personal lines policies from non-admitted carriers. In these cases, the fees should be a part of the official written quote and not a surprise that's presented after the fact.

If you're being asked to pay for something that seems unusual, out of the ordinary, or do not receive paperwork for a new or changed policy, ask your agent or the insurance company.

Mostgenuine insurance agents are honest, ethical, and conduct their business with integrity. These agents and their team understand that the best way to conduct business is ethically and with a long term perspective. Providing excellent service and consultative guidance is the way to build a successful agency. In the case of my couple buying a new home, the agent that asked for an agency fee that would be paid apart from closing, lost the sale because he lost the trust of the prospective client.

Definitions: - 'Misselling'

The ethically questionable practice of a salesperson misrepresenting or misleading an investor about the characteristics of a product or service and In an effort to make a sale to a potential customer, a financial products salesperson could leave out certain information or describe a financial product as something the investor urgently needs, even though sound financial judgment would come to the opposite conclusion

A good example of misselling can be seen in the life insurance industry. Consider an investor who has a large amount of savings and investments but no dependent children and a deceased spouse. This investor would arguably have little need for whole life insurance and, therefore, an insurance salesperson describing the product as something the investor urgently needed to protect his or her assets in the event of death could be considered a case of misselling.

Do you know that in our country most of the people invested driven by emotional pressure not by their requirement? Many may not accept and in our society people started investing before they are not understood the meaning or requirement of the investment.

Why mis-selling of insurance policy happening in our society?

There are many reason for this from both end actually and due to lack of interest, knowledge and social emotional people fall in to such traps by their own only. Let's check out few reasons in detail which are happening in our day to day life.

- Our society is conservative in nature, so many feel that instead of rejecting the policy and hurting his emotion, it's better to accept the policy to maintain a good relationship. But this is not at all justice with your plans and dreams. This will only help the agent to earn commission.

- Every agent has to get a target number of policies to safe their job. For that pressure they often lure people by providing false promises or showing false data to attract people.

- Many people are so lazy that they thought its fine and what someone else is doing and invest accordingly without realizing that the other person is doing everything as per his need or he is also being fooled by someone else. At the end of the day both will be victim of mis-selling of insurance product.

- Financial adviser or insurance agents are very smart people, well trained and they will represent a policy such a way that many people think that with a small investment they are going to get huge money and they got very impressed by the presentation and believe that without doing any investigation.

And last but the most useful thing that doesn't mix insurance and investment together. Insurance companies are selling most of their policies to people by telling them that they will get investment benefit as well and people are also believing them and thus the market has grown such bigger. First you should realize that investment is different than insurance. In case any insurance policy is made such a way to provide investment benefit then you should understand that something is going to get promised as company will give you the benefit from their pocket. Generally ULIP policies are the mostly selling with this concept of investment + insurance to attract customers.

COMPLIANCE:

Where to file a complaint against mis-selling of insurance policy?

So if you think that you are holding a policy or multiple policies which has been sold to you by providing false promise or some other false return then you are welcome in this section. In such a case there are some ways but the fact is you have started the policies after discussion with the agent and also filling required documents. So at the time of subscribing the policy you were completely agree with what you are going to do. Means it's a kind of too late for you to save your money. But still there are some ways which you can use in such a way

In every insurance policy form document one clause is there with which you can register a complaint describing the situation in which you have subscribed the policy. In such a case you have to be ready with the facts why this policy is not useful for you and how it has been sold to you by showing some false facts. If you can provide some genuine proof then there is a chance to get some justice else try your level best.

The last option is stop paying the premium and surrender or cancel the policy. This way you might control further loss or damage.

Always ask a question to yourselves whenever you spend some money, whether this will provide you the return as you are expecting. Are you really ready to do a policy now etc.? So that others can't take advantage of your weak side.

Fraudulent selling of insurance

Life insurance is being sold fraudulently with a corporate approach to defraud gullible people. Intermediaries have neither been penalized nor have they lost their license. There is a need for stern action from regulators and insurers to curb the menace.

Mis-selling of life insurance is ubiquitous. It can be about giving wrong information about product features or exaggerated returns. The new trend is fraudulent selling of policies with offers that may just lure the greedy and the gullible by offers of "interest-free" loan, mobile tower rent, helping to get company bonus, surrender of a policy without loss, etc.

Senior citizen sold policy with lure of rent from Airtel tower?

An insurance company disturbing other free marketing product along with their own selling insurance product.The fingers point to a few brokers and corporate agents. They work with multiple distance marketing agencies who in-turn log the sales. The arrangement is convenient as the brokers and corporate agents are ignorance of the fraudulent selling due to business agreements with multiple agencies. Even if their own employee is involved, they can terminate the employment after passing the blame solely to them. It is unfortunate that insurance brokers who are supposed to represent clients by offering the best products for their needs are taking consumers to cleaners and that too without even meeting them in many cases. The insurance company distanced itself from few brokers to avoid suspicious policies being sold.

CONCLUSION (Mis selling)

Mis-selling broadly means unfair or fraudulent trade related practices in soliciting or selling policies not sought by a customer and where customers feel the policy sold is different from what they wanted or were promised.

The increasing number of complaints could affect the public's confidence in insurance products, intermediaries and insurance companies. "More important, it seriously affects the demand for insurance, which could have serious implications on insurance as an avenue of tapping savings for long-term investments for the economy.

" In the insurance market " SELLER/ INSURANCE AGENT IS THE 'KING' AND THE BUYER IS SITTING IN ' THE FOOLS PARADISE' WITH A DREAMFUL THOUGHT"

R. Venkatesan BA BGL AIII DIL, EX. SENIOR ASSISTANT/IN HOUSE SURVEYOR (MOTOR CLAIMS), UNITEDINDIA INS CO LTD DIVISION II 74/A SALAI ROAD, TIRUCHIRAPALLI 6200018

We welcome readers experiences. Tell us about the good and the bad you have gone through and your suggestions.

Your insights are valuable to the industry.

Help us see where we are going.

Send your articles to:
Consultant (Communication), IRDA of India Journal,
Insurance Regulatory and Development Authority of India,
Parishram Bhavan, 3rd Floor, Basheer Bagh,
Hyderabad-500 004.
or e-mail us at irdajournal@irda.gov.in

ISSUE FOCUS

Rampant Mis-selling: The Stumbling Block for Insurance Industry

- Jagendra Kumar

Despite a stream of regulations mis-selling of insurance products continues in India. The problem is rampant across all insurance products be it life insurance, health insurance, agriculture insurance or general insurance. Mis-selling is very common in insurance sector. It involves selling of insurance products either by hiding facts or giving false information to the buyers. Normally, the agents / intermediaries lure customers with unrealistic benefits of the policy. Some agents succeed convincing customers in such a way that they end up buying an unsuitable product. In most of the cases, exclusions under the policy are kept hiding from the buyers. And this is probably the most prolific reason why insurance industry is stumbling in India after 15 long years the sector was opened for private players in year 2000. Although, the business has been booming for the sector since then but the pace has been considerably low.

According to a recent research report from brokerage firm Espirito Santo, between 20 per cent and 35 per cent of the policies across life insurers' lapse in the second year itself. Simply put, it means that many policyholders are abandoning their insurance policies mid-way. Policyholders abandon their covers either because they realise that they bought the wrong products or because of poor returns offered by the products. In some cases, affordability could be the reason. Many people buy insurance products in a hurry to save taxes and repent later. However, exiting a policy is not a simple decision. After all, policyholders would have invested efforts in buying and paying annual premiums. Besides, terminating a life insurance policy is not as simple as exiting a mutual fund. Apart from the lock-in period, charges already paid in the initial years are also an issue. Most insurance buyers have experienced mis-selling at some point. And, it's observed that mis-selling has been the major roadblock in the growth of insurance industry in India.

WHAT IS MIS-SELLING?

In a definition quoted in Wikipedia, "mis-selling refers to the deliberate, reckless, or negligent sale of products or services in circumstances where the contract is either misrepresented, or the product or service is unsuitable for the customer's needs. For example, selling life insurance to someone who has no dependents is regarded as mis-selling." Mis-selling broadly means unfair or fraudulent practices in soliciting or selling policies not sought by a customer. Or when a

customer feels the policy sold to him is different from what was promised. As the name suggests, it involves selling of products by giving false or partial information. It is not restricted to any particular kind of products; rather it has become quite common in the insurance sector, a place which is highly susceptible to mis-selling. Consumers are convinced in such a way that they end up buying an unsuitable product. Many a times, the risks are not explained properly and misleading information is given.

HOW MIS-SELLING TAKES PLACE?

Our society is conservative in nature, so many feel that instead of rejecting the policy and hurting his emotion, it's better to accept the policy to maintain a good relationship. But this is not at all justice with their plans and dreams. This will only help the agent to earn commission. One should evaluate parameters like the number of years completed, returns generated and charges deducted so far, tax implications and also the cost of replacing the policy with a more suitable one. Following instance of mis-selling are common in India:

1. Exclusions' is the part which agents don't explain to buyers. This part explains the conditions in which the insurer does not provide protection.
2. As some of the agents do practice of luring customers with a range of attractive and unrealistic offerings.
3. Many agents do handwritten calculation that can be easily manipulated. Therefore, it is better to ask an intermediary for the insurer's standard illustration of the plan chosen to buy.
4. Don't let agent to fill the form on your behalf, do it yourself. Do read policy documents- its exclusions, its benefits carefully; then fill up the form. Also check the policy name and confirm whether it is the same which has been selected.
5. Some agents skip providing medical details as it lead to delay in buying. However, it is one of the most important parts that directly impact the claim settlement process.
6. Some of the agents try to lure with unbelievably charming products. There are high chances that the agent might be offering a few unrealistic rewards.

HOW TO CURB THE MENACE?

Insurers can't control mis-selling by doing micro things. They have to do macro things like having a 2.25% cap on premium charges, which will make a lot of difference. Mis-selling is attributed to a lack of long-term relationship orientation with the customer. Mis-selling is happening more at the employee level and not the agency level, as is the misunderstanding. A recent study by a national newspaper revealed that investors lost more than Rs. 1.56 trillion over the span of a seven-year period that ended in 2011-12. Insurance is supposed to protect, not trap investors. Yet, agents and insurers are known to be unscrupulous. So if a person holding a policy or multiple policies which have been sold to him by providing false promise or some other false return then what is the remedy? In such a case there are some ways like:

1. Each insurance company has their own grievance redressal system. The policyholders can seek the redressal of his grievance by the insurer first.
2. Next the purchaser can also inform the same to IRDA. To complain online, the Integrated Grievance Management System' helps to register the complaint.
3. The Insurance Ombudsman scheme was created by Government of India for individual policyholders to have their complaints settled out of the courts system in a cost-effective, efficient and impartial way.

4. The Consumer Protection Act, 1986 is a benevolent social legislation for promotion and protection of the rights of the consumers. Theree tier system of consumer court covers the insurance services.

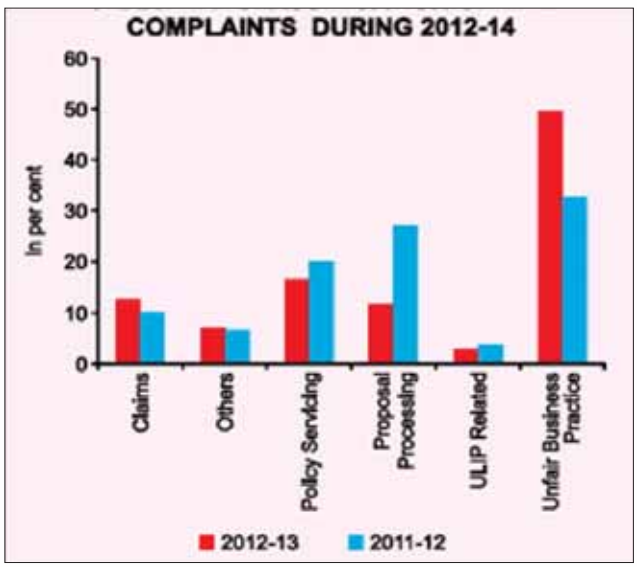
REGULATORY CONCERN:

IRDA has classified frauds in the insurance sector under three heads – claim fraud or policyholder fraud, intermediary fraud and internal fraud. Mis-selling of insurance products continues to give sleepless nights to the regulators. The Reserve Bank of India (RBI) has quite candidly highlighted the rising complaints of mis-selling insurance policies in recent years. And the central bank has also raised fears of possibilities of loss of public's confidence in insurance products, intermediaries and insurance companies if such dodgy activities were to continue. The Insurance Regulator made it a mandate to make 'insurance processes' more transparent and customer centric. There are also various regulatory measures that the IRDA has put in place to provide a framework for protection. While the Ministry and the insurance regulator have put their best foot forward and the bill will come up for approval in the upcoming parliament session, the regulatory woes continue to exasperate. Moreover, the amendments made under the new proposed law that suggests insurers being liable to pay a fine of up to Rs 1 crore for any act of omission by their agents, is not going down well with the insurance companies. That's because the insurance companies are in no mood to cooperate. In their latest move, the insurance companies have sought for relaxation in the hefty penalties proposed in the insurance bill for mis-selling. They believe that the proposed penalties are exorbitant and could discourage regulated entities and would not support voluntary compliance.

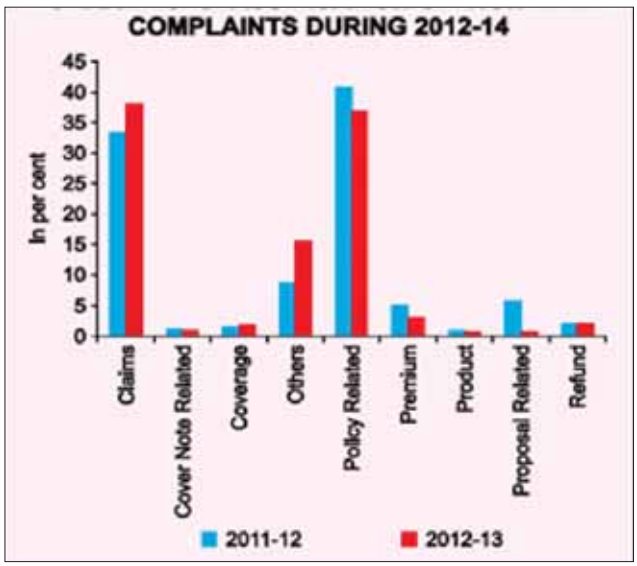
MIS-SELLING: THE BIGGEST TROUBLE SPOT:

In a recently published article that appeared in a financial newspaper the topic of customers facing problems in their insurance policies was covered. The article quoted excerpts from an analysis done by a social media marketing company. The analysis covered complaints posted by consumers on various social media channels regarding three insurance topics of Settlement of policies, Renewal of policies & Payment of first premiums. Of the

LIFE INSURANCE:



NON LIFE INSURANCE:



three points analysed, maximum complaints were registered in the 'settlement of policy' subject. A deeper analysis revealed that mis-selling was the biggest trouble spot, followed by policy termination, online renewals and missing documents.

Grievances related to alleged mis-selling by insurance companies are placed under the category of 'unfair business practices' at the point of sale. With respect to unfair business practices, complaints were with respect to malpractices, single premium policy issued as annual premium policy and for products differing from what was disclosed. Mis-selling of insurance products and frequent changes in regulations may impact the valuation of insurance companies in India. Curbing mis-selling is critical as it can hurt not only the reputation of the life insurance industry, but also valuations of insurance companies. High lapsation rate, which could stem partly from mis-selling, can be a drag on insurers' valuations. The knowledge of consumers in emerging markets is inferior. Life insurance companies are designing complicated products especially with the objective of misleading innocent customers. The only solution is better financial literacy.

PENAL PROVISIONS:

Mis-selling of policies is going on for a while but has assumed greater proportions as of late. The rising instances of mis-selling across insurance categories are worrying. This is primarily because of financial illiteracy of advising agents. Financial literacy in the distribution channel itself is the main cause of mis-selling. It leads to underinsurance and improper coverage for the insured. The problem lies in a lack of training on part of the employer for need-based policy selling. Inactivity of agents is another cause for concern. There are three million agents in the market currently. But only 20% of these are productive. The status of grievance redressal as per IRDA data is as follow:

STATUS OF GRIEVANCES - NON LIFE INSURERS DURING 2013-14

Sector	Outstanding as on 31st March, 2013	Grievances Reported during 2013-14	Resolved during 2013-14	Outstanding as on 31st March, 2014
Public	1107	17658	18083	682
Private	128	45677	45653	152
Total	**1235**	**63335**	**63736**	**834**

STATUS OF GRIEVANCES : LIFE INSURERS DURING 2013-14

Insurer	Outstanding as on 31st March, 2013	Grievances Reported during 2013-14	Resolved during 2013-14	Outstanding as on 31st March, 2014
LIC	544	85284	85828	0
PRIVATE	680	289336	288836	1180
TOTAL	1224	374620	374664	1180

The Insurance Laws (Amendment) Bill, 2015 provides for a penalty of up to Rs 25 crore for mis-selling or misrepresentation of policies by agents or insurance companies to customers. Now consumer interest will be better served through provisions like those enabling penalties on intermediaries / insurance companies for misconduct. It also disallows multi-level marketing of insurance products in order to curtail the practice of mis-selling. The amended Law has several provisions for levying higher penalties ranging from up to Rs 1 crore to Rs 25 crore for various violations including mis-selling and misrepresentation by agents/ insurance companies. With a "view to serving the interest of the policy holders better", the period during which a policy can be repudiated on any ground will be confined to three years from the commencement of the policy and no policy would be called in question on any ground after three years. The Insurance Laws (Amendment) Bill, 2015 was passed on 12th March; 2015. The passage of the Bill thus paved the way for major reform related amendments in the Insurance Act, 1938, the General Insurance Business (Nationalization) Act, 1972 and the Insurance Regulatory and Development Authority (IRDA) Act, 1999. The Insurance Laws (Amendment) Act 2015 to be so enacted will seamlessly replace the Insurance Laws (Amendment) Ordinance, 2014, which came into force on 26th December 2014.

Lack of Awareness of the Customer is the main reason why mis-selling is so common in India. Many customers do not understand that insurance is intended primarily for risk protection—not for tax savings, not for investment. Awareness is crucial if the consumer is to receive a policy that truly meets his unique requirements. This problem of mis-selling can only be eradicated by the combined efforts of Insurers, Regulators, Intermediaries and Customers as well. Lapses on any one of the front will allow this malice to manifest its ugly head again. Companies should simplify their terms and conditions to remove any hidden meanings or terms. They should take this as a part of their corporate governance to financially educate the insured. The interest of the distributor and the customer needs to be aligned by remunerating him throughout the term of the policy rather than heavily paying front loaded commissions. This will force the intermediaries to sell products with long term perspective and will ensure proper policy servicing.

References:

1. Annual Report of IRDAI 2013-14
2. Inderst, Roman and Marco Ottaviani (2009), "Misselling through Agents", American Economic Review, 99(3), 883-908.
3. https://www.equitymaster.com/tm/tm.asp?date=10/28/2014&title=Will-insurance-mis-selling-ever-endhttp://www.bmtpc.org/topics.aspx
4. http://www.financialexpress.com/article/industry/insurance/penalty
5. http://pib.nic.in/newsite/PrintRelease.aspx
6. Newspapers & Journals

JAGENDRA KUMAR, Ex. CEO, Pearl Insurance Brokers, 71/143, "Ramashram", Paramhans Marg, Mansarovar, JAIPUR-302020

ISSUE FOCUS

Who is mis-selling?

- Dr. Rajas Parchure , N. Ashok Kumar

Abstract

In the recent past there has been near unanimity amongst financial consultants and advisors (as written and spoken in various media platforms) that endowment products of life insurance are low return products and are hence not recommended to be a part of a person's investment portfolio. The alternatives recommended are usually the high risk investments where the articles in the popular financial press indicate a single rate of expected yield. This article examines the scientific validity of this approach and the dangers financial consumers face in reading or accepting such advice.

Key Words: Life Insurance as an Asset Class, Yield on Life Insurance, Benefits of Life Insurance as a Portfolio Investment

Introduction

In the recent past there has been a lot of discussion in the newspapers and the media on the returns on participating life insurance endowment products. The unanimous opinion in almost all articles is that life insurance endowment products offer low returns and therefore should not be a preferred choice for investments. This article examines this view point.

We begin by taking a look at a few key characteristics of life insurance endowment products.

Co-product

A key characteristic of an endowment plan is that it is a co-product. That is to say, an endowment plan (either with a fixed term or a whole life plan) is endowed with two outputs. In return for the premium paid the policy holder receives death benefit and a maturity (or survival) benefit.

As a part of the general category of financial products the tendency is to "know" the rate of return so that life insurance can be compared with returns of other investments. In almost all the financial analysis on life insurance products the returns on a life insurance product are calculated taking into consideration only the maturity benefit and assigning all costs to the returns on maturity. This is a conceptual fallacy.

Based on this fallacy, almost everyone agrees, in print and in TV discussions, that life insurance endowment products give very low returns on maturity. We shall examine this aspect later in this article. At this stage it is sufficient to understand that calculating returns on the maturity benefit on a life insurance endowment product, to the exclusion of death benefit, is a mis-representation of known theory on this subject.

Life insurance as an asset class

Is life insurance an asset class like any other financial investment and can therefore be used as a part of portfolio theory?

Dr. Rajas Parchure and Medha Joshi (undated) state that since life insurance products provides cash flows in a future point in time and since the future cash flows are subject to the possibilities of receiving or not receiving the future cash flows, life insurance products qualify as an asset for consideration in portfolio theory.

Using a slightly different approach Richard (1975) also reach the same conclusion. Various other studies, Wayne Miller and Sally Murdock (July 2013), Richard M. Weber, and Christopher Hause (2009), amongst others, show the role of life insurance participating whole life plans in enhancing the value of a portfolio of investments.

Treating life insurance as an asset in a portfolio of investments implies:

1. Life insurance is a unique financial product whose features are not available in any other financial product. Apart from the fact that both death and maturity benefits are available in one product, life insurance endowment products also create an asset that meets various needs such as children education and marriage, retirement planning, estate planning and a host of other long term needs.

2. All the long term financial needs are intangible in nature – they cannot be seen, heard, felt, smelt or otherwise experienced

3. Endowment life insurance products create an illiquid asset that matures after a defined period in time

4. Endowment products of life insurance belong to the low risk category of investments

5. The total benefit of owning a life insurance policy, which includes death benefit and maturity benefit (in the case of endowment products) should be considered in calculating the return on a life insurance product

Benefits of Life Insurance in a portfolio

There are many benefits of life insurance as an asset in an investment portfolio.

1. There is a tendency to advice customers to buy term insurance and invest the difference (BTID) in other financial instruments. Weber and Hause(2010) analyzed two situations where a person invests only in term insurance and uses the difference (between buying a permanent insurance plan and term insurance plan) in other popular low risk investments available over a 40 year period. Weber and Hause(2010) compared the returns of this portfolio with

   a. An investment plan of only permanent insurance

   b. An investment plan where the policy holder maintained a term insurance plan for half the period and subsequently migrated to a permanent insurance plan for the rest of the period.

   Weber and Hause (2010) found that the option of only permanent insurance created more wealth in the portfolio than the other two options. They conclusively prove that BTID is not as attractive financially as only permanent life insurance.

   Similar results were also reported by T. SachiPurcal (1999), Wayne Miller and Sally Murdoch (2013).

2. Life insurance cash values do not move in the same direction as the bond or share values, in a downturn, thereby giving life insurance an excellent hedge against risk of rest of the investment portfolio. Hence when the equity markets fall, life insurance shores up the portfolio. This is an excellent reason for high net worth individuals to buy life insurance.

3. Further in a downturn of the financial markets there is a time lag before falling rates affects the life insurance policy profits

4. Investments when exposed to higher risks are said to have a high positive correlation. The scale of correlation ranges from -1 to +1, where zero is no correlation, -1 is high negative correlation and +1 is high positive correlation. Life insurance typically has a zero correlation, and thereby helps to balance the portfolio for desired levels of risk optimisation. This is another reason for high net worth individuals to have a substantial endowment component in their portfolios.

Comparison with other investments in a portfolio

This is another area where the popular articles and talk shows mislead readers and viewers. A typical stance taken is to take the past performance of a financial investment that carries high degrees of risk and to extrapolate this figure in a linear fashion to a future time period. This simplistic projection is to say the least very misleading. When we project the likely returns on a risky investment there is no such thing as a single anticipated rate. Most analysts or financial advisors state one percentage figure as the yield on the risky investment proposed by them.

In reality there are many possible rates of return possible on a single risky investment. For every risky investment therefore we can draw a range of possible returns which is referred to as the return-map of various possibilities. The return-map contains many rates with different probabilities of attainment. Precisely because we are talking about the future there is no way for us to be certain that a particular share will give a 20 % return over a period of 1 year or whether it will give a 15 % year-on-year return for the next twenty years. Fixed income securities are easier handled for projections in this sense.

So how do we take open market security (such as shares and mutual funds) returns and compare them with fixed income securities or compare with the returns on life insurance? A simple method illustrates this.

In order to compare expected returns from a risky investment with the returns of any other investment, we need to know the probability distribution of the expected returns on that investment. This is also referred to as the map of probable returns from an investment. From the table above we can see that both A and B have the same range of expected returns. Without the information of probability on the both the investments, the investor will be indifferent to either Investment A or B. Taking into consideration the probability of the earning the projected earnings however we get a clearer picture that the chance of earning is higher in Investment A.

From the table we can also calculate the risk adjusted rate of return for the given investment – which is the mean rate of the expected yield adjusted to its probability. The

Investment A			Investment B		
Expected Returns	Probability of Expected Returns	Returns adjusted to the probability	Expected Returns	Probability of Expected Returns	Returns adjusted to the probability
10 %	60 %	60 % of 10 % = 6 %	10 %	55 %	55 % of 10 % = 5.5 %
11 %	70 %	70 % of 11 % = 7.7 %	11 %	65 %	65 % of 11 % = 7.15 %
12 %	80 %	80 % of 12 % = 9.6 %	12 %	75 %	75 % of 12 % = 9 %
13%	70 %	70 % of 13 % = 9.1 %	13 %	65 %	65 % of 13 % = 8.45 %
14 %	60 %	60 % of 14 % = 8.4 %	14 %	55 %	55 % of 14 % = 7.7 %

mean return (after adjusting for the probability of earning) for Investment A is 8.16 %. For Investment B the mean return is 7.56 %. In the hypothetical exercise above, the mean return on a low risk product (such as life insurance) should be less than 8.6 % in order to be less attractive than Investment A and it should be less than 7.56 % to be less attractive than Investment B. For example if life insurance products offer less than 7.56 % then life insurance is less attractive than the hypothetical investment in the table. If the return on life insurance is more than 8.6 %, then it is more attractive than the hypothetical investment in the table above.

We are able to compare life insurance with other investments because we adjusted risky investments to the probabilities of earning the expected yield. For comparing investments of varying degrees of risk we must follow something similar or use the more sophisticated methods of risk-adjusted return comparisons using alpha coefficient, beta coefficient, r-squared analysis, standard deviation or the Sharpe ratio.

A simplistic comparison that states that one will earn 20 % on a mutual fund or a share and compare it with a life insurance endowment product whose maturity benefit (without considering the death benefit) supposedly gives 7 % is a fallacy that borders on deliberately misleading the customer. Yet we find that article after article in the popular press continue to make such blunders and arrive at absurd conclusions.

Implications for the customer

Intending buyers of financial investments should not get carried away by the high yield figures set forth by financial advisors. Intending buyers should ask for the probability of earning that rate and should also ask how the probability has been arrived at. Calculating the probabilities for the return-map of an investment is a scientific process and is not a figure that one states as intuitive opinion. Financial advisors typically do not follow rigorous process at their work. Global experience also tells us that life insurance is an essential component of any investment portfolio. It is not a case of either buy life insurance or buy mutual funds and shares. It is a case of balancing a portfolio and making the right investment decisions. Whether high net worth or not, life insurance endowment products have a significant role in balancing the risk profile of an investment portfolio and tend to raise portfolio returns over the long period.

References and Bibliography

Lavine, Alan(2011), Life Insurance As an Asset Class, http://wealthmanagement.com/data-amp-tools/life-insurance-asset-class

Parchure Dr. Rajas and Medha Joshi, (undated), Life and Death in Portfolio Theory, National Insurance Academy, Pune

Richard, S. F. (1975), Optimal consumption, portfolio and life insurance rules for an uncertainlived individual in a continuous time model, Journal of Financial Economics 2, 187{203}

Weber Richard and Christopher Hause (2009), Life Insurance as an Asset Class: A Value-Added Component of an Asset Allocation, Ethical Edge Insurance Solutions, LLC

T. SachiPurcal, (1999) Optimal Consumption, Portfolio Selection and Life Insurance for Financial Planning, School of Actuarial Studies, University of New South Wales, PhD thesis, Revised May 1999

Guardian (2008), Modern Portfolio Theory Asset Classes and Life Insurance, The Guardian Life Insurance Company of America, www.GuardianLife.com

Miller Wayne and Sally Murdock (2013), Life Insurance as an Asset Class, Forum June-July, 2013

Reserve Bank of India (2015), Household Savings in India, Website of Reserve Bank of India

Dr. Rajas Parchure is RBI Professor of Finance, Gokhale Institute of Politics and Economics

N. Ashok Kumar is Director, IIST Consulting and Marketing Pvt. Ltd.

ISSUE FOCUS

An Opportunity to Achieve Universal Healthcare Social Security, Financial Inclusion & prevention of Bad Practices like Mis-Sellings etc.

- B. K. Sahu,

Recently prime Minister of India has announced a series of Reforms with an objective to revive the economic growth of the country, generating more employment & bringing in " ACHEE DIN " for the wellbeing of our people. Two of the important Reforms directly affecting Workers engaged in various industries, establishments & self employed ones & towards increased penetration/ coverage involving Social Security/ insurance coverage are (1) Labour Reforms (2) Amendments in Insurance Act 2015 including Financial Inclusion Schemes like jan Dhan Yojana . While Captains of the industries & so called Creamy Layer of the Society are upbeat about such reforms in labour laws involving Factories Act, Apprentice Act, Shops & Establishment Act, EPF Act & ESI Act, the Trade Unions & the so called Federations/ Associations representing Workers/ Officials who are otherwise could be identified with Service Providers of such Acts which stand reformed or being reformed are expressing grave resentment against such reforms including those who are supposed to be Trade Union/ Association affiliated with the present NDA Government. I am not going to the details of such reforms which by now are available in public domain & otherwise thanks to the " Breaking News of Our TV Channels including Print Media.

Let us analyse the status of Social Security/ Insurance Coverage & that of Financial inclusion after 68 years of independence which make an interesting but Dismal picture of the Performance on ground vis- a- vis Various Acts/ Welfare measures taken both by Central & State Governments till date :-

1. 93% of the total workforce in our country are Unorganised workers working as informal contract workers

2. Maximum Contractualization in job in Factories & Service oriented industries including in public sector/ Government controlled organisations like railways & Defence etc.

3. only 20% of the population stand covered in some Insurance/ Social Security Schemes, leaving 80% to fend for themselves

4. likewise hardly 20% are having bank Accounts as far as Financial Inclusion is concerned with 80% of the population are to depend on local money lenders or so called " kabuliwala of Rabindranath Tagore Story " but a reality

5. With grossly insufficient Government Healthcare Institutions & pathetic conditions of such hospitals & Dispensaries even in best cities & Industrial Areas of the country, Mostly depend on Privately managed so called Clinics, Diagnostics centres & Corporate hospitals- Paying through the nose & hence Out Of Pocket Expenses of Poor both in rural & Urban areas run into

75% of their income on Healthcare treatment. It is most saddening to note here that almost 300 million Indians slip into Poverty if they are exposed to any heath problem

6. Hardly 2% of workforce are skilled in their job work which is one reason for Chinese products flooding Indian market.

Ours is a welfare democratic country with more than thousand Welfare, Social Security, Insurance Schemes& "Labour Laws are in operation both by Central & state Governments, In such schemes, Combined GDP of Developing countries of Asia & Africa worth of fund has been spent but there is limited penetration of Social Security/ Insurance & Financial inclusion in India. it is in this context, let us examine Challenges & Solution to the ultimate goal for securing what in IlO Concept is described " Minimum Social Protection Floor " (MSPF) for all our citizens in general & for Workers including Aging Population in Particular.

Challenges :- the most single factor is our " Number in terms of population" in providing services within a reasonable distance. moreover Multiplicity of Schemes running at Different line is another challenge resulting in high cost of Administration & what is popularly called " Left hand does not know what Right Hand is doing " in this available Scenario. To this effect the concept of " Smart Cities & Labour reforms " initiated by modi Government are sure to bring services at doorstep with Single point of Registration & Compliance ect. leakages & Corrupt Practices with too many laws/ Schemes is another cancer to be treated to ensure poor get the Services. The Financial Inclusion taken up by the present Central Government & Few State Governments will go a great way in ensuring the services reaching the " Target Group " Leaving aside the institutional & Infrastructural deficiencies as brought out in thia Article, Another Single Essential Challenge rather Constraint is " Lack of Proper Positive Attitude '.

Solution:- There shall be no end to challenges/ Constraints as brought out above but time has come to seize the opportunity thrown by Modiji in bringing Such Labour Reforms & Financial Inclusion Insurance Act Changes for which this Author out of his Experience in handling public service relating to Labour laws, Social security 7 now Insurance related Schemes would like to suggest few " Measures having the effect of brining Paradigm Shift In ensuring Minimum Healthcare & Social Security For All " as below:-

1. Universal Healthcare Facility within a reasonable distance for all citizens by strengthening " Primary care Service " like that of National Heath Service of UK which is economical & cost effective. This is affordable & Achieviable by integrating all central & State schemes into one in the concept of " Minimum Government & Maximum Governance ", use of local AYUS system & concept of " Barefoot Doctor " of Thailand & Mobile Dispensary successfully now practised in our neighbouring countries.

2. Days of Subsidy is over & in this proposed Scheme , Each will be a Contributor as per his/ her capacity & a Recipient as per his/ her need,. This is the principle of Social Security/ Insurance coverage & Creamy layer- those who can afford to pay for high ended treatment can be left to fend for themselves with of course " A Regulatory Authority to oversee Good Practices "

3. Time has come to Make MSPF as Fundamental Right in our country which will bring Trade Unions & Associations who are opposing now Labour Reforms to support the initiatives of the Present Government.

4. With Beneficiaries of EPFO & ESI Acts are now exposed to Private Insurance Schemes, there is a great scope for both Ministry of Labour & Ministry of Financial Services of Government of India

to bring required Synergy for increased penetration, Better Products with economical cost & good practices for present &

Perspective Beneficiaries/ Policyholders- A Win- Win Situation for Staff of all these organisations as far as their career for which they are apprehensive now.

5. With Proper Monitoring/ Regulatory authority at central, state & Local level by integration as brought out in earlier part of Article, the proposed ' Universal Healthcare/ Social security " shall be a reality.

6. With the recent adoption of " JAM " by the central Government for Finacial inclusion, it is feasible & practicable to bring " Universal Coverage of Heathcare & subsequently Social Security for Workers & Citizens by taking following suggested means :-

A) JanDhan yojana (J) for linking bank accounts for Delivery of Benefits & taking care the bad practices of " Leakages In The Pipeline "

B) Aadhar No. (A) for creating " A Unique No "- same as his/ her Aadhar no for Identification & Registration of all workers & Citizens, leaving no scope for avoidance or exclusion for Universal Coverage

C) Mobile Technology (M) for overseeing Registration, Tracking of collection of Contribution & Delivery of Benefits & most importantly to arrest bad practices like " Mis-Sellings & Corrupt practices etc.

At the end, it is strong believe of the Author & others in due course of time that Availability of Minimum Healthcare & other Social Security Measures will bring Skill Development & reduce Migration as long term effect since workers mainly of contract nature will not change jobs frequently- Again A Win-Win Situation for Entrepreneurs, Trade Unions & for the Economy as a whole. I am sure this will also add to the march towards "Make In India" Mission initiated by Central Government for Economic & Social inclusive growth in India.

B. K. Sahu, Former Insurance Commissioner, Now with IRDAI, Views Expressed are Personal and out of Public Service Exprience

Curtain Raiser for June 2015 IRDAI Journal Issue

Insurance penetration is an age old issue in India & in subcontinent. With breaking down of joint family & increased lifespan in the so called LPG era of today, requirement of insurance coverage to cover the risks both of life & non-life involving rural population & belonging to informal sector of the economy has assumed tremendous importance. Now that the Central Government has initiated required Financial Inclusion measures like Jan Dhan Yojana & social security/ insurance schemes for Jan Suraksha, it is both an opportunity as well as a challenge to bring paradigm shift as well in these neglected areas & hence Focus for June15 issue of the journal will be “Increasing Insurance Penetration in rural & informal sector of the economy".

B.K Sahu
Consultant Communication

ISSUE FOCUS

Mis selling of Health Insurance Policies

- Prof . D.Chennappa

Abstract

The Indian Health Insurance (HI) Sector is the fastest growing sector in Non- Life Insurance sector. However, it is suffering a lot due to 'Mis Selling' of policies. Mis selling is selling a policy by giving wrong picture of the policy. It may include, giving wrong information, giving unrealistic information, and not giving full details of the product. This paper covers the reasons for mis selling in the H I and it consequence, prevalent of customer from mis selling of the product and the role IRDAI in preventing mis sellings in HI.

It concludes that most of the people don't care to check the fine print of the policy and simply believing the agents, who does the practice of luring the customers with a range of attractions and unrealistic offerings. In order to protect the policy holders from mis selling IRDAI says that to use the provision of FREE LOCK period wherein a policy holder can return the policy within 30 days from the date of receipt if terms and conditions are not agreeable or suitable.

Therefore, an attempt is made in this paper to identify the areas of mis selling in HI and to create alertness about the mis selling of HI products.

Key words: Misselling, Free lock period, policy exclusions, fraudulent misrepresentation, spurious calls, sub limits, co-payment, lapsation, cognitive dissonance, fraud claims and Common Service Centres (CSC).

1) INTRODUCTION

The health insurance sector in India is growing at a Compound Annual Growth Rate (CAGR) of about 35%. It is the highest growth rate among all non – life insurance segment. However, despite the growth, insurance industry is stumbling in India after 15 long years the sector was opened for private players in year 2000 due to more number of claims and mis-selling of the policies. And, it's observed that mis-selling has been the major roadblock in the growth of insurance industry in India. Most insurer / insured have experienced mis-selling at some point or other.

Mis-selling is very common in insurance sector. It involves selling of insurance products either by hiding facts or giving false information to the buyers. Normally, the agents / intermediaries lure customers with unrealistic benefits of the policy. Some agents succeed convincing customers in such a way that they end up buying an

unsuitable product. In most of the cases, exclusions under the policy are kept hiding from the buyers. Thus, the most prolific reason why insurance industry not penetrating. Although, the health insurance business has been booming for the non-life insurance since then but the pace has been considerably very low.

Today, medical costs are rising in the double digits. A heart bypass surgery that cost about Rs 130,000 two years ago now costs about Rs2 lakh. A coronary angiogram now costs Rs 18,000, up from around Rs 14,000. But the awareness about medical insurance is still very low in the country. An IRDA study shows that only 17 per cent of the people in India own any form of health insurance with a large number using group health covers taken by the government or their employer and only 2 per cent of the people own voluntary private health insurance policies. Therefore, an attempt is made in this paper to identify the areas of mis selling in HI policies and to create alertness about the mis selling of HI products.

2) MIS SELLING OF HEALTH INSURANCE POLICIES

1) **Agents:** Insurance agents have been an irreplaceable part of the insurance purchase process since time immemorial. And in most cases, instead of reading the document and fully understanding what insured are getting into sign up based on what the agent says. The result is that when it is time to raise a claim, policy holder realises that they don't get what were promised. It is observed that insurance agents are mostly interested in selling plans which get them high rates of commissions. They are less bothered about the requirements of their clients and more interested in their own income.

2) **Policy exclusions**

On an average, a regular conversation between a customer and an insurance agent is all about premiums. Most people look at insurance as another investment option, so premiums and returns become central to their understanding of the policy. But there are ignoring to understand the especially exclusions of the policy. Even Policy holders are also ignoring to ask for limits, hospitals covered, diseases covered and see if it suits to their requirements. They are not sure about main and sub clauses of insurance wordings.

3) **Buyer doesn't care to check the fine print of the policy**

The buyer (insured) is in a hurry and doesn't care to check the fine print or Often, the intermediary does not fully explain the policy details to the customer. There have been cases reported where the agent deliberately misguided the buyer. Discussing an example of mis-selling: A person aged 54, having a handsome amount of savings with him and having no dependents (no kids and wife has passed away a few years ago), has no need of a term insurance (death benefit) but the agent may sell him this policy.

4) **Fraudulent Misrepresentation Of Material Facts**

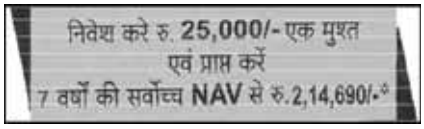
A common practice that is seen in this regard is where the agent sells the policy promising a single premium mode or a limited term policy but it actually turns out to be a regular premium mode. And the customer has no option but to surrender the policy or stop paying the premium. According to a survey conducted by Ernst & Young3, compared to different types of frauds, insurance companies are most affected by "mis-selling" due

to premeditated fabrication or fraudulent misrepresentation of material facts. Insurance continues to be mis-sold with senior citizens being the softest targets as they do not understand new products.

5) Product related issues

The complexity of the insurance product and asymmetry of information between the insured and insurer or his agent has led to a minefield of mis-selling. Also the policy document is full of jargons and fine prints which make it beyond the comprehensive ability of the insured to interpret the real meaning. This leads to controversies between the policyholder and the insurer.

6) Aggressive marketing



The insurance products are promoted aggressively by the companies and the agents have no option but to sell it by hook or crook. Often, they show a performance chart to the proposer which shows astronomical returns of 15% over a period of one year. Many times customers of ULIPS's complain that they were told that they need to pay the premium only for three (or five) years and would receive guaranteed tax-free returns, but when they check the actual condition after three years they get shocked to see that their fund had actually diminished. IRDA has recently brought out many corrective and preventives measures to curb this problem but it will take some time for the consumers to realize the consequences.

7) Lack of awareness

People are not aware about their financial goals and hence they are not able to analyse their needs and buy products which are not in tuned with them. What they end up doing is help the agent in achieving his goals rather than theirs.

8) Dearth of qualified agents

Most agents do not take this profession seriously and end up terminating their agencies sooner than later. The policies sold by these incompetent agents become "orphan policies" and without servicing they lapse. In the financial year 2013-14, 11.45 lakh agents left the insurance business while only 9 lakh joined which has led to a fall of 35 %. The companies are finding it really hard to recruit good agents.

9) Lack of patience

After the customer agrees to buy the policy, he does not see the policy literature carefully. They are in a hurry to wrap up the procedure and they don't even study the features properly . The agent no doubt should produce all the facts correctly, but the insured is also liable to check what he has purchased. Prompt inspection can lead to utilization of the "free-look period" in a better manner.

10) Reward system of Insurance agents

Since agents are paid heavily front loaded commissions, they indulge in unethical practices. It brings in product bias as an agent has an incentive to recommend a particular product irrespective of the client's need. This fact became more evident when the agent commission's for ULIP products was capped post September' 2010 IRDA guidelines. Insurance companies have lost almost 21% of their business after these reforms.

11) Fancy clauses

An insurance agent might go into a sales pitch that includes at least one fancy item and weave a rosy picture. The truth is you might not even require it, but policy holder may get caught up in the pitch. Though, these come with a higher premium cost.

12) Commission, processing costs

No insurance agent will ever tell the policy holder that his commission is the primary reason behind him pushing one policy over another. Besides, he doesn't reveal the percentage of premium that the insurance companies take as a processing surcharge. Policy holders end up by paying higher processing fees due to ignorance and at the end losing the interest on renewals.

13) Un realistic predictions of returns

Misguiding about the terms and conditions of a policy and showing unrealistic predictions of the returns (20%-30% returns) are the sort of tactics and surprisingly, that most of the policy holders are being attracted.

14) Aggressive sales targets

All the private insurers give aggressive sales targets to their sales teams which are impractical to achieve. And Employees who have a family to support go to any lengths to keep their job. To meet the targets agents are forced to sell the policies by false promises, or using chain marketing tactics to the unwanted people and they might not renewal the policies or they might be opting for claims, ignoring locking period.

15) Claim settlement

It is a nightmare to run behind an insurance company to get your claim settled. The worst scenario is that claims getting stuck in unwarranted objections. Insurance companies will do according to the policy clauses and the processes.

16) Health Claims: TPAs Pay Less Than Promises

The average claim amount of health insurance policies settled by intermediaries, such as Third-Party Administrators (TPAs), is 5 per cent lower than those settled by in-house claim settlement teams set up by insurers, reveals Insurance Information Bureau data for 2012-13.

Most insurers outsource claims processing to TPAs, who act as intermediaries between hospitals and insurers, to save on administrative and distribution costs. As TPAs get a commission for cutting down claims, they often question the treatment and tests the insured undergo, resulting in a reduction in the claim settlement amount and creating ambiguity among customers.

17) Fraud Claims

Today's insurance fraudster is tech-savvy and murderous even. When a life insurance company began receiving a huge number of claims from Maharashtra's Nandurbar, Dhule and Jalgaon regions, it was more than a little surprised. So many people dying in succession in the same places seemed unusual enough for it to hire an external investigating company.

What came to light was a fake death certificate racket involving several doctors and hospitals in these areas, as well as individuals masquerading as doctors to provide the insurers

false information on policyholders.

18) Policies Were Issued For Terminal- ill / Death People

Policies were fraudulently issued in the names of terminally-ill people, including many suffering from tuberculosis, HIV or cancer, and alcoholics who were dead or in poor health. Many of these unwitting 'policyholders' belonged to lower-income groups and neither they nor their families were aware of the insurance policies existing in their names. The racket — which involved paying the premiums and claiming the insurance amount on the death of the 'insured'.

The methods used to defraud insurance companies commonly range from taking policies in the name of deceased persons to surrendering policies without the knowledge of the policyholder and embezzlement of customers' premium payments in cash.

19) Spurious Call & fictitious offers in the name of IRDAI

There is spurious calling in the name of the insurance regulator IRDA, or as an insurance company selling policies or offering false benefits like policy bonus for a payment. Certain regions in the country appear more fraud-prone — northern and southern Maharashtra, and parts of Uttar Pradesh, Gujarat, Rajasthan, Assam, Orissa, Karnataka and Andhra Pradesh.

When a fraudster strikes, apart from the loss to the insurer, customers too end up paying a price in the form of higher premiums to make good the insurer's loss.

20) Issues of Policies on Nominees Name

An agent some time issues the policies on nominees name.

21) Differences in Promises

The nature of complaints includes malpractices, difference in promised and actual features in products, non-refund of premium on policies cancelled during the free-look period, tampering or forgery of proposal forms and alteration in policy tenure without consent.

22) Hospital Room Eligibility Capping

Now this is the big one. This single condition could depreciate the value of your health insurance with inflation. Many Health Insurance policies have room rent capping, which

Table 1: Room Rent Capping As Per the Limits

(no.of days hospitalised = 5 days)

	Hospital bill	How much would be paid	Payable amount explained
Room charges	Rs 40,000 (Rs 8,000 per day for 5 days)	Rs 20,000	Eligibility (5 days @ Rs 4,000 per day)
Surgical cost	Rs 1,00,000	Rs 50,000	50% eligible
Doctor visits	Rs 5,500	Rs 2,750	50% eligible
Medical tests	Rs 4,500	Rs 2,250	As per limit
Medicine	Rs 10,000	Rs 10,000	MRP price
Total	1,60,000	Rs 85,000	Expectation defences Rs 75,000

means you are eligible to claim expenses only up to a room costing below this capping. In case you opt for a room above this cap, you will have to bear the additional proportionate expenses on your own. Let me give you an example

Lets say, as per the policy room rent limit is Rs 4,000 per day . Now if policy holder get hospitalized and choose a room which has room rent of Rs 10,000 . policy holder might think that he will just get 4,000 per day for room rent from insurance company and other charges you will get as per the limit. But that's not true. In reality, room rent limit is 50% of the room rent chosen, hence all other expenses will be paid by 50% margin only. So overall, expectation differences arise due to not noticing the capping and limits of policy.

23) Sub limit/Co-Payment

There are clauses like sub-limits and co-payment in most of the insurance policies. They put a sub limit on a particular expenses (like 2% of sum assured). There are few Insurance products that have limits for specified surgeries also. So even if your sum assured is Rs 5 lacs, they might

4.22 Any kind of Service charges/Surcharges, unless payable to the Govt. Authority, levied by the hospital.

4.23 **Compulsory Co-Payment:** Under the SILVER plan the insured has to bear 10% of admissible claim amount in each and every claim.

restrict a particular surgery expenses to 50% of your sum assured. There are words like "limits", "co-pay" or "deductible" in the policy. These are set deductions in claims.

4 MIS-SELLING AND ITS CONSEQUENCES

a) Lapsation

Lapsation has been one of the major concerns for insurance companies. Generally, once the policy is accepted in life insurance, the insurer undergoes costs for administrative processes, agent's commission and medical charges, which many times eat up almost whole the first years premium collected as well as the major part of second year premium. After incurring these expenses if there is an early lapse in the policy then it poses a major financial threat to the insurer. A major reason for lapsed policies is the lack of communication between the insured and insurer after the sale of policy, leading to strained relationships.

- **Cognitive Dissonance**

Often the misalignment in the objectives of the parties involved triggers mis-selling. For example, insured's major objective may be to save taxes or built a corpus rather than life protection whereas the agent may be looking at earning higher commissions and helping him reach his target faster. This misalignment at the initial stage of policy itself may cause a huge divide at later stages. In case of insurance, cognitive dissonance will cause a previously cheated customer to never trust an insurance agent again, however good the policy may be.

- **Bad word of mouth**

The industry is facing the risk of bad publicity due to mis-selling. There are instances when people decline insurance policies just because of bad publicity by friends, relatives etc as they lose faith in it.

- **Post sales of services**

Policy holders even need a post-sales services like claim assistance and helping out in co-ordinating with the health insurance company.. If policy holders find themself a policy through an Insurance Broker, if required, he/she may also be able to help you through dispute resolutions with Insurers, in the long run, if any.

Let me show you an example of a claim rejection case with Max Bupa (company was right in rejecting the claim) . One of the readers among you had bought a policy through Max Bupa (through some individual agent, not broker) and he bought two different policies for himself and wife . He wanted a maternity cover and the agent told him that its covered in the policy. It was even written in the policy document, but it was clearly written that both husband and wife have to be in a single policy (floater policy) . But agent and client both didn't pay much attention to it. And after 4 years, company rejected the case based on their terms and conditions (the claim itself was not valid) . Below you can see the scanned letter which company had sent to the client. Here company was correct in rejection of claim because client wanted something which was never covered in the policy. However if had paid more attention or had a great advisor on his side, he might have been informed in a better way.

Suggestions

1) Insurers :

a. Drafting product literature in vernacular languages which will be easier for a layman to understand and it will also widen the reach. The terms and conditions, benefits, charges, lock-in period etc should be specified in bold and simple language.

2) **Policy exclusions:** To buy an insurance plan that can cover policy holder during a financial emergency, take note about exclusions. This will help policy holder understand the policy better and get you more value for money.

3) Common service center

Marking the opening of a new sales channel aimed at increasing insurance penetration in rural areas, insurance companies today launched sale and services through the common service centres (CSC) across India.

The CSC platform is currently being used by citizens to access and pay for the services offered by multiple government agencies and private sector players.

Set up under the national e-governance plan, about 140,000 CSCs are functioning under different names in different states.

4) Video calling: India Infoline, an insurance broking firm, has come with a novel idea of video calling, in a bid to avoid mis-selling of insurance plans. The sector suffers from a very high degree of distrust because of agents who sell irrelevant insurance plans to people.

5) **Awareness:** Make the consumer aware at the ground level. It was believed that after opening of insurance sector the insurance companies would make the consumer aware at ground level. Though sale of policies has increased but the awareness is still a far cry. By organising some seminars at 5 stars hotels will not make the rural customers aware of insurance.

Companies and IRDA must reach at ground level. Organise ground level meeting involving panchayats, local administration, clubs, village head, School Head Masters, NGO's to spread awareness about insurance. Give them case studies of misspelling so that they may be aware.

6) **Ban Chain Marketing System:** Again officially chain marketing system is not permissible in insurance industry but still most of the insurance companies are utilising this channel to get bulk business. In India we follow a rule everything is fair in love and war till anyone is caught.

So everyone utilises this channel unless some serious fraud is found and IRDA bans it after few years. By the time damage is already done. Still chain marketing business is being done on a very large scale in insurance and companies are getting good business. Everyone is busy finding new ways and rules to break the law. In India the politicians does not find themselves guilty till convicted by Court. They know very well that it will take 10-15 years to get a decision and meanwhile they will continue siphoning and by the time evidence will die or matter will get off from public attention.

7) **Chit Fund Companies:** Just to take an example in Bengal chit fund companies have mushroomed like anything. They are doing brisk insurance business. One recent case came to my knowledge. A person was approached by an insurance advisor who was not licensed to sell insurance policy. He gave him the details of the policy but the papers signed for insurance was not for insurance policy, it was for monthly instalment for purchasing a property. Shocking isn't it? On query the customers are told that since officially they cannot commit such high return so they are giving under this cover. IRDA should ban chit fund companies from selling insurance products in this manner.

8) **Long term damage:** This misselling is causing long term damage to the industry. Since in India the uncovered market is huge the misselling will continue as the advisors will catch hold of new customers anyhow. The Insurers should seriously think about it as if this trend continues the people would no more trust insurance as an effective protection tool and shy away from this. Though in short term insurance companies may sell the policy but in long term they are killing the huge prospective insurance market.

9) **Undue Pressure on Sales force:** Most of agents/officials are of the opinion that undue pressure from management forces them to any how sell the policy to save their job or agency. The Insurance Company management will have to draw a line when to stop forcing the employees for business and differentiate the quality of business. If the insurance company will insist on quality business misselling will reduce to a great extent. The philosophy of management has a great impact on misselling.

10) **45 days FREE Look Period:** IRDA has a system of Free Look Period of 30 days for returning a policy if not liked by the customer. This period should be increased to 45 days. It will also reduce chances of fraud where the policy document is delayed deliberately or the advisor accepts the delivery on behalf of customer.

11) **Compare the policies through on line web sites.**

It is suggested to the customers to compare the policies through official websites and customers need to check up the initial waiting period, specific waiting period, pre existing disease waiting period, no claim bonus, sub limits of the policies, co-payment and annual premium.

In case, any customer is looking for low premium then they can opt for Religare CARE health policy. Any insured looking for more no claim bonus so they can opt for Appolo Munich where no claim bonus is highest. If any individual doesn't wait for specific waiting period and they want immediate benefit with 1 % of the room rent on sum assured, such people can opt for Max Bupa – health best Individual gold policy.

Table : Health insurance policy for a 35 year -old male and sum for insured of Rs 5 lakh

Company	Product	Initial waiting period (days)	Specific Waiting period# (years)	Pre-Existing Disease Waiting Period (years)	No. Of Claim Bonus	Sub-limits*	Annual Premium (Rs)
Religare	Care	30	2	4	10-50%	No	5,612
HDFC ERGO	Health Suraksha	30	2	4	5-50%	No	5,582
Star Health	Mediclassic	30	2	4	5-25%	Yes	6,124
Royal sundaran	Lifeline Supreme	30	2	3	20-100%	No	6,235
Reliance General	Health Gain	30	2	3	33.33-100%	No	6,601**
Bajaj Allianz General	Individual Health guard	30	2.4	4	10-50%	Limit on Cataract Surgery	6,917
Appolo Munich	Optima Restore	30	2	3	50-100%	No	7,298
Cigna TTK	Prohealth Plus	30	2	3	10-50%	Limit on ambulance expenses	8,584***
ICICI Lombard	Health Protect Plus	30	2	2	10-50%	Limit on cataract survey	9,762
Max Bupa	Healthbest Individual Gold	90	NA	2	10-50%	Room Rent 1% of the sum insured	9,977

Source: Business Line, February 2, 2015, p,no2.
on surgery /treatment/room rent; **for sum insured of Rs 6 lakh, * for sum insured of Rs 5.5 lakh*
 # for listed diseases

Based on the observation and interpretation, it can be concluded that there are more and more tailor made/ multifull product are available based on their requirements. Therefore customers are suggested check the suitability of the product for their requirement before buying it.

CONCLUSION

The health Insurance sector in India is growing at Compound Annual Growth Rate (CAGR) of 35 %. But, most of the companies are affected by 'mis- selling' of HI products due to premeditated fabrication, fraudulent misrepresentation of material facts. All the HI policy documents are full of jargons and which make it beyond the comprehensive ability of the insured to interpret the meanings for various wordings.

Mis selling of the policies lead to lapsations, cognitive dissonance, bad word of mouth and effects post sales services (claims). It aggregates there strain the relations between insurers and insured. However, customers/ policy holders are urged to read the policy documents fine prints, cross check the benefits offered by the insurer or agents and suggested to fill the form with their hand writings after careful reading of the exclusions, free lock period and coverage of the policy.

IRDAI says that customers should make use of the Free Lock Period clause and suggest to make a compliant at ombudsman against the mis selling. However, it is a high time to create awareness among the rural customers and make them to

compare the policy coverage before buying the policies.

Reference

1. Deepa Nair "Insurers may soon be allowed to sell all product through banks", Business Line, December 20, 2013.

2. Deepa Nair & Rashmi Prathap, "Blowing the cover", Business Line, January 10, 2015.

3. Deepa Nair, "General Insurance companies pitch for health care regulator", Business Line, January 10, 2015.

4. Deepa Nair, "Health claims: Insurers pay more than TPAs", Business Line, December 24, 2014.

5. Ernst & Young, "Frauds in Insurance on rise- Survey 2010-11",2011.

6. G V Rao, "Frauds in Health Insurance- what could insurers do?", Insurnce chronical, September 2007, p.no.17.

7. L.V. Revathy, "Insurers striving to standardise health care cost", Business Line, December 20, 2013, p.6.

8. Manish Chauhan, "Buying Health Insurance in India? Follow this 13 point checklist" retrieved www.jogoinvestor.com.

9. Naveen Kurraja, "what Insurance Agents Don't tell you", Business Line, January 26, 2015,p.no.7

10. Rajalakshmi Nirmal, "Is your Armour in Place ?" Business Line, February 2, 2015, p.no. 2

11. Reporters, " Common Service Centers- Rural Areas", Business Standard, August 6, 2014.

12. Shri Raghava jain, "Mis selling in Insurance and how to prevent it", Birla Institute of Technology, December 26, 2011, retrieved www.policyholder.gov.in/uploads/.../Third%20Prize%20Essay.pdf

Prof . D.Chennappa, UGC- Research Awardee, Department of Commerce, Osmania University, Hyderabad

CELEBRATE INDEPENDENCE THROUGH APPROPRIATE INSURANCE

भारतीय बीमा विनियामक और विकास प्राधिकरण
INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY OF INDIA
Promoting Insurance. Protecting Insured.

3rd Floor, Parishram Bhavan, Basheerbagh, Hyderabad - 500 004
www.irda.gov.in www.policyholder.gov.in

Real Value of Insurance Through Right Buying - A Few Tips

1. Make sure you purchase insurance policies only from the following:

- Registered insurance companies
- Licensed insurance Agents
- Licensed Insurance Brokers and Common Service Centres (CSCs)
- Licensed web aggregators

2. Verify genuineness of the person and the entity before making any payment:

- Ask for the identity proof of the person /entity soliciting insurance.
- Ask for the details of address and telephone number of the person and the entity concerned, especially in case of telesales.
- Check the IRDA website to verify the details of insurance companies, brokers and web aggregators.

3. Choose the insurance product suitable to you based on the following:

- Life stage, financial position and financial requirements
- Purpose of the policy to be purchased -
  - to insure against risk to life or property
  - as long-term savings
  - to take care of hospitalization needs in future
  - to save for old age / pension / annuity
  - to meet mandatory requirements
- Benefits offered in terms of adequacy of sum assured/ sum insured
- Tax incentive, if available

4. Ensure the following while purchasing any insurance policy:

- Read the prospectus and proposal form carefully.
- Fill in the details completely before signing the proposal form.
- Retain a copy of the proposal form for ready reference.
- The insurer has a duty to furnish free of charge a copy of the proposal form within 30 days of the acceptance of the proposal. Please collect the same along with the insurance policy.

- If the premium is paid through cheque, please ensure that it is in the name of the registered insurance company; and obtain receipt of payment.
- Do not make payment in the name of any individual; or if the payment is by cash, make sure it is not without ascertaining the credentials.
- Follow up with insurer or agent/broker for prompt receipt of policy document.

5. Life insurance policy mainly provides risk coverage for life. But it can also serve as a tool for long term investment and involves long term commitment.

Take care of the following after receiving the Life insurance policy:

- Read the policy document carefully.
- Check the mode of premium payment, term of the policy, maturity benefits offered, lock-in period, surrender value etc.
- Ensure that the terms and conditions as per policy document are the same as promised at the time of purchase.
- If you disagree with the terms and conditions, return the policy to the insurer within 15 days from the date of receipt of policy giving reasons for objections. You are entitled for refund of the premium paid after deducting proportionate risk premium, the expenses incurred by insurer for medical examination, stamp charges.
- Pay premium regularly and promptly; and do not allow the policy to lapse.
- Continue the policy without a break to derive maximum value out of insurance policy as insurance cover will be available only on timely payment of premium.
- Inform the family members about the purchase of insurance policy and its benefits, especially to the nominee.

6. Never fall prey to fictitious offers made by spurious callers promising high returns or unreasonable gains involving sale or redemption of insurance policies or other financial products.

7. Never fall prey to calls made in the name of IRDA offering bonus or profits on investment.
IRDA does not involve in sale of any kind of insurance or financial products or in investment of premium of insurance companies whatsoever.

8. If any unlicensed intermediaries or unregistered insurers solicit insurance, file FIR with the police and intimate IRDA.
Any payment made to such unlicensed intermediaries or unregistered insurers is at your own risk.

Disclaimer: This is intended to provide you general information only and is not exhaustive. It is an education initiative and does not seek to give you any legal advice.

प्रकाशक का संदेश

आम बोलचाल में अपविक्रय (मिस-सेलिंग) बीमा की अपेक्षा और विक्रय करते समय अपनाई जाने वाली अनुचित और कपटपूर्ण प्रथाओं की ओर संकेत करता है तथा सामान्य रूप से इसमें ऐसी पॉलिसियों का विक्रय करना शामिल है जिनकी अपेक्षा ग्राहक द्वारा नहीं की गई है अथवा ग्राहक ने जो अपेक्षा की या जिन पॉलिसियों का उसको वचन दिया गया वे उससे भिन्न है अथवा जहाँ विक्रय के लिए प्रस्तावित उत्पाद ग्राहक की आवश्यकताओं के उपयुक्त नहीं है। सामान्यत: बीमाकृत व्यक्ति को प्रस्तावित किये जा रहे उत्पाद की उपयुक्तता अथवा अन्य स्थिति की सूचना तक बीमाकर्ता (विक्रय माध्यमों सहित) की अधिक पहुँच रहती है तथा इस प्रकार किसी भी अपविक्रय के लिए बीमाकर्ता उत्तरदायी है। इसे ध्यान में रखते हुए आईआरडीएआई ने लाभ निदर्शन की संकल्पना प्रस्तुत की है जिसमें पॉलिसीधारक को उपलब्ध गारंटीकृत और अगारंटीकृत लाभों का निर्देश देने का प्रयास किया गया है।

अनुचित व्यावसायिक प्रथाओं से संबंधित शिकायतें बीमा क्षेत्र की छवि को प्रभावित करती है। यह बीमा समावेशन के स्तर को बढ़ाने के उद्देश्य से की जा रही पहलुओं पर उल्लेखनीय रूप में असर डालेगा जिसका मापन बीमा व्यापन (जीडक्षपी की तुलना में प्रीमियम के अनुपात के रूप में मापा हुआ) और बीमा घनत्व (जनसंख्या की तुलना में अमेरिकी डॉलर में प्रीमियम के अनुपात के रूप में मापा हुआ) जैसे संकेतकों द्वारा किया जाता है। अत: एक ओर जहाँ अपविक्रय की सीमा का आँकलन और न्यूनीकरण करने की आवश्यकता है, वही दूसरी ओर जनसाधारण को आश्वस्त करने की भी जरुरत है कि बीमा व्यवसाय हेतु विद्यामन विनियामक ढाँचा पॉलिसीधारकों के हितों का संरक्षण करने के लिए पर्याप्त रूप से मजबूत है।

उपविक्रय को रोकने के लिए प्राधिकरण ने कई विनियम आदि बनाये है जैसे आईआरडीए (पॉलिसीधारकों के हितों का संरक्षण) विनियम, 2002, आईआरडीए (बीमा विज्ञापन और प्रकटीकरण) विनियम, 2000, आईआरडीएआई (बीमा एजेंटों की नियुक्ति) दिशानिर्देशक, 2015, आईआरडीए (कारपोरेट एजेंटो का लाइसेंसीकरण) विनियम, 2002, आईआरडीए (बीमा दलाल) विनियम, 2013, जिनका लक्ष्य है संभावित ग्राहकों के अधिकारों का संरक्षण करना तथा उचित बाजार व्यवहार सुनिश्चित करना। प्राधिकरण ने बीमा क्षेत्र के लिए शिकायत निवारण संबंधी मार्गदर्शी सिद्धांत भी जारी किये है। जिनमें संभावित ग्राहक अथवा पॉलिसीधारक की शिकायतों को अभिस्वीकृत करने, उनका समाधान करने और उन्हें समाप्त करने के लिए समय-सीमाएँ विनिर्दिष्ट की गई है तथा इन दिशानिर्देशों में एक पॉलिसीधारक संरक्षण समिति की स्थापना भी शामिल है जो बीमाकर्ता के बोर्ड को सीधे रिपोर्ट करेगी।

बीमा अधिनियम, 1938 में हाल ही में किये गये संशोधन ऐसे उपबंधों के माध्यम सेपॉलिसीधारकों के हितों की बेहतर सेवा करने में समर्थ बनाएँगे जैसे कदाचार के लिए मध्यवर्तियों/बीमा कंपनियों पर अर्थदंड लगाना एवं अपविक्रय की प्रथा को कम करने के लिए बीमा उत्पादों के बहुस्तरी विपणन को स्वीकृति न देना

जर्नल के इस अंक में प्रकाशित आलेखों में पॉलिसीधारकों को शिक्षित करने और उन्हें सशक्त बनाने के लिए अपविक्रय (मिस-सेलिंग) के विभिन्न पहुओं पर विचार किया गया है। वित्तीय समावेशन (फाइनैन्शियल इंक्लूजन) के लिए भारत सरकार द्वारा हाल में की गई पहल को ध्यान में रखते हुए जर्नल के अगले अंक का फोकस ''अर्थव्यवस्था के ग्रामीण और अनौपचारिक क्षेत्र में बीमे का बढ़ता हुए व्यापन'' पर रहेगा।

टी.एस. विजयन

टी.एस. विजयन
अध्यक्ष

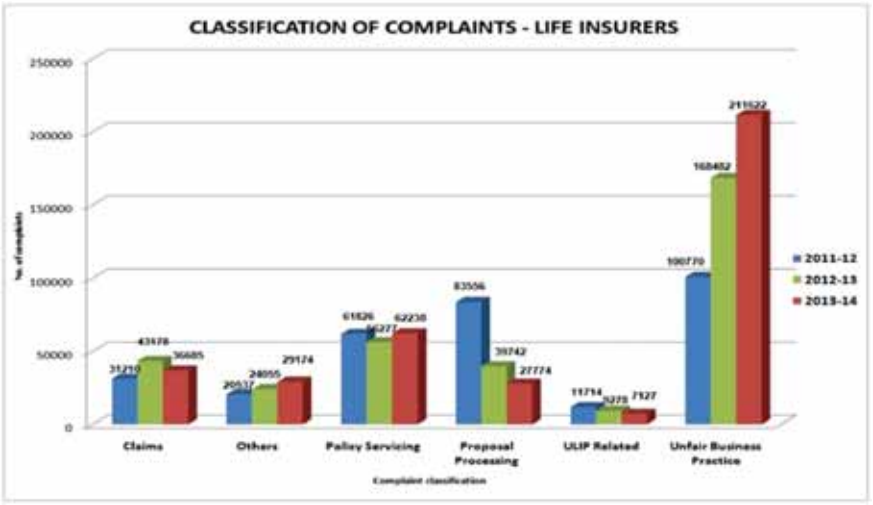
बीमा में गलत विक्रय - ग्राहक भी जिम्मेदार?

डॉ. अजय कुमार मिश्रा

किसी भी उत्पाद के विक्रय में दो पक्षों यानि खरीदार व विक्रेता की आवश्यकता होती है। चूँकि बीमा एक जटिल विषय, है जिसके अंतर्गत गलत बीमा विक्रय की संभावनायें अधिक रहती है। अत: विक्रेता के साथ - साथ क्रेता को भी जागरुक एवं सशक्त बनने की आवश्यकता है, जिससे गलत बीमा विक्रय को कम किया जा सके तथा ग्राहक को उसकी आवश्यकता के अनुरुप ही बीमा उत्पाद प्राप्त हो सके । बीमा को यदि गहराई पूर्वक समझने का प्रयास किया जाय तो यह स्पष्ट तौर पर इंगित होता है कि वह गूढ विषय है। जिसे समझने के लिए एक आम इन्सान को थोड़ी मेहनत जरुर करनी पड़ेगी। उसे प्रीमियम, पॉलिसी, जोखिम सुरक्षा, नामित जैसे शब्दों से ऊपर उठकर कई और महत्वपूर्ण बातों को समझना पड़ेगा। इन बातों को समझने से भले ही वह विशेषज्ञ न बन पाये, पर अपने हितों को सुरक्षित जरुर कर सकता है। पर यहाँ ज़मीनी हकीकत यह है कि कोई भी इन्सान इन बातों को समझने का प्रयास नहीं करता। वजह, न उसके पास समय है, और यदि समय है तो समझने की शायद शक्ति नही और समझने की शक्ति है तो वह समझाना आवश्यक नहीं समझता। अत: जो भी बीमा विक्रय प्रतिनिधि उस व्यक्ति को बताते है वो उसे शत-प्रतिशत सत्य मान लेता है और गलत विक्रय का शिकार हो जाता है।

गलत बीमा विक्रय और आम आदमी गलत बीमा विक्रय की समस्या बीमा क्षेत्र में व्याप्त है और जिसके कई उदहारण देखने सुनने को मिलते रहते है, ऐसीही एक सत्य घटना का वर्णन यहाँ करना अत्यंत आवायक है - श्री बटुक नाथ जी, जो की एक किसान है और यह भदोही जिले के निवासी है, उन्हें एक बीमा अभिकर्ता एक यूलिप पॉलिसी का विक्रय इस वादे के साथ कर गया की मात्र तीन वर्ष तक उन्हें प्रीमियम जमा करना है, उसके पश्चात् उन्हें जमा किये गये धन का तीन गुना धन प्राप्त होगा। चूँकि, वह बीमा अभिकर्ता उनके निकट गाँव का ही था। इस वजह से बटुक नाथ जी के पास पर्याप्त कारण थे उसकी बातों पर विश्वास करने को। तय समय पर बटुक नाथ जी प्रीमियम अदा करते रहे और तीन वर्षों के पश्चात् जब तीन गुना धन लेने बीमा कंपनी के कार्यालय गये तो उन्हें यह बताया गया की आपके द्वारा जमा धन की वैल्यू लगभग आधा है और ऐसा इसलिये है क्योंकि शेयर मार्केट में गिरावट चल रही है। बटुक नाथ जी के समझ में ही नहीं आ रहा था कि करे तो क्या करें? जब बीमा अभिकर्ता से बात करे तो वह कंपनी की दोषी बताकर अपना पल्ला झाड़ ले और जब बीमा कंपनी से बात करे तो वो उन्हे उनके द्वारा इस्ताक्षरित प्रस्ताव पत्र और अन्य दस्तावेजों को दिखाकर अपने आप को सही बताये। कई बार अथक प्रयास करने के बाद भी जब सुनवाई नहीं हुई, तो बटुक नाथ जी को एक बात समझ में आयी की जो धन अभी उन्हें मिल रहा है उसे तो तुरंत ले लेना चाहिए नहीं तो आगे क्या हो किसे पता। इस तरह की घटना के पश्चात् मात्र निराशा, भरोसे का समापन होने के अलावा लोगों को कुछ भी नहीं प्राप्त होता है, रह जाता है तो पछतावा। इस तरह की स्थिति में वही लोग विजय प्राप्त करते हैं जो तय समय के अन्दर संघर्ष करते है। जैसे पॉलिसी बांड प्राप्त होने के तुरंत बाद सभी दिये गये सूचनाओं को समझना और दिये गये विवरण से संतुंष्ट न होने पर पॉलिसी को समाप्त करना।

गलत बीमा विक्रय से सम्बंधित शिकायत नीचे दिये गए ग्राफ में जीवन बीमा क्षेत्र से सम्बंधित विभिन्न शिकायतों का विवरण प्रदर्शित है। देश में बीमा पॉलिसी लेने वाले लोगों में बहुत से ऐसे लोग है जिन्होने इस तरह की समस्या



Source: http://www.policyholder.gov.in/Life_Grievances_Analysis.aspx

का तो सामना किया है पर जानकारी न होने से शिकायत नहीं कर पाये। बहुत बार यह भी देखने को मिलता है की कुछ लोगों के साथ अगर गलत विक्रय हुआ है और जब भी उन्हें इसके बारे में जानकारी होती है तो वो प्रीमियम देना बंद कर देते है जिससे बहुत सारी पॉलिसी लैप्स हो जाती है यह कहना या लिखना बेहद आसान होता है कि अमुक व्यक्ति गलत विक्रय का शिकार हुआ है पर यह अनुमान लगाना अत्यधिक कठिन होता है की उस नुकसान की वजह से कितने अरमान उस व्यक्ति के टूटे होंगे, किस तरह से वह चाह कर भी बीमा पर भरोसा न कर पायेगा और न ही जानने वाले लोगों को करने देगा।

गलत बीमा विक्रय क्यो गलत बिक्री होती क्यों है यह जानना अत्यंत आवश्यक है। कुछ बिक्री प्रतिनिधि उच्च कमीशन आय प्राप्त करने के लिए ग्राहकों की जरुरतों के हिसाब से उत्पाद का विक्रय नही करते, बल्कि अपने लाभ के अनुसार विक्रय करते है जिससे गलत विक्रय होता है। कुछ लोग कम समय में अधिक लाभ की उम्मीद करते है जिससे वो गलत विक्रय का शिकार हो जाते है। बहुत समय में यह देखा गया है की पॉलिसी खरीदने वाला व्यक्ति पॉलिसी डाक्युमेंट को नहीं पढता जिससे वो गलत विक्रय का शिकार होता है और यदि थोडा सा समय निकाल के पॉलिसी डाक्युमेंट को पढता तो गलत विक्रय से बच सकता था। बीमा कंपनी द्वारा प्रदान की जा रही फ्री लुक पीरियड का लाभ अधिकतर ग्राहक नहीं उठाते। यूलिप उत्पादों के साथ निवेश-सह-बीमा उत्पादों का जन्म 2002 में हुआ था जिससे उस व्यक्ति ने अच्छा पैसा यूलिप में निवेश करके अर्जित किया जिसने सही जानाकारी अपने पास रखी और सही समय पर निवेश किया। अन्य लोगों ने दूसरे के लाभों को देखकर निवेश किया पर समय का ध्यान नहीं रखा जिससे उन्हें नुकसान हुआ। इन सब कारणों के अलावा लोगों ने स्वयं में जानकारी का आभाव होना भी गलत विक्रय को बढ़ावा देता है।

गलत बीमा विक्रय से नुकसान किसका? यदि आम जनता से यह प्रश्न किया जाय की गलत विक्रय से नुकसान किसका होता है तो इसका दो डक उत्तर यही मिलेगा कीआम जनता का। पर क्या यही एक सच्चाई है? नुकसान न केवल ग्राहक का बल्कि, उस बीमा अभिकर्ता का जिसने थोडे से लालच में या जानकारी के अभाव में गलत विक्रय किया, उस बीमा कंपनी का जिसके साथ ग्राहक जुड़ कर शायद अच्छे सम्बन्ध स्थापित करता और उस बीमा कंपनी का प्रचार प्रसार अपने क्षेत्र में करता या बीमा नियंत्रक का, जब भी कोई गलत विक्रय होता है तो सीधे बीमा नियंत्रक पर भी उंगलियाँ उठती है। मतलब यह स्पष्ट है की गलत विक्री से नुकसान ग्राहक के साथ साथ बीमा कंपनी बीमा अभिकर्ता और बीमा नियंत्रक का भी नुकसान होता है। हाँ, यहां एक बात भी अवश्य समझना पड़ेगा की ऐसे ग्राहक जिनके पास थोड़े से पैसे है और वे गलत विक्रय का शिकार हुए तो उनके लिए तो मुसीबतों का पहाड़ उन पर गिरने के बराबर है जबकि जो धनवान लोग है वो गलत बीमा विक्रय में अपने आप को सम्भाल लेते है।

गलत बीमा विक्रय जिम्मेदार कौन? बीमा क्षेत्र में गलत विक्रय की एक दो नहीं बल्कि कई लाख घटनाएँ हुई है, जिसमे लोग गलत विक्रय के शिकार हुए है। यहां सोचने वाली बात यह है की इसके लिये जिम्मेदार कौन है? बीमा अभिकर्ता, जिसपर टारगेट पूरा करने का दवाब होता है । बीमा कंपनी, जो की किसी भी दशा में अपना व्यवसाय बढ़ाना चाहती है या फिर बीमा नियंत्रक, जो की बीमा व्यवसाय के निजीकरण के एक दशक के बाद भी इस तरह की समस्यांओं को समाप्त नही कर पाया है। सही मायने में यदि देखा जाये तो गलत विक्रय के लिए जितनी जिम्मेदारी एक बीमा अभिकर्ता की है, बीमा कंपनी की है, बीमा नियंत्रक की है, उससे कम जिम्मदेारी आम आदमी की भी नही है। इन्सान कुछ पैसों के मूल्य का कोई बर्तन भी खरीदाता है तो ठोक बजाकर देखता है तो बीमा में निवेश आँखों को बंद करके क्यों करता है। जानकारी न होने एक समस्या हो सकती है पर उस विषय पर तर्क न करना जानकारी न प्राप्त करना, स्वयं अपने आप के लिए नुकसान का मार्ग प्रशस्त करना है।

गलत बीमा विक्रय कैसे रुकेगा भारतीय बीमा विनियामक एवं विकास प्राधिकारण ने गलत

विक्रय को रोकने के लिए ढेरों कदम उठाये है। कुछ कदम स्वयं के द्वारा, कुछ बीमा कंपनियों के साथ मिल कर और कुछ नियम काननूनों में फेरबदल करके। जिसका असर अब दिखने लगा है। पर दूसरी तरफ सच्चाई यह भी है कि इस आज के वातावरण में पूर्ण रूप से समाप्त भी नहीं किया जा सकता है। इसका दूरभामी परिणाम अच्छा हो सकता है, बशर्ते लोगों में स्वयं से भी जागरुकता आये। कई बार ऐसे भी मामले आयें है जिसमें बीमा बिक्री प्रतिनिधि में सामंजस्य स्थापित रहता है जिससे भविष्य की समस्याओं से बच जा सकता है। जहाँ आवश्यकता आधारित विक्रय होने पर ग्राहक, बीमा विक्री प्रतिनिधि, बीमा कम्पनी को लाभ प्राप्त होता है, वहं पालिसियों का लैप्सेशन कम हो जाता है, साथ ही बीमा नियंत्रक पर लोगों का विश्वास बना रहता है और उसे सुरक्षा का एहसास रहता है। निम्न दिये गये तरीकों को अपनाकर गलत बीमा विक्रय को रोका जा सकता है।

1. बीमा बिक्री प्रतिनिधियों को नियमित प्रशिक्षित करें।
2. ग्राहकों की आवश्यकताओं के मूल्यांकन के आधार पर पॉलिसी विक्रय अनिवार्य किया जाना चाहिये।
3. सरल बीमा उत्पादों का निर्माण कर उनमे पारदर्शिता लाना चाहिये।
4. संयुक्त रुप से जागरुकता अभियान चलाना चाहिये।
5. प्रत्येक पॉलिसी विक्रय के पश्चात् बीमा कंपनी के मुख्य कार्यालय से विशेषज्ञों द्वारा काल करके ग्राहक की आवश्यकता के अनुरुप विक्रय हुआ है को सत्यापित करें।
6. ग्राहकों को चाहिये की बीमा में सुनिश्चित उच्च रिटर्न का लालच न करें।
7. बीमा जोखिम सुरक्षा का एक साधन है जिससे बचत भी संभव है पर अन्य बचत के मुकाबले इसकी तुलना नहीं करनी चाहिये।

ग्राहकों को स्वयं जागरुक होना पड़ेगा और खुलकर बीमा विक्रय प्रतिनिधियों से अपने जिज्ञासाओं का समाधान लेना होगा। बीमा कंपनी द्वारा जारी उत्पाद के विवरण की मांग करें एवं बीमा से सम्बंधित समस्त संदेह को जरुर दूर करें। प्रस्ताव पत्र का समस्त विवरण स्वयं भरें। यदि कुछ भ्रामक लगे तो बीमा कंपनी के कार्यालय में संपर्क करें या फिर बीमा कंपनी के टोल फ्री नंबर पर कॉल करके जानकारी प्राप्त करें। ग्राहकों की छोटी सी समय पर सतर्कता उनके द्वारा कठिनाई से अर्जित किये गये धन को सुरक्षित कर सकती है और बीमा में विश्वास का निर्माण भी।

निष्कर्षात्मक टिप्पणी यह भी एक कटु सत्य है की गलत विक्रय का ज्यादातर वो लोग शिकार होते है जो ऑखों बंद कर पॉलिसी क्रय करते है। कभी भी बीमा पॉलिसी खरीदने से पहले खरीदने के उद्देश्य को सुनिश्चित करें, अपनी आवश्यकताओं का मूल्यांकन करे उसके पश्चात बाजार में उपलब्ध बीमा उत्पादों का तुलनात्मक अध्यायन कर श्रेष्ठ उत्पाद का क्रय करें। आज तो ढेरों बेब साईट है जो बहुत सारी सूचनाये एक ही जगह प्रदान करती है। इस तरह की वेब साईट से मदद प्राप्त की जा सकती है। दैनिक समाचार पत्रों में भी विवरण आता रहता है उसका अवलोकन लेना चाहिये। बीमा अभिकर्ताओं और बीमा कंपनियों दोनों को इस बाद को समझाना होगा की एक असंतुष्ट ग्राहक दस नये ग्राहक को अपने जुडने को मना कर सकता है, जबकि एक संतुष्ट ग्राहक आपकी संस्तुति अपने क्षेत्र में जरुर कर सकता है। अत: बीमा विक्री प्रतिनिधि अपने क्षणिक लाभ को भूल कर आवश्यकता आधारित विक्रय ही करना चाहिये। पूर्व में यह भी देखने को मिला है की कई तरह के बीमा उत्पाद बाजार में उपलब्ध थे जो ग्राहकों में भ्रम पैदा करते थे, ग्राहक उस उत्पाद की बारीकियों को समझ नहीं पाते थे और वो गलत बीमा विक्रय का शिकार हो जाते थे। अत: बीमा प्राधिकरण को ऐसे उत्पाद के विक्रय की संस्तुति देनी ही नहीं चाहिये जो आम लोगों में भ्रम पैदा करे। बीमा उत्पाद सरल और आम लोगों के समझने योग्य होने चाहिये साथ ही बीमा को आने वाली पीढ़ी के स्कूल कालेज के विषय में स्थान देना चाहिये जिससे लोगों में बीमा के प्रति जागरुकता बढ़ेगी और गलत विक्रय पर रोक लगेगी।

इन सब के अलावा एक नयी पहल भारतीय बीमा विनियामक एवं विकास प्राधिकरण के निर्देशन में समस्त जीवन बीमा कंपनियों द्वारा संयुक्त रुप से कॉल सेंटर स्थापित कर किया जा सकता है, जिसमे किसी भी उत्पाद के बारे में बिना पक्षपात किये जानकारी उपलब्ध हो। जिससे एक कॉल से आम आदमी पॉलिसी की समस्त जानकारियों, लाभों को त्वरित रुप से जान पायेगा और अपनी आवश्यकता के अनुरुप पॉलिसी लेने के निर्णय पर पहुँच जायेगा। हालांकि लगभग समस्त बीमा कंपनियों के अपने कॉल सेंटर है जो ग्राहक की मदद करते है पर इसमें अपने उत्पाद को विक्रय की प्राथमिकता हो सकती है, अत: बहुत सी बात वो ग्राहकों से साझा नही करते जो की ग्राहकों के लिये जरुरी होता है। ऐसा कर देना इस लिये भी आवश्यक है की पॉलिसी के गलत विक्रय के पश्चात् गलत विक्रय को रिपोर्ट पर कार्य करने से बेहतर होगा की गलत विक्रय को रोकने के ठोस कदम उठायें जाय

डॉ. अजय कुमार मिश्रा, सहारा इंडिया जीवन बीमा कंपनी लिमिटेड,लखनऊ, व्यक्ति किए गए विचार लेखक के व्यक्तिगत है।

बीमा मिस-सेलिंग पर लगाम कब?

- भावना दहिया,

72 साल के वीरेंद्र कपूर ने साथ ठगी हुई है। और इस ठगी के लिए जिम्मेदार कोई और नहीं बल्कि देश की नामी गिरामी बीमा कंपनी एसबीआई लाइफ इंश्योरेंस है। 2007 में वीरेंद्र कपूर को 50,000 रुपये की पॉलिसी बेची गई तब बताया गया कि इंश्योरेंस के साथ अच्छे रिटर्न मिलेंगे। 2012 में जब पॉलिसी समाप्त हुई तो हाथ में आए 248 रुपये। अच्छे रिटर्न तो दूर, इन सीनियर सिटीजन के पूरे पैसे लूट लिए गए ।वीरेंद्र कपनू अपनी लड़ाई लड़ रहे हैं। अब कोर्ट ने फैसले में एसबीआई लाइफ को पॅलिसी होल्डर को 50,000 रुपये लौटाने आरै 10,000 रुपये केस खर्च देने का आदेश दिया है लेकिन ये केस सिर्फ एक पॉलिसी या एक कंपनी का नही है। तकरीबन हर बीमा कंपनी में धड़ल्ले से मिस सेलिंग हो रही है। आईआरडीए के पास भी लाखों की तादाद में शिकायतें हैं लेकिन बावजूद इसके ठगी पर लगाम नहीं लग पा रही है।

बीमा उद्योग में बड़ी संख्या में निजी कंपनियों के उतरने के बाद बाजार में कड़ी प्रतिस्पर्धा छिड़ी हुई है। कारोबार बढ़ाने के लिए कंपनियां कोई कसर नहीं छोड़ रही है। बीमा उत्पाद बेचने के लिए एजेंटों पर भारी दबाव होता है । टारगेट पूरा करने के चक्कर में कुछ एजेंट बीमा उत्पादों की सही जानकारी नहीं देते। कई बार एजेंट ऐसे पॉलिसी बेच देते हैं जो ग्राहक के लिए किसी भी तरह से फायदे का सौदा साबित नहीं होता। जब तक पालिसी के फीचर की जानकारी का पता चल पाता है तब तक बहुत देर हो चुकी होती है। आपसदारी के चक्कर में लोग एजेंट से कुछ कह भी नही पाते। ऐसे में पॉलिसीधारक के समक्ष एक बडा सवाल खड़ा हो जाता है कि आखिर इस पालिसी का क्या किया जाए। यदि पालिसी को जारी रखा जाता है तो उस पर ऊंची लागत के कारण नकारात्मक रिटर्न मिलता है। अगर बीमा कवर की दृष्टि से देखा जाए तो वह भी कुछ खास नही है। एजेंट ज्यादा कमीशन के लिए ग्राहकों को गुमराह करते है। इंश्योरेंस के मिस-सेलिंग से बचने के लिए पॉलिसी फॉर्म भरते वक्त सभी शर्तों को ध्यान से देखना जरुरी है। साथ ही पॉलिसी को लेने से पहले पॉलिसी से जुडे दस्तावेज जरुर पढ़ने चाहिए। ट्रडिशनल प्लान में 4 फीसदी से ज्यादा रिटर्न नहीं मिलता है ।

बोझिल पालिसी से पाएं मुक्ति:

कई बार लोग परिचित एजेंट के भावनात्मक दबाव में आकर गलती से ऐसी बीमा पालिसी ले लेते है जो किसी भी तरह से उपयोगी साबित नहीं होती । बीमा क्षेत्र में ऐसी पालिसी से छुटकारा पाने के कई विकल्प है। हलांकि इस फैसले से थोड़ा नुकसान उठाना पड़ सकता है लेकिन बड़े नुकसानन से बचने के लिए इस तरह की बोझिल पालिसी से मुक्त पाना ही अच्छा है। इस स्थिति में ग्राहक की दुविधा कुछ ज्यादा ही बढ़ जाती है। ऐसे उत्पादों में और पैसा फंसाने में कोई समझदारी नहीं है। सबसे बढ़िया विकल्प है कि ऐसी पालिसी से जल्द से जल्द छुटकारा पा लेना चाहिए। सभी तरह की बीमा पालिसीयों मे ऐसा विकल्प होता है कि अगर आप पालिसी की

शर्तों से खुश नहीं है तो बीमा कंपनी को पालिसी से दस्तावेज वापस कर सकते है। यह शर्त परंपरागत और यूलिप यानी सभी तरह की पालिसियों पर लागू होती है लेकिन इसकी एक समय सीमा निर्धारित होती । इस दरम्यान पालिसी वापस करने पर प्रीमियम में कोई कटौती नहीं की जाती है। बोझिल पालिसी से मुक्ति पाने का यह सबसे अच्छा विकल्प है।

कैसे ले सूचना के अधिकार का फायदा?

आरटीआई (राइट टु इन्फर्मेशन) यानी सूचना का अधिकार ने आम लोगों को मजबूत और जागरुक बनाने में बड़ी भूमिका निभाई है। जम्मू-कश्मीर को छोड़कर यह कानून देश के सभी हिस्सों में लागू है । इस कानून के जरिए कैसे आप सरकारी महकमे से संबंधित अपने काम की जानकारी पा सकते हैं सिर्फ भारतीय नागरिक ही इस कानून का फायदा ले सकते है। इसमें निगम, यूनियन, कंपनी वगैरह को सूचना देने का प्रावधान नहीं है क्योंकि ये नागरिकों की परिभाषा में नही आते । सादे कागज पर हाथ से लिखी हुई या टाइप की गई ऐप्लिकेशन के जरिए संबंधित विभाग से जानकारी मांगी जा सकती है। ऐप्लिकेशन के साथ 10 रुपये की फीस भी जमा करानी होती है । सूचना मांगने में यह ध्यान रखें कि सीधा सवाल पूछा जाए। सवाल ऐसे होने चाहिए, जिसका सीधा जवाब मिल सके। इससे जन सूचना अधिकारी आपको भ्रमित नहीं कर सकेगा आमतौर पर सूचना के अधिकार के तहत मांगी गई जानकारी 30 दिन में मिल जानी चाहिए । जीवन और सुरक्षा से संबंधित मामलों में 48 घंटों में सूचना मिलनी चाहिए, जबकि थर्ड पार्टी यानी प्राइवेट कंपनियों के मामले में 45 दिन की लिमिट है। ऐसे न होने पर संबंधित विभाग के संबंधित अधिकारी पर 250 रुपये रोजाना के हिसाब से 25 हजार रुपये तक का जुर्माना हो सकता है। गलत या गुमराह करने वाली सूचना देने या गलत भावना से ऐप्लिकेशन रिजेक्ट करने पर भी कार्रवाई का प्रावधान है।

बीमा मध्यस्थों के साथ व्यवहार पर सुझाव:

मिस-सेलिंग यानि गलत जानकारी देकर पॉलिसी बेचने की स्थिति में बीमा कम्पनी प्रीमियम के रुप में जमा किये गये कुल धन की वापनी करता है लेकिन मिस-सेलिंग साबित करना बीमाधारक की जिम्मेदारी है जो कि एक कठिन कार्य है। बीमा विनियामक एवं विकास प्राधिकरण (इरडा) की 2013-14 की सालाना रिपोर्ट के अनुसार बैंकएश्योरेंस चैनल, जिसके तहत जीवन बीमा कंपनियां अपनी योजनाएँ बैंकों के माध्यम से बेचती है, से 9.43 फीसदी नए कारोबारी प्रीमियम की प्राप्ति हुई। इसमें व्यक्तिगत और सामूहिक दोनों तरह की बीमा शामिल है। व्यक्तिगत एजेंटों की हिस्सेदारी नए कारोबारी प्रीमियम में 40.64 प्रतिशत जबकि कॉर्पोरेट एजेंटों की हिस्सेदारी 1.04 फीसदी की रही। निजी क्षेत्र में बैंकएश्योरेंस चैनल का योगदान नए कारोबारी प्रीमियम में 34.38 प्रतिशत रहा जबकि व्यक्तिगत एजेंटों का 26.48 फीसदी और कॉर्पोरेट एजेंटों का 4.09 प्रतिशत रहा। दूसरी तरफ सार्वजनिक क्षेत्र के और देश की सबसे बड़ी जीवन बीमा कंपनी भारतीय जीवन बीमा निगम ने व्यक्तिगत एजेंटों के माध्यम से 45.25 प्रतिशत नया कारोबारी प्रीमियम प्राप्त किया और साल 2013-14 के कुल प्रीमियम में इनकी हिस्सेदारी 40.64 प्रतिशत की रही । बीमा ब्रोकरों का योगदान 1.05 प्रतिशत रहा। डायरेक्ट सेलिंग चैनल का योगदान 47.84 प्रतिशत रहा । आंकडों से स्पष्ट होता है कि पारंपरिक व्यक्तिगत एजेंसी चैनल की जगह अब कॉर्पोरेट एजेंसी और डायरेक्ट सेलिंग चैनल का योगदान बीमा कारोबार मेंबढ़ रहा है। बीमा मध्यस्थों से व्यवहार करते समय, निम्न बातों का ध्यान रखें :

- बीमा ब्रोकरों को आईआरडीए द्वारा लाइसेंस दिया जाता है और ये बीमा विनियामक और विकास प्राधिकरण (बीमा ब्रोकर) विनियम 2002 द्वारा अधिशासित है। व्यक्तिगत बीमा एजेंटों तथा कार्पोरेट एजेंटों को भी आईआरडीएआई द्वारा लाइसेंस दिया जाता है और ये क्रमश: भारतीय बीमा विनियामक और विकास प्राधिकरण (व्यक्तिगत बीमा एजेंटों की लाइसेंसिंग) विनियम 2002 तथा बीमा विनियामक और विकास प्राधिकरण (कार्पोरेट एजेंटों की लाइसेंसिदग) विनियम 2002 द्वारा अधिशासित है। ये विनियम, संबंधित मध्यस्थों के लिए आचरण संहिता निर्धारित करते है।

- दिनांक 1-4-2015 से बीमा कानून (संशोधन) अधिनियम 2015 के अधिनियमन के उपरंत अभिकर्ताओं की नियुक्ति के अनुज्ञप्तिकरण को हटा दिया गया है।

- जाँच लें कि क्या उसे विविध बीमा उत्पादों/ पॉलिसियों का अच्छा ज्ञान है।

- सदैव सुनिश्चित करें कि केवल उन्हीं उत्पादों पर विचार करें जो आपके लिए उपयुक्त है। लम्बे-चौड़े वादों, और ऊंची बिक्री की तरकीबों से सतर्क रहें। जो आपकी क्षमता में है केवल उसी पर विचार करें।

- मध्यस्थ आपको पॉलिसी के नियमों व शर्तों को समझाने की कोशिश कर रहा है उनके बारे में प्रश्न पूछें और उन्हें समझ लें

- आप अपनी प्रतिबद्धताएँ भलीभाँति समझते लें। आप द्वारा न केवल पॉलिसी लेते समय, बल्कि इमे समर्पित करते समय या कोई दावा करते समय आपको कौन से भुगतान या राशियाँ वहन करने होंगे, इसे जान लें।

- जिस उत्पाद पर विचार कर रहे हैं, या जिसे मध्यस्थ बेचने की कोशिश कर रहा हैं, उससे संबंधित विवरणिकाओं (ब्रोशर्स) और विक्रय साहित्य की मांग करें। उत्पाद के सम्पूर्ण तथ्यों, कवर की सीमा तथा अपवर्जन जिस रूप में लागू हो, उनकी व्याख्या करने का मध्यस्थ से आगह करें।

- प्रस्ताव फार्म स्वयं भरें। कभी भी कोरे प्रस्ताव फार्म पर हस्ताक्षर न करें। अगर प्रस्ताव फार्म की कोई शर्तें आपको समझ न आ रही हों, तो मध्यस्थ से इस आपके समक्ष स्पष्ट करने को कहें।

- जब आप प्रीमियम का भुगतान किसी मध्यस्थ के द्वारा करें, तो जाँच लें कि क्या वह बीमा कंपनी की आरे से ऐसा करने के लिए अधिकृत है, तथा उसी समय एक उचित हस्ताक्षरित रसीद देने के लिए आग्रह करें।

- अपनी पॉलिसी मिलने के बाद, इसका पूरी तरह अध्ययन करें और शर्तें आपकी समझ में न आती हों तो अपने मध्यस्थ से इसकी व्याख्या करने को कहें।

- दावा करने के संबंधित दस्तावेजों तथा प्रक्रियाओं के बारे में मध्यस्थ से प्रश्न पूछे, और समझ लें। किसी दावे की स्थिति में, ऐसी अन्य एजेंसियाँ भी हो सकती है जिनको आप द्वारा बीमा कंपनी के अलावा सूचित किया जाना होता है। आपकी ओर से कौन सी कार्यवाहियाँ अपेक्षित होंगी, इनके बारे में पूरे विवरण प्राप्त कर लें।

आनलाइन इंश्योरेंस

आनलाइन इंश्योरेंस लगभग सभी तरह के इंश्योरेंस के लिए उपलब्ध है। लगभग सभी कस्टमर्स अपने लिए तैयार प्लान को जैसे लाइफ, हेल्थ, मोटर, ट्रैवल, इंश्योरेंस इंवेस्टमेंट प्लान्स, पर्सनल एक्सीडेंस प्लांस, क्रिटीकल इलनेस प्लांस, यहां तक कि होम मइंश्योरेंस भी आनलाइन प्लेटफार्म पर ले सकते है। यद्यपि अब आनलाइन पालिसीज के लिए कई स्पेशल स्कीम्स उपलब्ध है, लेकिन आनलाइन इंश्योरेंस प्राइस के लिए विभिन्न संशोधन आप्शंस उपलब्ध है। आनलाइन प्लान्स के कास्ट इफेक्टिव होने के दो मुख्य कारण है। पहला इस प्रक्रिया में कोई भी बिचौलिया शामिल नहीं है। आप सीधे कंपनी से सम्पर्क करते है, जिस वजह से कंपनी की कॉस्ट आफलाइन इंश्योरेंस के माध्यम मे कम होती है। यहां तक इसमें इंफ्रास्ट्रक्चर और एडमिनिस्ट्रेशन का खर्चा भी कर होता है। कंपनी अपने इस फायदे को अपने कस्टमर्स को देती है। दूसरा आनलाइन इंश्योरेंस लेने के मोर्टेलिटी रिस्क (मृत्यु) कम होता है बनिस्पत आफलाइन प्लान लेने के। इस अनुमान के चलते वह आनलाइन प्रीमियम मोड को कम कर देते है। आनलाइन इंश्योरेंस आपको प्रोडेक्ट खरीदने में काफी फ्लैक्सीबिलिटी देता है। इसमें ज्यादा से ज्यादा प्लान में कई अच्छे संशोधन के साथ डिफर्ड (आस्थगित) पेमेंट फेसिलीटीज आप्शन है। जबसे आनलाइन इंश्योरेंस में कम कास्ट को सम्मलित किया गया है, तब से इसमें कम मिस-सेंलिंग का स्कोप है। क्योंकि कस्टमर्स खुद अपने प्रोडक्ट से जुडी जानकारी हासिल करता है। इसमें झंझट रहित ट्रांजेक्शन और पारदर्शिता है। अत: किसी को भी मेडिकल के लिए कहे जाने की जरुरत नही है जब तक कि आपकी बीमा की रकम बहुत ज्यादा न हो।

शिकायत कैसे करें

बीमा शिकायतें, पहले बीमा कंपनियों के समक्ष ही पंजीकृत कराई जानी चाहिए, और आवश्यकता होने पर ही इन्हें आईआरडीएआई के आईजीएमएस में दर्ज किया जाना चाहिए। आईजीएमएस एक समग्र समाधना है जो न केवल पॉलिसीधारक हेतु एक केंद्रीयकृत तथा ऑनलाइन अभिगम्यता प्रदान करने की क्षमता रखता है। बल्कि बाजार आचारण मामलों की निगरानी के लिए आईआरडीएआई को सम्पूर्ण अभिगम्यता एवं नियंत्रण भी उपलब्ध कराता है पॉलिसीधारकों की शिकायतों जिनके मुख्य

संकेतक है। आईजीएमएस लम्बित कार्यों के लिए चेतावनियाँ जारी करता है, जिनका टर्नआरउंड टाइम (परिवर्तन काल) पूरा होने के निकट हो। यह प्रणाली, कार्यप्रवाह आधारित नियमों के माध्यम से उपयुक्त समय पर क्रियाकलापों को स्वत: सक्रिय करती है:

- इसकी शाखा या अपने संपर्क वाले किसी अन्य कार्यालय में ग्रीविएंस रिड्रेसल ऑफिसर (शिकायत निस्तरण अधिकारी) से संपर्क करें। बीमा कंपनी, आपकी शिकायत पर 15 दिनों के अंदर कार्यवाही करेगी।

- यदि ऐसा नहीं किया जाता है या यदि आप उनके द्वारा किए गए सामाधान से अंसतुष्ट है, तो आईआरडीएआई के उपभोक्ता मामलों के विभाग में ग्रीविएंस रिड्रेसल सेल शिकायत निस्तारण प्रकोष्ठ से संपर्क करें।

- कंपनी के फैसले से आप संतुष्ट नहीं है या वहां आपकी सुनवाई नहीं हुई, तो आप बीमालोकपाल, कोर्ट या उपभोक्ता शिकायत निवारण प्रकोष्ठ में भी शिकायत करे सकते है।

यदि पालिसी जिसकी शर्तों से आप संतुष्ट नही हो तो उप पालिसी को संबंधि बीमा कंपनी को वापस कर सकते है । लेकिन यह पूरी प्रक्रिया आपको 15 दिन के अंदर करनी होगी। इस अवधि में आप पालिसी से बाहर निकलते है तो आपको कोई पेनल्टी नहीं देनी होगी। इस अवधि को पालिसी को 'फ्री लुक पीरियड' कहा जाता है। कुछ कंपनियां इस सुविधा के उपयोग के लिए एक महीना का समय भी देता है। इस दौरान पालिसी वापस करने की प्रक्रिया ,कदम आसान है। ज्यादा समय हो जाने के कारण यदि आप फ्री लुक पीरियड का फायदा नहीं उठा पाए है तो बोझिल पालिसी से बाहर निकलने के लिए 'लैप्स' का विकल्प चुन सकते है। इस विकल्प के लिए आपको बीमा कंपनी के पास कोई दस्तावेज जमा नहीं करना पड़ेगा। बस, पालिसी के अगले प्रीमियम का भुगतान रोक दें। हलांकि पालिसी लैप्स कराने के बदले में आपको कुछ नहीं मिलेगा। कंपनी आपके पहले प्रीमियम को जब्त कर लेती है और लाइफ कवर भी समाप्त कर दिया जाता है। इस स्थिति में बीमा कंपनी और एजेंट आप पर पालिसी जारी रखने के लिए दबाव बना सकते है। यदि आपको पालिसी खररीदे हुए तीन साल या फिर इसमे ज्यादा समय हो गया है तो उसे सरेंडर किया जा सकता है। जैसे ही आप किसी पालिसी को सरेंडर करते है तो तुरंत प्रभाव से जीवन बीमा कवर समाप्त हो जाता है। तमाम पालिसियों में एक निश्चित सरेंडर वैल्यू का प्रावधान होता है जो पहले साल के बाद जमा किए प्रीमियम के 30 से 50 फीसद के बराबर हो सकती है। हलांकि टर्म बीमा प्लान में कोई सरेंडर वैल्यू नहीं मिलती है। कहने का आशय यह है कि यदि किसी बीमा पालिसी से आप संतुष्ट नही है तो उसे लंबे समय तक रखने में कोई समझदारी नहीं है।

जीवन बीमा खरीदने के पूर्व कई महत्वपूर्ण बातों पर गैर करना जरुरी होता है। कोई भी जीवन बीमा एजेंट अपना सेल्स टारगेट पूरा करने के लिए अपने ग्राहकों को कई तरह के आकर्षक स्कीम या फिर इंसेंटिव का ऑफर देकर अपनी जाल में फंसा लेते है। साथ ही वे शुगर कोटेड जानकारियां देते है जिस पर समय के साथ परत हट जाने पर केवल कड़वा अनुभव शेष रहा जाता है। आईआरडीएआई के पास 2012-13 में ठगी की 1.68 लाख शिकायतें आई, जो पिछले साल के मुकाबले 68,000 ज्यादा है । दरअसल, बीमा कंपनियां क्रेडिट और डेबिट कार्ड से बिना मंजूरी के पैसे काट लेती है। फ्री-लुक पीरियड में पैसे वापस नहीं देती है। सिंगल प्रीमियम पॉलिसी को रेगुलर प्रीमियम बताकर बेच देती है। फर्जी कॉल के जरिए पॉलिसी बेचना, कागजात में फर्जीवाडा, पूरी जानकारी ना देना , ग्राहकों के कहने के बावजूद राइडर नही जोड़ना और जिस प्रोडक्ट की जानकारी दी उसके बदले दूसरे प्रोडक्ट बेचना आदि तमाम तरीकों से बीमा कंपनियों ठगी करती है। साइबर क्राइम के बढ़ते वारदातों को ध्यान में रखते हुए इस बात की गांठ बांध लें कि अपनी पालिसी से सम्बंधित कोई भी सूचना फोन पर या मेल के माध्यम से किसी अनजान व्यक्ति को नहीं दे। बीमा कंपनियों के एजेंट बताने वाले फर्जी लोगों से हमेशा सावधान रहें और जब कभी आपके किसी तथाकथित एजेंट के आईडेंटिटी तथा क्रेडिट के बारे में संदेह हो जाए तो ऐसे लोगों की पूरी तहकीकात करें। भारत में बीमा उत्पादें की गुमरांह कर बिक्री (मिस सेलिंग) पर काबू पाने की जरुरत है । भविष्य में इस उद्योग की प्रगति के लिए लागत दक्षता तथा प्रौद्योगिकी को बेहतर इस्तेमाल मायने रखता है।

भावना दहिया, सी-301, ऐम्बीयेंसएन्स अपार्ट्मेंण्ट्स, ग्राम नाथुपुर, जिला: गुडगाँव, गुडगाँव-122 001. एन.सी.आर

गलत विक्रय-जिम्मेदार कौन?

- पीयूष अग्रवाल

इस विषय में कोई दो राय नहीं हो सकती कि गलत तरीकों का इस्तेमाल करके कोई भी चीज बेचना किसी भी नजर से तर्कसंगत नहीं ठहराया जा सकता। यह किसी भी व्यवसाय के लिए उचित नही है और ग्राहकों के साथ अच्छे व टिकाऊ संबंधों में बाधक है।

बीमा तो वैसे भी एक अमूर्त वस्तु है और विक्रय केवल एक वचन या वायदे का होता है। यह वचन नेकनीयती पर टिका होता है। इस नेकनीयती का पालन वायदे के दोनों ही पक्षों को, अपने अपने दायरे में , करना होता है। किन्तु वायदा चूँकि बीमा कंपनी बेच रही है, जिसका पालन भी उसी को करना है अत: उसकी जिम्मेदारी बढ़ जाती है।

गलत विक्रय किसी भी विक्रय प्रकिया में मौजूद रहता ही है यदि उसमें सीधे ग्राहक को विक्रय शामिल है, चाहे वह किसी भी प्रकार का उद्योग हो। इसको पूरी तरह से मिटाना लगभग असंभव है। बीमा उद्योग भी इससे अछूता नहीं है। हांलाकि गलत विक्रय का अलग से कोई डेटा उपलब्ध नहीं हैं, किन्तु कुल शिकायतों की दर कुल पॉलिसियों की तुलना में काफी कम है। फिर भी यह चिन्ता का विषय तो है ही। यह उद्योग की साख को धब्बा है और बीमाधारकों के साथ लम्बे संबंधों के लिए घातक है। वैसे तो इसके और भी कारण थे, किन्तु जीवन बीमा व्यवसाय में यूलिप पॉलिसियों में हुई गड़बड़ के कारण यह उद्योग अभी तक पूरी तरह से उबरने व जनता का विश्वास हासिल करने में सक्षम नही हो पाया है।

लेकिन क्या हर बार इसके लिए जिम्मेदार कंपनी या अभिकर्ता ही होता है। ऐसी जरुरी तो नहीं है। हल्के तौर पर समझें तो सड़क पर हुई किसी भी दुर्घटना के लिए बड़ी गाडी को ही प्रथम दोषी मान लिया जाता है। उदाहरण के लिए यदि कार ने स्कूटर को मारा तो कार लेकिन अगर कार ने ट्रक को मारा तो ट्रक पहली नजर में दोषी करार दे दिए जाते है। ऐसे ही गलत विक्रय में कोई भी पक्ष जिम्मदेार हो सकता है , किन्तु प्रथम दृष्टया दोषी बीमा कंपनी को ही मान लिया जाता है। इसके कई कारण हो सकते है, जिनकी जिम्मेदारी अलग अगल होगी और समाधान भी अलग होंगे, यहाँ हम इसी को परखने की कोशिश करते है।

ग्राहकों में जागरुकता

किसी भी खरीदारी के लिए हम पूरी जांच पड़ताल करते है। कई दुकानों पर उसे देखेंगे, मूल्य की तुलना करेंगे, विक्रय प्रतिनिधि से बीसियों सवाल करके वस्तु की विशेषताएं जानेंगे। किन्तु जब बात बीमा की आएगी , तो हमारे पास समय ही नहीं होगा। सामने वाला यदि बताने के लिए राजी भी हो तो भी हम पूछेंगे दस्तखत कहाँ करने है या चेक कितने का काटना है। हमें केवल यह पता है कि मेरी कार, मकान या दुकान का बीमा हो रहा है। इससे मतलब ही नहीं है कि बीमा किस किस कवर का है, शर्तें क्या है या हमें किन नियमों का पालन करना होगा। यहीं यह समझ

के परे है। माना कि बीमा हमारी जरुरतों की लिस्ट में या तो सबसे नीचे है या फिर केवल कानून या वित्तदाता की एक जरुरत भर। या तो आयकर बचाने का एक तरीका या फिर डर पैदा कराके बेचा गया एक वायदा। यही सोच हमें गलत विक्रय करने वालों के जाल में फंसाती है।

हमें अपने अधिकार समझने होंगे। खरीद से पहले, किये जाने वाले वायदें को, सभी तरफ से परखना होगा। हमारी अज्ञानता और मूर्खता के लिए सिर्फ बीमा कंपनी को दोष से बचना होगा। मुझे ध्यान आता है एक किस्सा. जिसमें एक उच्च न्यायालय के जज ने, दावा रहित छूट की घोषणा गलत पाए जाने पर, अपनी शिकायत में लिखा था, कि आपका एजेंट तो रिक्त प्रस्तावपत्र व चेक पर हस्ताक्षर करवा के ले गया था। यदि हम देखें तो अधिकांश शिकायतें पढ़े लिखे समझदार लोगों से ही आती है।

प्रस्तावपत्र पर धारा 41 का स्पष्ट जिक्र होता है, फिर भी हम प्रीमियम में छूट मांगते है, बगैर यह देखे कि इसका करार पर क्या असर पड़ने वाला है। हम मुफ्त प्रलोभनों मे आते है। कम प्रीमियम देकर अधिक की रसीद प्राप्त करते है।, तब शांत रहते है। और जब दावा के समय कुछ गलत पकड़ा जाता है तो बीमा कंपनी, उसके अभिकर्ता या दावा प्रतिनिधि को दोष देते है।

अत: ग्राहकों में जागरुकता बढ़ाने की आवश्यकता है, इसके लिए काफी कार्य किया भी गया है और बहुत ज्यादा करना है। नियामक ने इस बारे में शिक्षण सीरिज जारी की है और मीडिया में भी प्रचार किया है। फिर भी कहीं न कहीं प्रस्तावपत्र के महत्व तथा आधारभूत सूचना प्रपत्र/विवरण पुस्तिका पढ़ कर ही कोई खरीद करने पर जोर देना होगा। यह एक सतत प्रक्रिया होनी चाहिए।

बीमा पॉलिसी व अन्य प्रपत्र

वैसे तो हम बीमा पॉलिसी को पढ़ने की कभी कोशिश ही नहीं करते। यदि करें भी तो उसकी कानूनी व जटिल भाषा समझ के परे होती है। अत: आवश्यकता है कि पॉलिसी प्रपत्रों को सीधी व सामान्य भाषा में लिखा जाए, जो बीमादारक आसानी से पढ़ व समझ सके। विक्रय विवरणिका को तो और भी सरल भाषा में होना चाहिए। बीमा की शर्तें, कवरेज तथा अपवादों का स्पष्ट जिक्र हो। ऐसा करने से गलत विक्रय को काफी हद तक रोकने में मदद मिलेगी। इसको पॉलिसी का एक अभिन्न अंग बनाया जाना चाहिए। ऐसा करने पर ही फ्रीलुक अवधि का भी सही लाभ बीमाधारकों को मिल पायेगा।

बीमा पॉलिसी में शर्तें तथा बीमाधारक की जिम्मेदारियों का स्पष्ट और विस्तृत उल्लेख होना चाहिए उसके प्रथम प्रपत्र में मोटे व गहरे अक्षरों मे होना चाहिए।

कई बार देखा जाता है कि विवरणिका के प्रावधनों में मतभेद होता है। मुझे ध्यान आता है एक व्यक्तिगत अनुभव, जहाँ मैने एक बीमा कंपनी से गृह बीमा हेतु संपर्क किया। बीमा कंपनी ने मुझे विवरणिका भेजी और कुछ जानकारी मेल पर दी। आगे के सवालों का निराकरण फोन पर किया। जब मैनें वह मेल पर प्रमाणित करने और विवरणिका में मतभेद पर जानकारी चाही तो बीमा कंपनी शांत हो गयी। जवाब ही नहीं दिया।

स्पष्टत: इन प्रपत्रों पर बहुत काम करने कीआवश्यकता है यदि हमें गलत विक्रय को रोकना है।

बीमा का पदार्थीकरण

बीमा जैसे विषय का पदार्थीकरण होने की प्रक्रिया भी इसका एम मुख्य कारण है। बीमा अन्य मूर्त वस्तुओं की तरह नहीं है। इसे देखना, छूना, परखना, महसूस करना अन्य पदार्थों की तरह संभव नही है। अत: अन्य पदार्थों के विक्रय के तरीके यहाँ उसी रूप में कैसे प्रयोग किये जा सकते है या सफल हो सकते है? यह एक वायदा है, वचन है जिसके पूरा करने का जरुरत भी बहुत कम मामालों में ही पड़ती है।

स्पष्टत: इसको एक वस्तु की तरह नहीं बेच सकते है, जो कि बहुत से प्री-अंडररिटेन बीमा उत्पादों के लिए जाता है। अत: ऐसे उत्पादों का अनुमोदन करते समय इसके विवरण प्रपत्र का अवलोकन ज्यादा ध्यान से करना चाहिए। क्योंकि, अधिकांश समय, विक्रय प्रक्रिया केवल इसी प्रपत्र के आधार पर ही पूर्ण हो जाएगी। इसमें सामान्य समझ वाले कवरेज से इतर जोखिम प्रावधान होने पर इसका स्पष्ट उल्लेख बनता है।

उदाहरण के तौर पर, घर के सामान का बीमा कराने पर यदि गहनों के बीमा का जिक्र होता है तो सामान्य व्यक्ति उसे पूर्ण जोखिम का बीमा ही मान लेता है जिसमें घर के बाहर होने वाली चोरी या हानि शामिल है। किन्तु अधिकाँ प्री-

अंडरणिटेन बीमा उत्पाद, जो बाजार में उपलब्ध है, इसका जोखिम केवल घर पर ही कवर करते है।

इसी तरह जीवन बीमा में अनुमानित दर से गणना करना गलत है। यह प्रक्रिया किसी भी बाजार आधारित प्रत्याभूति में प्रचलित नही है। हम फण्ड के पिछले प्रदर्शन को दिखा सकते है, किन्तु कहीं भी ऐसे शब्दों का प्रयोग नहीं होना चाहिए जिससे आगे के प्रदर्शन का भान हो या विश्वास दिलाया जा रहा हो। यह बात बोनस आधारित पॉलिसीयों पर भी लागू होती है। पिछली बोनस की दर आगे के वर्षों में सामान रहेगी या बढ़ेगी/घटेगी, यह बताना संभव नहीं है।

विक्रय प्रतिनिधि, कम्पनी तथा प्रक्रियाएं

बीमा विक्रय करने वाले प्रतिनिधियों के लिए अलग व सक्षम नियम है। उन्हें विषय की जानकारी होनी चाहिए। इसके लिए उन्हें पढ़ाई करनी होती है, इम्तेहान उत्तीर्ण करना होता है। फिर भी गलत विक्रय होता है। क्योंकि किसी भी शिकायत के आन पर बीमा कंपनी पर उसका समाधान करने के लिए तो नियम है किन्तु गलत करने वाले प्रतिनिधि/अभिकर्ता पर कार्यवाही करने के नहीं, बीमाधारक को उसका हक दिलाना और जल्दी दिलाना सही है, किन्तु साथ ही उस प्रक्रिया को सही करना भी जरूरी है जिसमें विद्यमान दरारों से निकल कर इस तरह की घटनाएँ होती है।

कई बार शिकायत की जड़, जो ऊपर से गलत बयानी दिखती है, तफ्तीश करने पर प्रक्रिया का नुक्स पता चलता है। अक्सर बीमा कम्पनियाँ विक्रय या लागत के दबाब में इस ओर आँख मूंद सकती है। अत: जरुरत है कि शिकायतों की कुछ श्रेणियों में इस तरह के अनुसंधान को भी अनिवार्य किया जाए, ताकि अनजाने में हुई गलत विक्रय और आगे आने वाली उसी तरह की शिकायतों से बचा जा सके। साथ ही बीमा कंपनियों के साथ साथ लगत विक्रय की शिकायतों की विवेचना उनको बेचने वाले प्रतिनिधियों/अभिकर्ताओं के आधार पर भी निकाली जाये और आवश्यकता अनुसार कार्यवाही की जाए।

प्रक्रिया के तौर पर ग्राहक को बीमा में मुख्य बिन्दुओं का मेसेज या मेल का अनिवार्य प्रावधान लागत को प्रभावित किये बिना इसको रोकने में काफी मदद कर सकता है।

एक और बात टेलीफोनिक विक्रय के विषय में। कई बार देखा गया है कि बीमा प्रतिनिधि अगल अलग कवरेज की बीमा राशी को जोड़कर कुल राशि बता देता है। जैसे दुर्घटना बीमा में मृत्यु दस लाख, पूर्ण अपंगता दस लाख यानि बीस लाख। इससे बीमा को सस्ता बताने में मदद मिलती है। यह गलत है।

विनियमन बनाम स्वत: नियमन

प्राय: ऐसा देखने में आया है कि कोई गलत काम को रोकने के लिए हम नियम पर नियम बनाते लगते है। प्रत्येक नए नियम को साथ लागत बढ़ने लगती है और यह किसी नए तरीके से गलत करने का कारण बन जाती है। मेरा यह मानना है कि बीमाधारकों के हितों की रक्षा के लिए बनाए गए विनियमन सक्षम है गलत विक्रय रोकने के लिए, यदि उनका सही से पालन होने लगे। इसमें प्रावधान बहुत ही शक्तिशाली है। जरुरत है तो उनकी सही से निगरानी करने की। कहीं न कहीं और अधिक नियम बनाने की जगह उद्योग को स्वत: नियमन के लिए छोड़ देना चाहिए। इससे उद्योग की नीवं मजबूत होगी। बीमाधारकों का विश्वास बढ़ेगा और उद्योग लम्बी दूर की दौड़ के लिए स्वयं को सक्षम बना पायेगा।

कहने की जरुरत ही नही है, कि इस सबके बाद भी, ग्राहकों की शिकायतों पर कंपनियां क्या रुख अख्तियार करती है और कितनी जल्दी उनका निपटारा करती है, इस पर नियामक की सतत पहरेदारी की जरुरत हमेशा रहेगी।

नोट: उपर्युक्त आलेख में अभिव्यक्त विचार लेखक के निजी विचार है।

पीयूष अग्रवार, हेड-ऑपरेशंस, टाटा एआईजी जनरल इन्शयोरेंस कंपनी लिमिटेड, कॉरपोरेट ऑफिस, मुंबई

Use your right to know

Buy With Care: Some Dos and Don'ts

You buy insurance for security. So be extra careful when you buy it. It is worth taking care of a few crucial aspects during this process.

Mis-selling by insurers and their intermediaries is something you have to be cautious about. IRDA keeps a tab on unethical practices by entities selling insurance based on unfounded promises.

Your insurance company and intermediary have to act according to the Code of Conduct prescribed by IRDA, the industry councils and the relevant recognised professional association

In case of complaints about misselling IRDA examines the matter and issues an appropriate notice of caution on its website for public information.

Here are some Dos and Don'ts for buying insurance carefully:

DOS

- Buy only from a registered insurer or through his authorised intermediary
- See the list of insurers on IRDA's website. Ask them if your intermediary is genuine
- Ask the intermediary for all information to make a decision
- Evaluate if he is advising you dispassionately
- Fill the proposal form yourself and give complete and factual information; False or misleading information could lead to disputes at the time of a claim
- Do not sign a blank proposal form or leave any portion unanswered
- If you are not filling it up yourself, ensure that the contents are fully explained to you
- Remember you have to sign a certificate as part of the proposal form taking responsibility for its contents
- Make sure you understand clearly:
  - Whether your policy has a single premium or regular premium
  - What your policy term and premium paying term are. They can be different
  - What your surrender value is. It can be less than the premiums you have paid
  - What is covered and what is not covered
  - Understand the returns and bonuses, what is guaranteed and what is not
- In the case of Unit-Linked insurance policies (ULIPs):
  - Make sure you understand the implications of bearing the investment risk yourself
  - Evaluate the performance of the funds before you invest
  - Understand the various charges levied under the policy
- When you receive the policy bond:
  - Make sure it matches the terms proposed/ agreed by you
  - If they don't, you can cancel it during the 15 day "free-look" period from the date you receive the policy bond
  - Premium will be refunded to you with some deductions

DON'TS

- Do not sign a blank proposal form or leave any portion unanswered
- Do not conceal relevant information or make any misstatements as it may lead to disputes at the time of a claim

FIRST YEAR PREMIUM OF LIFE INSURERS FOR THE QUARTER MARCH 2015

INDIVIDUAL SINGLE PREMIUM (INCLUDING RURAL & SOCIAL)

(₹ in Crores)

Sl. No.	PARTICULARS	PREMIUM		POLICIES		SUM ASSURED	
		Mar, 2014	Mar, 2015	Mar, 2014	Mar, 2015	Mar, 2014	Mar, 2015
	Non linked*						
1	**Life**						
	with profit	13707.51	12298.51	1789015	1616876	20392.32	44699.79
	without profit	168.69	144.48	279378	282067	2382.07	1825.44
2	**General Annuity**						
	with profit	0.00	0.00	0	0	0.00	0.00
	without profit	1718.96	2131.34	42486	51126	56.17	218.18
3	**Pension**						
	with profit	27.40	36.94	634	942	51.41	44.48
	without profit	72.29	190.38	242	326	0.44	0.47
4	**Health**						
	with profit	0.00	0.00	0	0	0.00	0.00
	without profit	2.25	0.84	760	257	41.10	14.87
A.	**Sub total**	15697.10	14802.49	2112515	1951594	22923.51	46803.22
	Linked*						
1	**Life**						
	with profit	0.00	0.01	0	0	0.00	0.00
	without profit	1140.45	1332.09	65069	60966	1764.00	1878.41
2	**General Annuity**						
	with profit	0.00	0.00	0	0	0.00	0.00
	without profit	0.00	0.00	0	0	0.00	0.00
3	**Pension**						
	with profit	0.00	0.00	0	0	0.00	0.00
	without profit	43.28	87.58	185	521	0.89	35.82
4	**Health**						
	with profit	0.00	0.00	0	0	0.00	0.00
	without profit	0.02	-0.01	5	-3	0.08	-0.06
B.	**Sub total**	1183.75	1419.66	65259	61484	1764.97	1914.17
C.	**Total (A+B)**	16880.85	16222.15	2177774	2013078	24688.48	48717.40
	Riders:						
	Non linked						
1	Health#	0.01	0.01	9	10	0.19	0.13
2	Accident##	0.31	0.38	978	6516	63.38	119.75
3	Term	0.012791	0.01	37	20	0.49	-0.02
4	Others	5.22	4.80	0	0	8.04	6.08
D.	**Sub total**	5.56	5.20	1024	6546	72.09	125.95
	Linked						
1	Health#	0.01	0.01	6	-1	0.26	-0.02
2	Accident##	0.17	0.19	7701	5186	182.84	276.83
3	Term	0.00	0.00	0	0	0.10	0.00
4	Others	0.01	0.01	6	0	0.28	0.00
E.	**Sub total**	0.19	0.21	7713	5185	183.48	276.81
F.	**Total (D+E)**	5.75	5.41	8737	11731	255.57	402.76
G.	****Grand Total (C+F)**	16886.60	16227.56	2177774	2013078	24944.04	49120.15

* Excluding rider figures.
** for policies Grand Total is C.
# All riders related to critical illness benefit, hospitalisation benefit and medical treatment.
Disability related riders.
The premium is actual amount received and not annualised premium.

FIRST YEAR PREMIUM OF LIFE INSURERS FOR THE QUARTER ENDED MARCH 2015

INDIVIDUAL NON - SINGLE PREMIUM (INCLUDING RURAL & SOCIAL)

(₹ in Crores)

Sl. No.	PARTICULARS	PREMIUM		POLICIES		SUM ASSURED	
		Mar, 2014	Mar, 2015	Mar, 2014	Mar, 2015	Mar, 2014	Mar, 2015
	Non linked*						
1	**Life**						
	with profit	33155.11	25300.77	33486886	20036622	479678.30	582088.27
	without profit	4069.23	3783.26	3901423	2292280	163192.20	238234.68
2	**General Annuity**						
	with profit	0.00	0.00	0	0	0.00	0.00
	without profit	0.00	0.00	0	0	0.00	0.00
3	**Pension**						
	with profit	132.60	175.99	29474	38152	1278.96	2048.42
	without profit	102.72	91.84	14573	9798	187.22	364.20
4	**Health**						
	with profit	0.00	0.00	0	0	0.00	0.00
	without profit	116.89	112.58	298287	221388	2092.38	2945.07
A.	**Sub total**	37576.53	29464.45	37730643	22598240	646429.06	825680.65
	Linked*						
1	**Life**						
	with profit	-0.36	0.09	0	0	0.00	0.00
	without profit	5707.54	9026.09	882757	1216525	39383.50	62600.30
2	**General Annuity**						
	with profit	0.00	0.00	0	0	0.00	0.00
	without profit	0.00	0.00	0	0	0.00	0.00
3	**Pension**						
	with profit	0.00	0.00	0	0	0.00	0.00
	without profit	371.62	621.22	33029	43066	28.69	52.39
4	**Health**						
	with profit	0.00	0.00	0	0	0.00	0.00
	without profit	24.59	0.31	12077	-103	514.61	515.73
B.	**Sub total**	6103.39	9647.70	927863	1259488	39926.80	63168.42
C.	**Total (A+B)**	43679.92	39112.15	38658506	23857728	686355.86	888849.06
	Riders:						
	Non linked						
1	Health#	11.40	7.48	97651	89640	1138.23	1675.44
2	Accident##	20.94	13.87	841128	825406	24990.38	42592.33
3	Term	16.63	6.75	55436	48911	2631.72	3233.26
4	Others	8.74	1.92	16003	12740	2303.40	2496.24
D.	**Sub total**	57.71	30.02	1010218	976697	31063.73	49997.27
	Linked						
1	Health#	0.35	0.04	1022	-6	29.53	31.62
2	Accident##	1.15	1.38	73439	78481	2153.18	3950.57
3	Term	0.03	0.00	25	0	57.01	62.06
4	Others	0.43	0.53	8841	15856	55.09	91.28
E.	**Sub total**	1.96	1.96	83327	94331	2294.81	4135.52
F.	**Total (D+E)**	59.67	31.98	1093545	1071028	33358.54	54132.80
G.	****Grand Total (C+F)**	43739.59	39144.13	38658506	23857728	719714.39	942981.86

* Excluding rider figures.
** for policies Grand Total is C.
# All riders related to critical illness benefit, hospitalisation benefit and medical treatment.
Disability related riders.
The premium is actual amount received and not annualised premium.

FIRST YEAR PREMIUM OF LIFE INSURERS FOR THE QUARTER ENDED MARCH 2015

GROUP SINGLE PREMIUM (INCLUDING RURAL & SOCIAL)

(₹ in Crores)

Sl. No.	PARTICULARS	Premium		No. of Schemes		Lives Covered		Sum Assured	
		Mar, 2014	Mar, 2015	Mar, 2014	Mar, 2015	Mar, 2014	Mar, 2015	Mar, 2014	Mar, 2015
	Non linked*								
1	**Life**								
a)	Group Gratuity Schemes								
	with profit	61.47	345.88	35	37	0	0	0.00	0.00
	without profit	13439.22	13859.46	147	148	498303	275571	721.57	278.64
b)	Group Savings Linked Schemes								
	with profit	0.00	0.00	0	0	0	0	0.01	0.00
	without profit	178.60	6.06	15	0	5445	250	38.42	1.40
c)	EDLI								
	with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	2.31	5.45	76	57	202217	217717	2684.71	8894.58
d)	Others								
	with profit	22.67	11.61	5	4	0	0	0.00	0.00
	without profit	6736.85	5543.79	1432	1308	22844135	15799405	275831.69	303500.03
2	**General Annuity**								
	with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	5344.06	5255.70	26	25	238520	184234	0.00	11.78
3	**Pension**								
	with profit	582.12	595.84	21	6	10912	143	0.00	0.00
	without profit	23575.49	22992.62	27	31	113030	172005	222.99	138.50
4	**Health**								
	with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	0.00	0.00	0	0	0	0	0.00	0.00
A.	**Sub total**	49942.80	48616.41	1784	1616	23912562	16649325	279499.39	312824.94
	Linked*								
1	**Life**								
a)	Group Gratuity Schemes								
	with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	273.01	609.81	22	67	38009	89091	3.68	8.91
b)	Group Savings Linked Schemes								
	with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	82.87	11.26	0	0	1100	106	103.60	15.11
c)	EDLI								
	with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	0.00	0.00	0	0	0	0	0.00	0.00
d)	Others								
	with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	77.41	398.30	50	84	662	168079	63.09	376.08
2	**General Annuity**								
	with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	0.00	0.00	0	0	0	0	0.00	0.00
3	**Pension**								
	with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	64.18	275.90	22	24	1928	7572	0.00	0.00
4	**Health**								
	with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	0.00	0.00	0	0	0	0	0.00	0.00
B.	**Sub total**	497.47	1295.27	94	175	41699	264848	170.37	400.10
C.	**Total (A+B)**	50440.27	49911.68	1878	1791	23954261	16914173	279669.77	313225.03
	Riders:								
	Non linked								
1	Health#	1.02	8.76	55	83	7311	22662	704.28	1932.06
2	Accident##	6.27	16.61	91	124	22848	157950	4035.91	9241.20
3	Term	0.00	0.00	0	0	0	0	0.00	0.00
4	Others	0.00	0.00	0	0	0	0	0.00	0.00
D.	**Sub total**	7.30	25.37	146	207	30159	180612	4740.19	11173.26
	Linked								
1	Health#	0.00	0.00	0	0	0	0	0.00	0.00
2	Accident##	0.03	0.03	0	0	0	0	0.00	0.00
3	Term	0.00	0.00	0	0	0	0	0.00	0.00
4	Others	0.00	0.00	0	0	0	0	0.00	0.00
E.	**Sub total**	0.03	0.03	0	0	0	0	0.00	0.00
F.	**Total (D+E)**	7.33	25.40	146	207	30159	180612	4740.19	11173.26
G.	****Grand Total (C+F)**	50447.60	49937.08	1878	1791	23954261	16914173	284409.96	324398.29

* Excluding rider figures.
** for no.of schemes & lives covered Grand Total is C.
# All riders related to critical illness benefit, hospitalisation benefit and medical treatment.
Disability related riders.
The premium is actual amount received and not annualised premium.

FIRST YEAR PREMIUM OF LIFE INSURERS FOR THE QUARTER ENDED MARCH 2015

GROUP NEW BUSINESS-NON-SINGLE PREMIUM (INCLUDING RURAL & SOCIAL)

(₹ in Crores)

Sl. No.	PARTICULARS	Premium		No. of Schemes		Lives Covered		Sum Assured	
		Mar, 2014	Mar, 2015	Mar, 2014	Mar, 2015	Mar, 2014	Mar, 2015	Mar, 2014	Mar, 2015
	Non linked*								
1	**Life**								
a)	Group Gratuity Schemes								
	with profit	1.12	0.00	0	0	-3	0	0.00	0.00
	without profit	1515.96	1634.45	4753	5071	3258202	2482454	23497.76	15044.40
b)	Group Savings Linked Schemes								
	with profit	14.34	1.42	0	0	22863	-10	168.90	-0.14
	without profit	381.37	75.67	337	2	624265	91270	6988.54	3172.35
c)	EDLI								
	with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	24.07	51.13	475	428	2931464	2061985	27991.61	60547.52
d)	Others								
	with profit	2.48	0.00	1	0	22	0	0.00	0.00
	without profit	1335.80	1960.27	28678	30905	62443414	100007843	514648.28	774239.23
2	**General Annuity**								
	with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	0.00	0.00	0	0	0	0	0.00	0.00
3	**Pension**								
	with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	4447.50	3135.06	519	492	315303	620948	29.23	118.50
4	**Health**								
	with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	0.02	0.00	0	0	155	0	5.25	0.00
A.	**Sub total**	7722.66	6858.00	34763	36898	69595685	105264490	573329.58	853121.87
	Linked*								
1	**Life**								
a)	Group Gratuity Schemes								
	with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	705.73	904.72	289	330	400672	650686	229.80	1689.55
b)	Group Savings Linked Schemes								
	with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	28.47	3.71	50	27	55956	7730	253.76	2.80
c)	EDLI								
	with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	0.00	0.00	0	0	0	0	0.00	0.00
d)	Others								
	with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	78.47	40.17	40	5	1801	17320	29.02	4.45
2	**General Annuity**								
	with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	0.00	0.00	0	0	0	0	0.00	0.00
3	**Pension**								
	with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	19.82	16.03	17	18	1745	6974	0.00	12.11
4	**Health**								
	with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	0.00	0.00	0	0	0	0	0.00	0.00
B.	**Sub total**	832.49	964.63	396	380	460174	682710	512.58	1708.91
C.	**Total (A+B)**	8555.15	7822.63	35159	37278	70055859	105947200	573842.15	854830.77
	Riders:								
	Non linked								
1	Health#	6.48	7.75	177	203	325548	375038	34964.88	48084.45
2	Accident##	5.56	2.64	124	164	70087	57310	5329.45	3524.85
3	Term	0.14	0.84	0	1	6141	7786	454.39	465.33
4	Others	0.02	0.03	9	1	949	-262	408.86	-131.61
D.	**Sub total**	12.19	11.26	310	369	402725	439872	41157.58	51943.02
	Linked								
1	Health#	0.00	0.00	0	0	0	0	0.00	0.00
2	Accident##	0.00	0.00	0	0	0	0	0.00	0.00
3	Term	0.00	0.00	0	0	0	0	0.00	0.00
4	Others	0.00	0.00	0	0	0	0	0.00	0.00
E.	**Sub total**	0.00	0.00	0	0	0	0	0.00	0.00
F.	**Total (D+E)**	12.19	11.26	310	369	402725	439872	41157.58	51943.02
G.	****Grand Total (C+F)**	8567.34	7833.89	35159	37278	70055859	105947200	614999.74	906773.79

* Excluding rider figures.
** for no.of schemes & lives covered Grand Total is C.
# All riders related to critical illness benefit, hospitalisation benefit and medical treatment.
Disability related riders.
The premium is actual amount received and not annualised premium.

Report Card : General

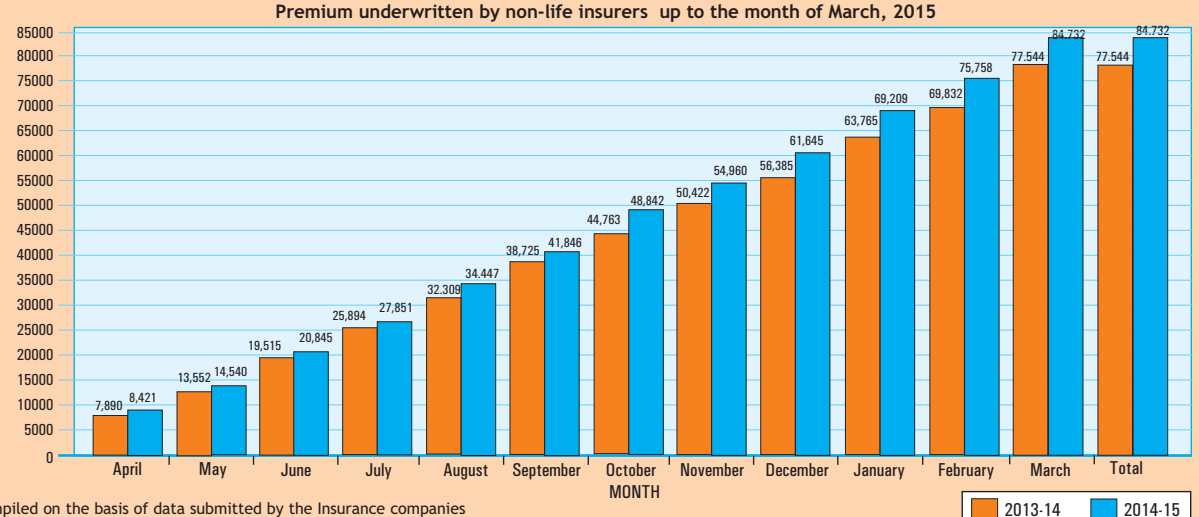
Gross Premium underwritten for and up to the month of March 2015

(₹ in Crores) (%)

INSURER	MARCH		APRIL - MARCH		GROWTH OVER THE CORRESPONDENCE PREVIOUS YEAR
	2014-15	2013-14*	2014-15	2013-14*	
Royal Sundaram	153.42	120.26	1,574.06	1,437.04	9.54
Tata-AIG	265.60	222.95	2,714.14	2,362.71	14.87
Reliance General	230.00	165.00	2,715.83	2,388.82	13.69
IFFCO-Tokio	369.37	339.11	3,329.97	2,930.92	13.61
ICICI-lombard	507.69	557.57	6,677.80	6,856.16	-2.60
Bajaj Allianz	542.33	486.91	5,229.65	4,516.45	15.79
HDFC ERGO General	334.54	336.10	3,182.21	2,906.99	9.47
Cholamandalam	214.33	249.42	1,890.43	1,855.11	1.90
Future Generali	96.83	111.96	1,440.97	1,264.42	13.96
Universal Sompo	119.96	71.59	701.11	540.45	29.73
Shriram General	168.42	150.61	1,496.51	1,510.59	-0.93
Bharti AXA General	114.01	136.63	1,448.09	1,423.16	1.75
Raheja QBE	2.18	1.61	21.63	23.28	-7.10
SBI General	230.82	146.76	1,576.90	1,187.57	32.78
L&T General	45.25	31.82	332.33	252.82	31.45
Magma HDI	41.19	47.81	473.59	424.93	11.45
Liberty	24.16	22.17	283.86	129.82	118.66
Star Health & Allied Insurance	231.68	146.52	1,472.54	1,091.08	34.96
Apollo MUNICH	121.42	93.88	803.13	692.48	15.98
Max BUPA	56.67	42.29	372.66	308.85	20.66
Religare	36.23	11.55	275.80	152.31	81.08
Cigna TTK	5.54	0.29	21.83	0.34	6407.81
New India	1,433.03	1,239.98	13,249.42	11,540.07	14.81
National	1,231.35	935.44	11,257.04	10,222.88	10.12
United India	1,162.07	958.34	10,676.83	9,708.93	9.97
Oriental	692.51	666.61	7,407.87	7,127.84	3.93
ECGC	170.58	160.64	1,362.39	1,303.85	4.49
AIC	372.48	258.11	2,743.51	3,383.95	-18.93
PRIVATE TOTAL	**3,911.65**	**3,492.81**	**38,035.03**	**34,256.31**	**11.03**
PUBLIC TOTAL	**5,062.02**	**4,219.11**	**46,697.05**	**43,287.52**	**7.88**
GRAND TOTAL	**8,973.66**	**7,711.92**	**84,732.08**	**77,543.83**	**9.27**

Note: Compiled on the basis of data submitted by the Insurance companies
** Figures revised by insurance companies*

Premium underwritten by non-life insurers up to the month of March, 2015



* Compiled on the basis of data submitted by the Insurance companies
The total bar in the above chart represents the business figures of the entire financial year

Bima Bemisaal

IRDA of India Does Not Sell Insurance!

The public are hereby cautioned regarding the following:

- There are certain telephone calls by persons claiming to be employees of Insurance Regulatory and Development Authority of India (IRDA of India), trying to sell insurance policies or offer 'benefits'.
- IRDA of India does not sell or promote any insurance product or offer any benefit.
- If any person approaches you claiming to be IRDA of India employee for sale of insurance products or offering any 'benefit', please report it to the nearest police station.

IRDA of India regulates the activities of insurance companies to protect the interests of the general public and insurance policyholders

A public awareness initiative by

भारतीय बीमा विनियामक और विकास प्राधिकरण
INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY OF INDIA
Promoting insurance. Protecting insured.

www.irda.gov.in

You may contact IRDA of India Call Centre at 155255 or Lon on to www.igms.irda.gov.in
If your grievance has not been attended to by the insurance company.

Bima Bemisaal

BEWARE OF FAKE TELEPHONE CALLS

IRDAI Kisi Bhi Tarah Ki Telephone Calls Nahi Karta, Aise Fraud Calls Se Raho Hoshiyaar, Police Mein Karo F.I.R.

I.R.D.A of India:

- Never sells any insurance or financial products
- Never invests the premium of insurance companies
- Never endorse any bonuses

Report the name, phone number and other details of such callers to your nearest Police Station.

A public awareness initiative by

भारतीय बीमा विनियामक और विकास प्राधिकरण

INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY OF INDIA

Promoting Insurance. Protecting Insured.

www.irda.gov.in www.policyholder.gov.in

Head Office - Parishram Bhavan, 3rd Floor, Basheerbagh, Hyderabad- 500004. India.

Delhi Office - Gate No. 3, Jeevan Tara Building, First Floor, Sansad Marg, New Delhi-110001