



Volume XIII, No. 10

Journal

October, 2015

CUSTOMER
FRIENDLY
SUPPORT
INNOVATIVE
POSITIVE
PRECISE
TIMELY

Right to timely delivery of services in Insurance business
- - Keys to customer satisfaction & business growth

भारतीय बीमा विनियामक और विकास प्राधिकरण



Editorial Board

T.S. VIJAYAN
R.K. NAIR
S.V. MONY
V.MANICKAM
R. CHANDRASEKHARAN
DR. T. NARASIMHA RAO
ASHVIN PAREKH
M. PULLA RAO
LALIT KUMAR

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: IRDAIjournal@IRDAI.gov.in

© 2010 Insurance Regulatory and Development
Authority of India.

Please reproduce with due permission.

Unless explicitly stated, the information and
views published in this Journal may not be
construed as those of the Insurance Regulatory
and Development Authority of India.

From the Publisher

Prompt delivery of services in insurance - key to customer satisfaction and business growth

“In business you get what you want by giving other people what they want.”

- Alice Foote MacDougall

The essence of any service lies in its timely delivery and insurance is no exception to this rule. Given the

fact that insurance is a mechanism of protection from risk of loss, the policyholder or claimant can realize the benefit of insurance only if the insurance industry provides its services on time.

IRDAI, on its part, has drawn up a regulatory framework for policyholder protection, as well as grievance Redressal, incorporating timelines therein for various services. The framework not only contains procedure to be followed at the point of sale, proposal stage and policy servicing, claim settlement etc but also the timelines that need to be adhered to at each stage. The framework also provides for penal interest for delay in payment of claims. The Grievance Redressal Guidelines of 2010 outline the mechanism for grievance redressal by insurers including timelines for acknowledgement and resolution.

Industry players, on their part, use Citizen’s charters, IT platforms, meetings with customers and field level staff as also periodic Board level review of service delivery to help build and improve customer service levels.

The IRDAI, apart from enforcing the Regulations/Guidelines, has also been making consistent efforts to create awareness amongst the general public on customer service delivery systems that are in place. ‘Protection of Policyholders’ Interests’ being at the helm of its objectives, IRDAI would continue to strive towards enhancing the quality of service by various stakeholders in the insurance industry. I do hope that, with cooperation from all market players, we would be able to ensure better service to policyholders.

I am pleased to find that the articles being published in the current issue have covered various aspects of timely delivery of insurance services. Keeping in view the importance of corporate social responsibility, the next issue of the Journal will focus on **“Role of CSR Activities in Insurance Industry.”**

A handwritten signature in black ink, which appears to be 'T.S. Vijayan', is written over a horizontal line.

T.S. Vijayan



ISSUE FOCUS

- 4 A Core Competency
- 'Delivered on Time, Every Time'
- Dr. Rohit Kumar
- 10 Co-opting Customers as Stakeholders
- R. Venugopal
- 19 Policyholders prefer better products and improved customer services
- Jagendra Kumar
- 23 Consumers' Perceptions and Expectations towards Life Insurance Services: A Case Study of Varanasi
- Dr. Furquan Uddin
- 30 Right to Timely Delivery of Services in Insurance Business
- Dr Karanam Nagaraja Rao, Dr. Sukanya Kundu & Dr Aswathi Nair
- 33 Consumer Care and Policyholders' Protection
- P.C.James
- 38 बीमा में सेवाओं की समय पर सुदृढ़ता का अधिकार कितना जरूरी?
डॉ. अजय कुमार मिश्रा
- 41 बीमा सेवा कठिबद्धता - अब हो अधिकार हमारा
- गोपी चन्द बिश्नोई
- 45 Snapshots - Life Insurance
- 46 Statistics - Life Insurance
- 50 Statistics - Non Life Insurance

Right to timely delivery of services in insurance Business

Living upto the expectations of and Delivery of Services to Citizens/ Consumers are the hallmark of **Good Governance** in progressive countries like ours. While such good practices in the past were maintained through words of mouth and traditions etc, all such practices got codified- from getting a ration card or a driving license to health insurance claims with provisions for Awards & Penalties by Central & State Governments including Public dealing institutions in India. This is to ensure **Accountability & Transparency** in functioning of private/ public institutions dealing with services to citizens/ consumers. To this effect instruments like Citizens's Charter, Grievance Handling Machinery & Awareness Campaign are effective weapons both for the Service Providers as well as Service Recipients.

Insurance Industry is essentially a Service Industry where expectations of Consumers/ Policyholders are ever increasing toward quality & quantity of Insurance Products available in the market. With continuous product innovations coupled with improvement in Customer services, it has been the endeavour both of the Insurers & the Regulator to codify time limit starting from Policy Purchase to Settlement of Claims. Government as well as the Regulator (IRDAI) have taken a number of initiatives to put in place machineries like Policyholder Protection Committee, & Insurance Ombudsman, besides continuous Awareness programs to safeguard the interest of Policyholders towards timely receipt of services. It is expected that the system in place with the use of Information Technology should ensure **Timely delivery of services to the Policyholders** while helping towards **orderly growth of Insurance Penetration** in the Country.

B.K. Sahu

Consultant, Communication

A Core Competency - 'Delivered on Time, Every Time'

- Dr. Rohit Kumar

Introduction

The Indian insurance industry is currently surrounded by some of the key challenges like - trust deficit among key stakeholders (e.g., insured, insurer, TPA's, Providers, etc.), poor awareness on benefits of insurance, lack of trained manpower and infrastructure, fraudulent behaviour (both by insured and insurer), high regulatory expectations, lack of use of technology and bad media. All of these challenges, to a larger extent could be addressed and transformed into an opportunity by developing 'delivered on time every time' as a Core Competency. DoT - 'Delivered on Time', is different from 'Delivery on Time'. One is delivered and the other may or may-not get delivered.

A Core Competency is a deep proficiency that enables a company to deliver unique value to customers. It embodies an organization's collective learning, particularly of how to coordinate

diverse production skills and integrate multiple technologies. Such a Core Competency creates sustainable competitive advantage for a company and helps it branch into a wide variety of related markets. Core Competencies also contribute substantially to the benefits a company's products offer customers. Understanding Core Competencies allows companies to invest in the strengths that differentiate them and set strategies that unify their entire organization.

Core competencies typically comprise fundamental knowledge, ability or expertise in a specific subject area or skill set (e.g., ability to deliver on time every time), allow a business to reach a wide range of markets, and cannot be easily replicated by competitors.

Globally, companies with prominent core competencies include Apple's design capabilities, Honda's silent and fuel efficient engine, Netflix's

content delivery platform and Google's expertise in search algorithms.

How to develop a Core Competency?

There are multiple actions that are taken by insurance companies for developing their Core Competencies. A summary of key actions are listed below:

- Understanding how customer value is created through unique capabilities
- Identifying key resources and abilities for building and deploying unique capabilities
- Converting unique capabilities into organization wide strengths
- Developing unique capabilities that are difficult for competitors to copy
- Investing in building and strengthening the unique

capabilities so that they are sustainable in nature

- Creating a strategic roadmap that sets goals and yardsticks for competence building
- Collaborate with others (e.g., suppliers, TPA's, vendors, etc.) to further build the organization's strength in core areas
- Communicate, Communicate and Communicate
- Focus, Focus and Focus

Companies use Core Competencies to:

- Set and communicate management priorities to employees
- Unify the company across business and functional units, and improve the transfer of knowledge and skills among them
- Use technology to integrate business processes and helps in delivery of services
- Take decision on where to allocate key resources (e.g., funds, manpower)
- Make outsourcing, divestment and partnering decisions
- Identify pockets of innovation

- Invent new product and processes to capture high market share

- Enhance company's image and build customer loyalty

- Design competitive positions and strategies that capitalize on company's strengths

Insurance Companies and their Core Competencies

In the Indian context, it seems that there are few insurance players who are trying to build their core competency in the areas of 'product development and distribution', some are trying to build their core competencies in the areas of 'underwriting and claims management', there are others who are also trying to develop core competencies in 'managing risk and stakeholders'.

There are also insurance companies in India, who don't know what their core competencies are. I am stating this given my personal experience of working and interacting with senior officials of Insurance companies over the last ten years. Most of such insurance companies are either in the mid or lower rank when compared to their peers and lack insights and capabilities in understanding and developing their core competency. They fail to understand that it is by developing core competencies and they will be

able to gain competitive advantage.

In the current business environment, there is an excellent opportunities for insurance companies to develop 'Delivered on Time Every Time' as a Core Competency. There are three reasons for the same. One, Insurance business is all about delivery, from 'promise to claim payment', from 'enrolment to policy issuance', from 'life to death'. Two, there is tremendous customer value added by following the DoT every time approach. Three, changing competitive landscape, business challenges and high level of competition.

For an insurance company, 'Delivered on Time Every Time' could be a good and catchy tagline to communicate its intent to timely delivery of services but the real challenge is to earn it. But before we discuss, how insurance companies should earn the respect of being known for delivering on time every time, let's understand why an insurance company should follow this approach.

Why to make 'DoT Every Time' as you're Core Competency?

Though, there are multiple reasons for considering 'Delivered on Time Every Time' as a core competency for an insurance company, there are these five that stands out:

1. As mentioned earlier, insurance is all about delivery of services. It's a contract wherein one party is expected to deliver the services to the other party in lieu of some consideration (e.g., premium amount). Imagine if an insurance company is able to build an ability to deliver its services on time every time, what will it achieve? In addition to winning the hearts of its customers it's going to increase its competitiveness in the market. It will be able to meet the regulatory expectations on service delivery. It will also be able to attract more customers, increase its market share and ultimately serve and exceed the expectations of the shareholders.
2. The insurance value chain (Refer to **Figure 1**) suggest that there are primary and support activities that helps insurance companies achieve customer value and business margins. A close examination of the value chain indicates the different customer touch points (primary activities) that are critical from a value perspective. These are pockets of opportunities, where an insurance company can create tremendous value by ensuring delivered on time every time. Some of these pockets and touch points are listed below:

Product Design & Marketing: Given, in this stage, there are situations (during regulatory approvals) wherein there is a request from the regulator to provide certain additional information on the product specs. It is advisable to provide delivered on time every time service to the regulator. In addition to this, the insurance companies can also specify the 'turnaround time' of different services that are being offered to the customers.

Sales and Distribution: Tremendous value may be created during the sales and distribution stage. All the customer touch points like meeting and taking appointment with the customer for carrying out the need assessment and explaining the terms and condition of the insurance policy, follow-up visits, answering to customer queries, collection of KYC documents, etc. could be delivered on time every time.

Underwriting and Risk Transfer: This is one of the critical stages, wherein either the risk is accepted, accepted with certain provisions or rejected. There are situations wherein the services are not delivered on time for example, in case of health insurance, pre-policy medical check-up (PPMC)

is not completed on time leading to a dissatisfied and an irate customer. During this stage, interactions are also held with re-insurance companies and it is advisable to provide delivered on time every time service to the re-insurer as well as this will help provide better service to the customer.

Services during Risk Coverage: During this stage, there are multiple opportunities for an insurance companies to demonstrate their intent of delivering services on time every time. The different kind of services include - dispatch of policy kit, processing of endorsements (e.g., change in address, nominee details, age, etc.), handling customer query, handling customer grievances, handling of claims and investigation, sending renewal notices, etc.

3. In insurance sector, there are multiple stakeholders (Refer to **Figure 2**). Out of these stakeholders, the key stakeholders are the customer, employees, regulator (Insurance Development and Regulatory Authority), Intermediaries (e.g., Agents, Brokers and Third Party Administrators). One of the common interest areas for all of the above listed key stakeholders is linked to timely

delivery of services. This interest is well served by developing a capability that helps achieve delivered on time every time.

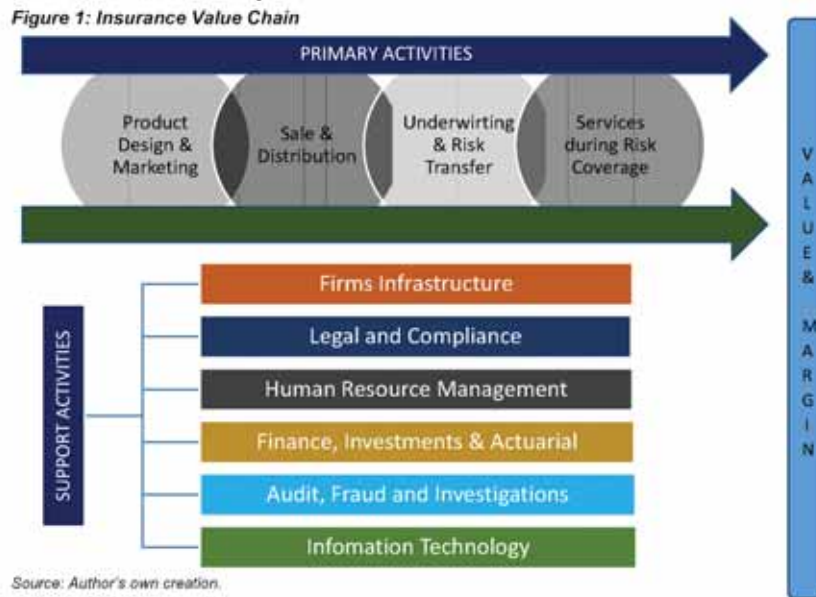
- Increasing competition is one of the key reasons that should motivate insurance companies to develop and deploy core competency in the area of

service delivery. In today's world 'customer is the king'. It is ultimately the customer who pay for the companies expenses in addition to serving the needs of the shareholders (which is primarily profit making). With multiple insurance companies targeting the same customer, it is imperative for an insurance

company to create some kind of unique selling proposition. Failing to do so will lead to price war and is not advisable. By working on the commitment and an obsession to deliver on time every time could be a game changer.

- Last but not the least, the reason why an insurance company should make 'DoT Every Time' as a core competency is that it's not easy to create and sustain. It is because it is difficult to attain, it has its own competitive value i.e., it will be difficult for competitor's to imitate. Since, it requires cross linkages across the value chain and deployment of scarce resources (management time, energy and money) over a long period of time, once cemented as a goal, it will act as a tool for competitive advantage.

Figure 1: Insurance Value Chain



Source: Author's own creation.

Figure 2: Insurance Industry - Stakeholders



Source: Author's own creation.

Steps to develop 'DoT Every Time' as a Core Competency

A five step cyclic process can be followed by the insurance companies to develop 'Delivered on Time Every Time' as a core competency (See Figure 3) leading to sustainable competitive advantage and making competition irrelevant.

Step 1: CEO and Top management commitment to build and ingrain

‘DoT Every Time’ as a core competency. There should be consensus among the senior leadership that they are ready to commit resources towards achieving this as one of the key goals for the organization. They should be ready to lead and support the employees and sales staff in achieving this milestone. Without the commitment of the CEO and the senior management towards this initiative, this is bound to fail. The senior management should also be willing to move to the next step to understand customer’s need when it comes to providing timely services.

Step 2: Once there is commitment from the CEO and the Top management, the next step is to understand customer’s need using the Insurance Value Chain Analysis. Necessary customer research should be carried out to understand why timely delivery of services is important to customers, what are their preferences and time thresholds. Efforts should be made to find out which are those services which are more critical than others. An example of this would be the process around processing of cashless hospitalization services. Here, time is of key essence and so is the customer expectations. The research should also help identify customer expectation across different customer segments (e.g., B2B, B2C and B2G). This would help

craft relevant functional strategies to meet and exceed customer’s expectation.

Step 3: In this step the intent and insight is converted into policies and processes. This step is one of the most important step as this act as a bridge between ‘what’, ‘why’ and ‘how’. It is a stage where the employees are going to know ‘what to do’ and more importantly ‘what not to do’. Efforts should be made to develop simple policies and procedures, which are short, simple to understand and clear to interpret. In this stage innovation plays an important role. Employees should be asked to share their thoughts and ideas on how the services should be delivered on time every time. The policies and manual should be owned either by the CEO or the senior management and should be reviewed at least quarterly to ensure necessary improvement are done whenever necessary.

Step 4: Once the policies and procedures are finalized, the next step is to communicate, engage and seek commitment from employees. This step will take time and will test management patience. The rule for being successful is simple i.e., communicate, communicate and communicate the benefits of the initiatives and the commitment of the senior management to improve customer’s value proposition by

delivering on time services every time. Employees Key Performance Indicators (KPIs) and the annual goal sheet should include relevant variables linked to delivering on time services. In case an employee is not directly involved in serving the customer, then relevant support variables should be included as KPIs (e.g., employees managing finance, should have TAT’s defined for processing the claim vouchers). There should be platforms and mechanism available to employees for sharing their feedback and concerns. For example- Town halls, Coffee with CEO, Webinars, and Employee Speak Forum are a good starting point.

Step 5: The last step is to develop and monitor the DoT Scorecard. The scorecard should be developed at an organization level, at a functional level, at a team level and ultimately at an individual level. The ownership of the scorecard should be aligned and consistent i.e., the elements of organizational scorecard should be present in the functional scorecard, components of team DoT scorecard should be available in the individual DoT scorecard. The scorecard should have details on the process, measures, objectives, threshold and target.

Figure 3: Steps to develop 'DoT Every Time' as a Core Competency



Source: Author's own creation.

Conclusion

DoT - 'Delivered on Time', is different from 'Delivery on Time'. One is delivered and the other may or may-not get delivered. Some of the key challenges currently surrounding the Indian insurance industry could be addressed and transformed into an opportunity by developing 'Delivered on Time Every Time' as a Core Competency. There are multiple reasons and benefits for considering 'Delivered on Time Every Time' as a core competency

for an insurance company. A five step process can be followed the insurance companies for developing 'DoT every time' as a core competency leading to sustainable competitive advantage and making competition irrelevant.

References:

1. Campbell, Andrew, and Kathleen Sommers-Luch. Core Competency Based Strategy. International Thompson Business Press, 1997.
2. Critelli, Michael J. "Back Where We Belong." Harvard Business Review. May 2005, pp. 47-54.
3. Drejer, Anders. Strategic Management and Core Competencies: Theory and Applications. Quorum Books, 2002.
4. Hamel, Gary, and C.K. Prahalad. Competing for the Future. Harvard Business School Press, 1994.
5. Prahalad, C.K., and Gary Hamel. "The Core Competence of the Corporation." Harvard Business Review, May 1990, pp. 79-91.
6. Rohit Kumar, K. Rangarajan. "Strategies for Synergy", IRDAI Journal, Volume XII, No.1, pp.17-35, January 2014
7. Zook, Chris. "Finding Your Next Core Business." Harvard Business Review. April 2007, pp. 66-75.
8. <http://searchcio.techtarget.com/definition/core-competency>
9. <http://www.bain.com/publications/articles/management-tools-core-competencies.aspx>

Prof. (Dr.) Rohit Kumar is currently working as an Assistant Professor at Indian Institute of Management (IIM), Ranchi. He has done his Ph.D. in the area of Strategic Management from Indian Institute of Foreign Trade (IIFT), New Delhi.

Co-opting Customers as Stakeholders

- R.Venugopal

Introduction

A lot of sea-changes have come about in the thinking and profile of the Indian Life Insurance customer post 1999- after the advent of the Insurance Regulatory and Development Authority of India- IRDAI.

Indian Insurance customers are like our voters- although they are soft and silent generally, but they do demand changes and advantages- the de-tariffing of certain General Insurance Products and the introduction of the Policyholder's Protection Guidelines of the IRDAI are a few pointers in this direction.

All along, Indian consumers were at the receiving end at the hands of the Public Sector Insurance Companies prior to the Privatization of the Insurance Industry in 1999. New Private Insurance Companies have come into being, bringing in its wake, new products, better returns and higher benefits with lower premiums in the last decade.

The customers have become more sensitive and they would not accept any type of insurance product unless it fulfils their requirements and needs.

It is high time that the Insurers too face these customer challenges squarely in these changing times and become more and more customer-centric and the Life Insurance Industry in particular is taken up in this Paper.

Customer is the King

Life Insurance is essentially a business of trust between the insurer and the insured. But somehow over the years, this trust has slipped- mainly due to the commission-centric approach of majority of insurance agents, the poor service record of the insurance companies and the hidden costs of servicing of life insurance policies.

High inflation added fuel to the fire by means of lower returns.

The only way we can restore the consumer confidence is through Customer Centricity.

This has to be built into the culture of the entire organization right from the Driver to the Director.

This has to be reflected in the following areas:

- In the day-to-day servicing of the policies
- In the redressal of Policyholder's grievances
- In the claim settlements
- In the moments of truth with the customers
- In the innovative and reasonably priced products
- In the observance of business ethics
- In the behaviour of the different intermediaries, who are in grass-root contact with the customers
- In our Customer Relationship Management measures and
- In our outlook and interactions with the policyholders and drive

home the message that the customer is the real King in our surroundings and the most important visitor in our premises.

Let us deal with these topics one-by-one.

Smile....Listen....Succeed

It is well known that it is six times more costly to get a new customer than to retain an existing customer. A satisfied customer is the best sales person for the insurance company.

Now there are a lot of methods of contacting the customer- through sms, email, call centres, information kiosks, ATMs of a few selected banks, toll-free numbers, internet, mobile banking etc.

Days are gone when the client had to wait for the insurance office to open, the cashier to come and take the seat and start receiving the cash- if the client is lucky, the cashier may smile at him too. Now the Mohamed does not come to the mountain, but the mountain comes to the Mohamed- through the above mentioned measures, the insurer contacts the insured.

However still quite a good number of policyholders do visit the insurance offices for their different needs daily. The cash counters are still brimming with the people at the branches especially in the morning times.

How are these people received at the branches?

Although a lot of CRM tools have come about, we have forgotten

about a simple, cost-free CRM tool which everyone has within his/her capacity.

What is it?

An empathetic listening to the customer with a smile!

This is the most inexpensive tool in everybody's hands and this can be used in every transaction- not dependent on hardware or software or electricity or connectivity- there is no need for boards reading "Sorry, no power or system down" etc. No issue of server being down or server up gradation. Whenever a counter is free, if you rush there to attend your service, a board "system down or up gradation" welcomes you!

Human Psychology

Each human being longs for a few personal, psychological needs:

1. Feeling of importance- whenever the customer visits any office, he/she wants to be treated as an important person.
2. He/she wants to be respected.
3. He/she wants to be understood- loses the patience when the other person does not understand his/her problem or when the opposite person himself/herself imagines the customer's problem and jumps with a solution- like when the consumer begins by saying "I have come to this place on transfer recently..." Immediately, the other person interjects "you want change of address or you want to transfer

your policy from your earlier station etc", before the customer conveys his/her real problem.

4. He/she wants to be comfortable at the office- may be a seat to sit, may be a glass of water during summer or a clean, air-conditioned atmosphere.

All the above can be achieved by a patient, smiling listener- welcoming with a sincere smile- not the plastic smile which we receive from an air-hostess while boarding an aircraft- offered a pleasant 'Good Morning' and a chair to sit and a polite enquiry, "What can I do for you Sir/ Madam?"

Interruptions

When the customer is about to relate his/her problem, the mobile of the enquiry assistant rings or there is a sms or some other colleague simply interjects..... the entire edifice which is built up so far, crumbles like a pack of cards! The position becomes further unbearable if the phone call is on the earlier day's cricket match.

Again it makes quite an effort to bring back the situation under control.

These all appear to be small and simple things but they make a lot of difference to the customer.

In our younger days, we have never been asked to listen but to question. The mother asks the child as to how many questions the child has asked the teacher that day and not many answers he/she listened in the class.

As per a Study, an ideal person spends 9% of the time in writing, 16% in reading, 30% in talking and 45% in listening. For many of us, it is only 10% in listening. Even in the colleges and schools, there are competitions in debating, elocution, recitation, mono-acting and mimicry but never in active listening- now a few games have come where you have to listen and recognize a particular person by his/her voice or oral instructions are given and the student has to carry forward the message to a few more persons and the ultimate message reached is exactly the opposite of what was given at the first instance!

Insurers have to recognize listening as an effective CRM tool and as a good feedback mechanism.

Just as you listen blissfully to the early morning chirpings of the birds or the distant whistling of the train at midnight, let us listen to our customers- you will get stunning feedback. You will realize that silence and silent listening are more powerful and they give you a feedback of more messages than tons of speeches. Your facial reaction and body language to the customer when you are face to face with him/her carry the day and they provide the real 'Moments of Truth' to the consumer.

The 'Wow' Effect

In the Disneyland, when you wait in a queue for getting in to a ride in one of the Parks, there is a signboard saying that you would be boarding in 35 minutes' time. This indicates that you have to wait for

35 minutes before the ride and hence you can plan to have an ice-cream or coffee. Is this a guess? Is this like listening to an airline attendant announcing that the plane you are waiting for, is scheduled to leave in about 10 minutes' time, when there is no plane at the gate?

Disneyland people know not only how long you will have to wait before taking the ride, but they also make sure that you board in 33 minutes' time, two minutes ahead! Instead of feeling disappointed if you are delayed or simply feeling satisfied if you board in 35 minutes' time, you actually feel good, when you board before time.

This is called the 'Wow' effect.

Exceeding expectation is not a surprise- it is planned and executed with diligence, care and grace.

Customer service is an attitude, a culture and a collective way of seeing the world.

'Wowing' the customer is not an exception but a rule.

The 'Faceless' Customer

Although a lot of CRM initiatives have been taken by the insurance industry to help the customer not to come to the insurer's office, sometimes people do come for completing their jobs. The banking industry may prefer a faceless customer but not the insurance industry where still the human touch is required. The customer feels delighted to get the service in front of him/her. Just like the life insurance sales can not be

completed without the human touch- excepting in the case of a few vanilla products through tele-marketing- certain important insurance servicing like the death claims, revival etc can not be completed without the human touch. Both the Receiver and the Giver feel immensely pleased, as Mercy given is twice blessed- while giving and receiving.

The faceless customer is really sometimes scary.

The Technology should be an Enabler, not a Barrier for interactions with the customers.

The Technology can't substitute the human touch and the warm smile.

This is called the Human Side of Life Insurance.

From CRM to Strategic CRM

Customer Relationship Management is aimed generally at:

- Communicating with the existing customers
- Rewarding loyal customers
- Enhancing customer-centric tools
- Improving customer satisfaction to the level of customer delight
- Providing on line solutions to the problems of the customers, wherever needed and
- Addressing customer grievances speedily.

Now the new trends are:

1. Identifying the needs of the existing customers
2. Turning them as repeat clients
3. Creating Brand Loyalty for the organization
4. Constant innovations, analyzing the data base of the customers
5. Value creation for the customer
6. By listening to the voice of the customer, co-creating the value for him/her and
7. Following a Customer-centric approach from the Profit-centric approach.

Thus CRM is not simply data-maintenance machinery engaged only in the customer grievance redressal. It is a composite program right from building relationships with the clients, nurturing them, turning them as our advocates and brand ambassadors.

This is the evolution of CRM into Strategic CRM.

SCRM involves the following:

- Customer data
- Analyzing those data
- Customer Intelligence
- Customer Profitability analysis
- Sharing these inputs with the customers
- Gaining customer knowledge and winning their trust and
- Acting as per the needs and responses of the customers.

Social networking sites like the Face Book, Twitter, and Linked in, You Tube etc are also a part of the Strategic CRM in the sense that a lot of contact can be established with the customers and their views obtained.

These days a lot of CEOs take part in twittering and are airing their views and exchanging views with the employees and customers.

This is called the Social CRM or Collaborative CRM.

CRM too is a mechanism to face the Moments of Truth with the customers, how they feel when they come to our premises, when they inter-act with our employees and how they feel when they leave our offices. A similar feedback is obtained when the customers ring up to our branches- whether their call is responded in the second or third ring or they have to wait for 10-12 tinkles, how they are greeted when the call is taken or a voice with a bored tone asking “ What do you want or who is speaking?” Once a customer humorously replied “Only you are speaking”!

Again how fast the emails sent by the policyholders are replied is a measure of the customer satisfaction- now the emails have also become snail mails, not even opened for days together- the earlier thrill of receiving a mail and replying it promptly has dried up!

Business Ethics in Selling

Business Ethics is a part of the Corporate Governance now-a-days.

Whether our different Intermediaries like the agents/ advisors, brokers, banc assurance players etc follow ethics in selling is paramount in satisfying the customers, after all, the client remembers his/her relationship and experience with the frontline salesperson of the insurer more than anything.

After all, life insurance selling is a long term one of an intangible product and not a short term selling of a tangible item like a shirt or a pen.

The sales person has to not only explain the features and benefits of the product but also its conditions and restrictions to the customer.

Honesty and integrity are to be the hallmarks of an insurance sales person, as he/she is authorized to collect the first premium from the client and it has to be remitted to the insurance office within 24 hours of collection normally.

The non-disclosure of certain health related or age related information in the proposal form may lead even to the repudiation of a death claim and the agent is held primarily responsible as he/she only collects all these information and records them in the proposal form and submits them to the insurance office.

Similarly wherever a medical examination is needed, this should be arranged by the agent, who should not try to bypass it by simply collecting the signature of the client in the medical form and noting some

ad hoc measurements of height, weight, waist etc of the customer.

More transparency and full explanation of different provisions are a must in the selling of ULIP Products as the responsibility of investing of funds is transferred under these policies from the insurer to the individual policyholder and many clients are not wholly conversant with the Sen Sex and the ups and downs of the Stock Markets.

All these apply equally to brokers as well as people indulged in banc assurance.

Customer Loyalty Programs

Life insurance companies are expected to build the customer loyalty programs and to convey the message to the clients that they care for them.

This is to communicate and aim to making the relationship more alive, stronger and meaningful.

Most of the loyalty programs are based on 'Reward Model'. Here the customer is offered some direct benefit in the shape of some discount or incentive or some reward points on the lines of the Frequent Flier Schemes of some Airlines. Here the insurer establishes some personal touch based on certain factors like the number of policies held by the customer, the amount of premium paid by him/her and the frequency of purchase. Then a Unique Identity Customer Number is allotted to the customer. These are called the High-end customers and their servicing

needs are attended to on a priority basis throughout the country. These clients are contacted regularly by the insurer's special representatives called the Relationship Managers personally for their insurance needs as well as investment of income leading to a scientific way of wealth creation.

Customer Grievance Redressal Programs

These are also a part of the CRM measures to attend to the complaints of the policyholders speedily.

There is a designated officer for this purpose in every office of the insurer.

Normally one day every week is earmarked for meeting the customers without any appointment, mostly on each Monday.

There is a board displaying the name of the Grievance Redressal Officer as well as the day of the week when he/she is available to meet the aggrieved customers without insisting on prior appointment.

If the complaint is resolved within a reasonable time, the customer is free to approach the higher officer for this purpose.

If the client is not satisfied with the response of this officer too, he/she is free to approach the Consumer's Council of the District/ State or the Insurance Ombudsman of the State concerned.

Insurance Ombudsman is a quasi-judicial position and is appointed by

the IRDAI for every State mostly for a term of 3 years- he/she is either a retired Executive Director of LIC of India or a retired General Manager of a Public Sector General Insurance company or a retired IAS/ IRS Officer or a retired judicial officer. Complaints up to Rs 20 lacs are heard by the insurance ombudsmen, pertaining to both life and non-life insurance policies, including Health insurance.

There is no provision for an advocate or third party in the hearing of the insurance ombudsman and the cases are normally disposed of within a month of the date of the complaint.

The decisions of the insurance ombudsmen are normally binding on the insurance company but not on the customer who is free to appeal to a Civil Court, if not satisfied with the decree of the insurance ombudsman.

IRDAI Grievance Redressal Cell is also available for the customer to approach but this Cell does not pass Orders as the Insurance Ombudsman but only refers the complaint to the insurance company concerned for remedial action.

The 'Orphaned' Customers

Due to the turn over of a vast number of agents, their policyholders become 'orphans' as far as their future servicing is concerned.

These policyholders become bitter critics of the insurance companies and it is only in the best interests of the insurance companies to take

proper and immediate care of these orphaned customers.

The insurance company can decide to offer service the policy in house or assign another agent to take care of the policy.

In the case of banc assurance tie-up getting terminated, the parent insurance company should take over the servicing of the policies sold by their bank counter-part.

If an existing life insurance company is taken over by another life insurance company- like the examples of AMP Sanmar being taken over by the Reliance Life Insurance Company- the new insurance company should take over the services of the policies sold by the erstwhile insurance company.

But often the customers become orphans by the apathy and indifference shown by their existing agents either due to lack of time or sickness or laziness or their interest only in getting new business.

Unfortunately there is no immediate provision to cancel the services of the existing agent and stop his/her future renewal commission in the case of unsatisfactory services excepting simply complaining to the insurer for at least persuading the agent to perform his/her duty.

Changes in the servicing areas

Policyholder's Protection Guidelines 2002 of IRDAI have brought in revolutionary changes in the servicing of the customers.

IRDAI has stipulated a time limit of 10 days for attending to the

complaints of the policyholders like the policy bond not received, surrender value not received, wrong policy bond received, terms of the policy altered without informing the relevant party, hidden charges not explained, unfair business practices etc.

There is a time limit of 15 days for maturity claim not paid, pension instalments not paid, requirements in death claims not informed earlier etc.

The non-early death claims are to be settled within 30 days of the date of intimation.

If an investigation is needed in the case of early death claims- claims arising within 2/3 years of taking the policy, then IRDAI permits a period of 60 days for completing the formalities.

The Free-look period of 15 days during which a customer can return the policy received from the insurer and claim full refund, if he/she is not satisfied with the Terms and Conditions of the policy received or if the bond received is different from what was proposed and accepted between the agent and the customer, is a great boon at the hands of the policyholders.

However, apart from the above, the present customer is demanding the following changes:

- Why there should be a condition of a minimum 3 years' premium payment before the policy attains the Paid-up value or the Special Surrender Value? This is very harsh as the customer loses

all the money paid, if for any unavoidable financial or other reason, stops paying premium before the end of 3 years. Especially, if the sum assured under the policy is considerable, then the premium will be quite huge. This rule should be changed and maximum the insurer can demand only one year's premium before the policy acquires any Paid-up or Surrender value.

- The Guaranteed Surrender Value allowed under the policy is too little- it is 30% of all premiums paid excluding the first year. This should be changed to 90% of all premiums paid.
- Often the insurer offers a Special Surrender Value, which is mostly higher than the Guaranteed Surrender Value. But the Special Surrender Values themselves are very minimal and these Tables are to be improved.
- These suggestions are made because the customer is at the losing end, whenever he/she wants to cancel the policy for some reason.
- The new Insurance Act 2015 has mandated that no death claim arising after 3 years of taking a policy should be repudiated. The insurance companies can investigate only those death claims that arise within 3 years of taking a policy. Here again IRDAI should fix some limit for such investigations- only cases with a sum assured of Rs 5 lacs and more- should be enquired

into and not small sum assured cases. Even such investigations should be done promptly without harassing the hapless claimant.

- If an early death claim is rejected on grounds of suppression of material facts, the agent concerned should be penalized as the agent is the primary underwriter and is expected to brief the client properly regarding the importance of the proposer's family history, personal and medical history and record them faithfully in the proposal form and the unfortunate customer may not be aware of intricacies of these questions pertaining to the health of the individual.
- There should be more transparency about the ULIP Policies regarding the administrative charges, surrender charges and other fees. The policyholders should be properly educated as often they are not aware of the intricacies of the Market conditions.
- There should be more reduction of all these charges in the ULIP Plans.
- The Government of India has imposed Service Tax of 12% on life insurance premiums from this year. The insurer should bear it instead of passing it to the customers.
- When the insurer, while underwriting the life insurance proposal, takes all the precautions, should also

undertake general awareness and education campaigns for the general public and the policyholders in particular, as to their obligations, do's and the don'ts, especially the need for revealing all the material facts regarding their health and habits so that there is no delay at the time of settlement of death claims.

- There should be proper information available to the customers on the scope of different policy Riders, their details and benefits and their cost with the specific IRDAI guideline that the premium for the Riders should not exceed 30% of the original basic premium.
- IRDAI also should undertake such campaigns more vigorously than they are doing at present.
- Although the methods of premium payment have now improved with the help of technology like the internet payments, ECS, ATMs of certain banks etc, still the customer should have the facility of ' Drop Boxes' in the main locations of the city for the convenience of the customers as the Credit Card companies are doing. These drop boxes should be cleared every day and the premium receipts sent by post within a week. This will help reduce the crowds at the branches considerably.
- Similarly all the correspondence and the emails from the policyholders should be cleared within a week. This will build the

confidence of the insuring public and in turn the footfalls at the insurance offices will get diminished, allowing the staff to do more productive work. A bold advertisement should be given in all the leading newspapers mentioning "Don't come to our office- all your mails will be responded to within a week".

- There should be a provision for a continuous feedback from the policyholders through an external agency like customer satisfaction surveys, service score cards, post-policy questionnaires etc.
- These will give the insurer the customer expectations, service quality standards and service delivery gaps, thereby enabling improvements and innovations in servicing.
- The insurance offices should be maintained neatly and cleanly so that the customers who visit them feel happy and homely.
- The policyholders should be received warmly with a smile and served promptly instead of making them run from pillar to post.
- This can be done only when all the officers and employees come to the offices punctually, maintaining proper decency, discipline and decorum. The cash counters should open in time.
- The real response and the turnaround time in delivery of services need to be reduced in specific areas like the delivery

of first premium receipts, policy documents, premium notices etc.

- Every customer has a right to call for a copy of his/her proposal papers from the insurer under Section of the Insurance Act 1938 which mandates supply of copies of proposals and medical reports. These can be preserved along with the policy for use on a later date, in case of repudiation of claim. These may come in handy to the aid of the claimant.
- A few policyholders are getting prank calls now-a-days from persons calling themselves as the representatives of the IRDAI, mentioning that the policies presently held by them are not profitable ones and they should surrender those policies and should go for new ones and these 'representatives' offered their services. IRDAI has clarified that cautioning customers falling into such a trap of sales pitches. IRDAI never gets in touch with customers for selling policies and these are indulged in by a few 'agents' to trap gullible clients. Some times they pose as bank relationship managers and offer to help bank loans, overdraft facilities, scholarships for education, special bonus, interest-free loans etc. These instances happen as some unscrupulous persons get access to the data bank of the insurers and take to these kinds of malpractices. These fraudsters use every type of technology like

emails, SMS and calls to rob unsuspecting individuals. Insurers and IRDAI should take all steps to prevent such activities by issuing suitable advertisements in the print and TV media.

Innovative Products

Life insurance offers products that mitigate risks of the customers from cradle to grave through Term Insurance Plans, Endowment Products for specific needs like education, marriage of children, start-up funds etc, Health cover through Stand alone Health Insurance Plans and combating the risk of living long through Annuities/ Pension Plans.

Micro-insurance takes care of the lowly and the down-trodden.

Rural audience needs special products covering an overall range of requirements like the cattle insurance, crop insurance, Hut and Fire insurance, their vehicles like the tractor insurance etc, besides the life risk, health cover and their old age provision in the form of a small pension.

The product should have clearly listed standard and simpler policy terms that will enable the issuance of policy promptly.

Standard blank policy certificates should be pre-printed and carry unique serial numbers similar to the blank demand draft stationery available in the bank branches. The name of the proposer and the life assured along with the bar code number and the serial number of the

bank account/ credit card debit authorization slip needs to be filled on the certificate by the distributor.

For this, IRDAI should issue instructions for a uniform proposal form and a uniform policy certificate. Although these are within the planning of the Regulator for the last few years, nothing concrete has emerged so far.

Life insurance is a complex product where the high-personalized service-achieved through intimate knowledge of customers, their products, service preferences and their histories with the insurance companies is critical to the company to make further sales and servicing.

As the insurance options broaden and products grow more complex by addition of new benefits and services, customers look for superior and personalized service more than ever. Hence the customer challenges are more in these changing times.

The Need of the Hour

An old Chinese proverb says "Give a hundred years lease on a desert and it will become a garden. Give a one year lease on a garden and it will become a desert".

The point is that ownership and a long term commitment will make a difference, when it comes to undertaking important tasks and building customer relationship is a big deal.

After all, let us look how far we have come from product marketing to mass marketing and from that to

segment marketing and all the way to a total customer satisfaction and retention of happy clients as our assets.

We can win the challenges of the customer expectations only when we move from a state of independence to dependence or inter-dependence.

If one goes to a grocer shop to buy some item, it is only a transaction and not a relationship.

Only when he/she goes to the same grocer again and again, it is the beginning of the relationship- this may be due to the smiling face of the sales person at the shop or the ambience of the shop or the superiority of the product or the combination of all these factors.

But one thing is certain- all the transactions with the customer should have the transparency and follow the process of

- Fairest
- Fastest and the
- Friendliest.

There is a difference between the board “May I help you?” and the board “How can I help you?”

The second board is preferred by a customer, because in the first board there is a connotation that the other person may help you or may not help you, whereas in the second board, there is a compulsive trend of definite help forthcoming as it says “How can I help you?” and there is no tone of trying to help or not helping.

Customer centricity should reflect in the products at the design stage as well with specific products for women, children, young aspirants, urban and rural populace and wisdom investor segments.

Insurers also need to work with partners to put in place more stringent risk management practices to avoid instances of mis-selling and unethical norms.

How to win the customer trust and loyalty?

By offering a cup with frosting and a cherry on the top.

Cup represents a solution to the problem of the client.

Frosting corresponds to good feelings and friendly greetings.

Cherry is the unexpected extra bonus to the customer.

Now the customer responds with a ‘wow’.

The best organizations deliver all the three to the client.

Given the pace and quantum of changes expected by the present-day customers, insurers face uphill challenges and fine balancing acts and an alert customer calls the shots.

Customers are our Stakeholders

The time has come to accept the policyholders as our stakeholders and be in constant touch with them. A good number of socially aware customers should be taken on board on important Policyholders’ Councils.

The customers too have a responsibility of informing the IRDAI in case they come across any misdemeanour done either by the insurer or the intermediary, as per Regulation 11 of the Policyholder’s Protection Guidelines 2002 of the IRDAI.

This is a joint responsibility and the customer can’t put the entire blame on the Regulator only.

For the insurers, I may recall the words of Bill Gates: Your most unhappy customers are your greatest source of Learning.

R. Venugopal is a Retired Executive Director LIC of India.

Policyholders prefer better products and improved customer services

- Jagendra Kumar

Today, the customer is king. And new buying behaviour demands engaging, customer-centred experiences sustained by properly aligned sales and support channels. Insurers have discovered how social media, mobile apps and digital marketing can build next-generation sales. They are creating multi-channel brand messaging strategies in order to balance marketing goals and customer demand. Companies have discovered how behavioural economics can influence customer experience strategy now—and over the long-term—by putting the customer first. Differentiated customer experiences build brand, market share and competitive advantage. They also yield analytical insight into buying behaviour that can inform closed-loop marketing strategies, and work best when functional boundaries between marketing, sales and technology are eliminated. This is best achieved by an "outside in" approach that draws technology,

market trends and customer needs to the centre of how insurers do business. Company leaders have realized that "getting closer to the customer" is crucial to growth. Both business buyers and consumers have more choices than ever before, empowered by online and mobile channels that provide more ways to buy, give and get recommendations, and talk back to companies. Today's customer won't hesitate to walk away from an established company relationship that doesn't meet their needs. This holds true for nearly entire insurance industries today, and is no longer limited to those serving consumers.

When insurers keep their customers happy, churn rates are reduced, and so is the urgency to acquire new business. Giving customers a great experience can work positively for an organization through word of mouth and referrals. Insurers prefer to kill three birds with one stone - 1) keep their current customers, 2) make each customer more valuable,

and 3) bring in more customers with little to no advertising investment. In the insurance industry, the trick is to know how to make the customer interactions as constructive and seamless as possible. Presently, copious amounts of money are spent attracting new customers to insurance providers. However, with little differentiation between product offerings, the retention of these customers becomes a continuous challenge. And if this challenge is not met, this can result in poor loyalty levels and increased costs per customer. From a sustainability standpoint, customer retention is vital to an insurer's profitability. The cost of acquiring new customers can be up to 10 times the cost of retaining existing ones; even a small increase in retention rates can add millions of dollars to premium revenue. Thus, there is a need to keep existing customers happy by prioritizing a positive customer experience.

DIGITAL REVOLUTION:

Attracting today's mobile, social customer requires standardized, configurable technology platforms that are available firm wide. A systematic approach to social listening works best. By offering unique customer engagement programs and compelling mobile content while improving traditional revenue models, businesses can virtually gauge the effectiveness of digital media spending in real time. But to join the social conversation one must understand that social business is more than technology. It's a culture. Earning—and deepening—customer loyalty is a challenge, even for established brands. But the data drawn from a variety of sources both inside and outside the firm can yield valuable insight into customer behaviour. Though often unstructured and complex, when data is properly sorted, filtered and interpreted it can inform media and sales investments and identify customers with above-average lifetime profitability potential. By improving data management, streamlining IT resources and closing information gaps, businesses can capture the information they need in order to market the right products to the right customers. By using advanced tools to enhance experience design coupled with behavioural economics to deduce customer choice, they can also make more accurate demand forecasts and gain analytical insight about market segmentation. When properly understood, today's mobile, social

customer will point the way to a competitive advantage.

CHANGING SALES:

Insurance businesses continue to look for ways to differentiate, given the highly competitive nature of the industry and limited differences in product features. Real-time analytics can provide new ways to meet customer expectations of a more personalized experience and faster decisions. Real-time analytics also strengthens risk management by integrating fraud assessment as a continuous inline process, rather than an offline review process. Exploring all customer touch points to identify application of real-time analytics is often a good place to start for any organization. New relationships, business models and technologies are transforming how sales relate to customers and internal stakeholders alike. In order to unlock the full potential of sales resources, these changes require a structured, data-driven framework that makes it easier to identify and close information gaps, quantify growth potential and prioritize solutions. Streamlined processes can yield measurable results in revenue growth, improved sales productivity, lower sales costs and improved customer loyalty. Sales effectiveness requires consistency of product, content and data. When it comes to influencing customer decision-making, the online channel has risen to match the strategic value of the direct sales force. Policyholder demands improved sales functions, channel compliance and people to better meet customer

demand. Insurers need to use technology such as CRM, big data, automation, digital commerce and social media to support sales goals. They should align their cost of selling to the business model and take better control of their margin.

HIGH CUSTOMER EXPERIENCE:

Brand health is usually built by delivering on investments in superior customer experiences. But the sales and marketing costs are usually accounted for as expenses, rather than investments. This can make it difficult to gauge sales and marketing's impact on the bottom line. Integrating consumer behavioural changes, organizational productivity and financial-performance measures—as well as clarifying how shareholders benefit from such initiatives—can make it easier to determine the effectiveness of customer investments. Strong brands and high customer-experience measures can boost profits and shareholder value. And in order to improve efforts to bolster market reputation and customer loyalty, firms must solicit greater involvement in customer experience decision-making and analysis. Equally important is the need to foster communication between sales, marketing and customer-care leaders, evaluate digital marketing and social CRM efforts and improve media and trade spend. Whether insurers are appraising customer-experience designs or seeking new product strategies, better customer satisfaction scores, or more profitable customer loyalty

programs, knowing the results of their efforts is paramount to their success. A systematic approach to social listening works best. By offering unique customer engagement programs and compelling mobile content while improving traditional revenue models, businesses can virtually gauge the effectiveness of digital media spending in real time. But to join the social conversation insurers must understand that social business is more than technology. It's a culture.

SERVICE QUALITY:

Service quality is a dominant issue in business today. Not only is superior quality linked to business success but some consider service quality to be a prerequisite for the survival in the marketplace. Service quality was traditionally equated with courtesy. Over the years, however, service quality has become more important to service businesses. In the early twentieth century, service quality was reported as having apparent relationship to customer satisfaction. Never before has there been such a powerful platform for learning about customers—what they value, how they really think, what they'll pay for, etc.—in a forum that is largely free of commercial influence. Social networks are an effective tool for turning ordinary customers into extraordinary advocates and agents of influence. While social tools create new channels to engage customer and build brand loyalty that may just be the tip of the iceberg. The real value

of social networks may be in its ability to add new dimensions to the entire product life cycle. For the layman, insurance can prove to be a domain riddled with confusion and unanswered queries. But all this will now be a thing of the past. Insurance products are becoming customer-centric and more transparent means coming with features that have more clarity and are aimed solely at protecting the consumers' interests. Such reforms are customer-driven and promise benefits in the form of more values. They are aimed at making the insurance industry more long-term focused.

NEW CHANNELS FOR PROMPT DELIVERY:

There has been an increase in number of insurers, new categories of insurance intermediaries and diversity in the products on offer. New channels for raising grievances have helped consumers. However, there are increasing complaints, especially those alleging mis-sale of policies, in the life insurance sector and delay in settlement of claims in the non-life insurance sector is a cause of concern. The mobile and tablet-based applications also help sales. Apart from the 'photo quote' feature available on the mobile app, customers can use a host of other features installed in the app. The photo quote feature allows customers wanting to purchase a motor insurance policy to obtain an insurance quote by simply providing a picture of their existing motor insurance policy, using the insurer's mobile app. Within a few minutes of the customer submitting the

picture, he or she will receive an automated message from Insurer containing a detailed quote along with customer and vehicle information. If the customer agrees to purchase the policy, he simply has to pay the quote amount, since all details pertaining to the proposal are already given. This feature facilitates easy transactions enhancing the customer's purchase experience. They can purchase or renew health, motor and travel insurance policies. At present, over 20% of the INR900-billion (US\$13.7 billion)-a-year general insurance business is sourced through brokers. In comparison, in most of the mature global markets, close to 90% of general insurance sales are routed through brokers. Brokers need to transition from playing largely transactional roles to evolving as problem solvers for their partners. They must work closely with insurers to increase penetration.

CLAIM SETTLEMENT:

India's non-life insurance sector is seeing the increasing use of mobile apps in operations such as claims processing, especially in the retail segment. Most of the Private Insurers have apps to process claims through mobile or tablet apps. General Insurers have launched a tab-based claims surveyor application for faster motor claims processing. This app enables any motor claim surveyor to perform key functions such as loss assessment, estimation and communication from various remote locations, in a cost-effective manner. This app ensures

quicker approvals, resulting in better productivity and customer service. Similarly, General Insurance companies have a tab-based claim registration module. This allows the user to register low-intensity claims and upload photographs of a vehicle damaged in an accident, thus facilitating quicker claim settlements. In general and health insurance policies, upon acceptance of an offer of settlement by the insured/claimant, payment of what is due shall be within seven days from the date of acceptance of the offer by the insured/claimant. They can locate the nearest garage in case of a vehicle breakdown. They can also track the status of claims across health, motor and travel segments.

Insurance industry is the most significant and the most competitive sector with upscale and downscale on daily basis. Along with these fluctuations, it also provides a lot of opportunities to capitalize on the market. Organizations continue to experiment with the design and execution of effective marketing communication. Need for real time communication using technology has made the process of

decision making more complex for marketers. Gut based decisions have given way to the use of mathematics, statistics and optimization techniques to achieve higher ROI and/or lower cost. But not many insurers understand that the design and execution is incomplete without the voice of the customer. Mobile wallet companies are approaching insurance companies to be part of their channel. With more and more Indians using their smart phones to make purchases and government looking for ways to discourage cash transactions as part of its effort to check black money, mobile wallet services have a huge potential in the country. On the non-life side, the absence of any common data platform to make informed decisions is an area of concern. Developments such as digitisation, the internet and social media are already influencing price and demand for insurance products, and the means customers use to interact with their insurance providers. A fast-paced change on ever-evolving customer side and increasing demand of digital interface is also a reflection of 'change

management' that insurers would need to walk through. The opportunities for e-commerce in the insurance sector, recommend technological solutions, suggest regulatory and other facilitation measures for growth, and align measures with Digital India initiatives. The goal is to increase insurance penetration and intensify financial inclusion in the country.

References:

1. <https://www.irda.gov.in>
2. <http://www.policyholder.gov.in/Report.aspx#>
3. <http://economictimes.indiatimes.com/topic>
4. <http://www.pwc.com/us/en/business-strategy.html>
5. http://www.mu-sigma.com/analytics/thought_leadership/decision-sciences
6. Newspapers & Journals

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

Consumers' Perceptions and Expectations towards Life Insurance Services:

A Case Study of Varanasi

- Dr. Furquan Uddin

Abstract

The present market is characterised by technological advancement, shifting consumer behaviour, economic liberalisation, stiff competition, etc. Amongst all, consumer is one of the key components of market whose buying pattern keeps on change. In fact, consumer behaviour varies product to product. Life insurance is a financial product and belongs to the unsought product category in India. It is interesting to know the views of consumers pertaining to life insurance product. In this perspective, the city of Varanasi, the cultural capital of India, has been chosen to study the consumers' views on life insurance. Thus, the paper deals with the perception and expectations of respondents regarding the life insurance services.

Keywords: Stiff competition, Consumer behaviour, Life insurance, Perception

Introduction

Life insurance is as old as mankind. It has been in several forms during its journey. It offers multi benefits to the people. At present, it has occupied a distinct place and significantly contributed in socio-economic development of many countries like U.S.A., Germany, Japan, Taiwan, etc. Of late, it took place in modern form in India. Since its nationalisation in the year 1956 and liberalisation in the year 2000, it could not flourish as compared to other financial products due to many reasons in general and its inherent product nature. Its contribution towards India's GDP (insurance penetration) has been around 4 percent. It has also recorded low insurance density in India. It is still considered as an unsought product in our nation. As a matter of fact, a vast majority of population i.e. about 75 percent is uninsured. About 24 life insurance companies including LIC of India are operating their businesses in India. A wide network of distribution is

existing. Despite the fact, most of the consumers do not have much awareness pertaining to benefits of life insurance, however, some understand its value but procrastinate its buying. Consumers except tax payer have a lethargic approach in purchasing life insurance. Apart from these, the services in general and after sales services in particular rendered by life insurers are not upto the mark.

Review of Literature

Bawa (2007)ⁱ in his research entitled "Life Insurance Corporation of India: Impact of Privatisation and Performance" included significant objectives viz. studying the total performance of LIC in select period of study; measurement and analysis of LIC's productivity; study of LIC's portfolio and studying of LIC's works and performances after the new entrants in the sector.

Ghosh (2007)ⁱⁱ revealed in his research paper entitled "Changing Horizon of Insurance Sector", about

the LIC's monopoly after 1956 nationalisation in the insurance sector and entry of private players with foreign players in the form of joint venture in the Indian market. In addition, it also elaborates the challenges and prospects of insurance in India.

Chatterjee (2009)ⁱⁱⁱ explored in his research study entitled "Treating Customer Fairly", that insurers are boosting standards related to consumer behavior for which bringing changes in direction level is difficult but this study presents recommendation to improve consumer behavior.

Raju & Gurupandi (2009)^{iv} reveal that the study is of critical importance as it finds out the attitude of consumers towards Life Insurance Company. In this way, the prospective customers can get benefit by the best insurance company.

Selvavinayagam and Mathivanan (2010)^v in their article stated regarding the changes in Indian insurance market during the last few years particularly in technology and government regulations. Consequently, policyholders' expectations are also changing. They suggested introducing new products to gain competitive edge over rivals.

Sanu, Praveen et al. (2010)^{vi} in their study revealed that the investment habits of Indian consumers are changing very frequently. They have

their own perception towards different types of insurance plans.

Kaur & Negi (2010)^{vii} in their paper have focused on customer satisfaction with life insurance in Chandigarh tricity. They have found that customers were satisfied with their insurance policies but they were not satisfied with the quality of agents. They took several factors to measure satisfaction viz. customization, timed service, brand USP, considerate employees, and price immunity.

Sandhu & Bala (2011)^{viii} have analysed customers' perception towards service quality of Life Insurance Corporation of India through factor analysis approach. The findings of the study present that five-factor structure as proposed by Sureshchander et al. (2001) has been refined to seven factors construct (consisting of 34 items) representing Proficiency; Media & Presentations; Physical & Ethical Excellence; Service Delivery Process & Purpose; Security & Dynamic Operations, Credibility & Functionality. The study further reveals that among these seven factors, three viz. Proficiency, Physical & Ethical Excellence and Functionality have significant impact on the overall service quality of Life Insurance Corporation of India.

Objectives of the study:

1. To find out the motives behind the purchase of life insurance

policy and selecting a particular life insurance company.

2. To know the mode of premium payment made by the policyholders and their preferences towards the mode of premium payment.
3. To analyse the customers' preferences for life insurance policy.
4. To identify problems faced by the policyholders while taking the life insurance policy.

Research Methodology

The nature of research is descriptive. The study is mainly based on primary data with the help of structured questionnaire. As it is a case study the population of Varanasi is much large, therefore, sampling has been chosen. In this regard, the city of Varanasi and its near rural area have been targeted for the purpose of sampling where 300 respondents have been approached, however, 242 have been taken into consideration due to complete data. Convenience sampling technique has been adopted. Simple descriptive statistics like percentage, average and rank analysis have been applied for data analysis.

Research Methodology	
Nature of Research	Descriptive Research
Type of Data	Primary Data
Instrument Used	Structured Questionnaire
Period of the Study	April, 2015 to June, 2015(Primary)
Sampling Area	Varanasi and its near rural area
Sample Size	Approached-300, Received-242
Sampling Technique	Convenience Sampling
Statistical Tools for Data Analysis	Percentage, Average and Rank Analysis

respondents' family members is up to 8. Of the overall respondents, salaried people are about 30 percent, businessmen (approx 18 percent) and 28 percent are students. About two-third respondents belong to the Rs.1-2 lac household annual income. It may be noted that the sample is based in Varanasi.

Data Findings and Analysis

In order to attain the aforesaid objectives, a survey was conducted in the city of Varanasi and near rural area of it. Therefore, the following tables present the outcome of survey.

Table-I presents the demographic profile of respondents (consumers). The profile has been presented gender-wise, age-wise, educational qualification-wise, family status wise, number of family member wise, status of employment wise and household-income wise. An analysis of the table reveals that the majorities of consumers are male and fall under the age-group of 26-55 years. On the other hand, consumers below 25 years and above 56 years account for about 25 percent and 4 percent respectively. This further shows the strong presence of youth generation. Education-wise about 60 percent respondents have post- graduation and above degree. On the basis of family status, about 60 percent respondents are living in joint family and the rest are in nuclear family. Similarly, almost two-third of the

Table1: Demographic Profile of the Respondents (Consumers)

Aspects	Items	Number	Percentage
Gender	Male	182	75.21
	Female	60	24.79
	Total	242	100.00
Age	Below 25 years	61	25.21
	26-35 years	110	45.45
	36-45 years	38	15.70
	46-55years	24	09.92
	Above 56 years	09	03.72
	Total	242	100.00
Educational Qualification	Uneducated	09	03.72
	Upto High School	15	06.20
	Intermediate	21	08.68
	Graduation	56	23.14
	Post Graduation and above	141	58.26
	Total	242	100.00
Family Status	Nuclear Family	98	40.50
	Joint Family	144	59.50
	Total	242	100.00
Number of Members	Up to 4	56	23.14
	5-8	88	36.36
	More than 8	98	40.50
	Total	242	100.00
Status of Employment	Unemployed	33	13.64
	Labour & Farmer	24	09.92
	Salaried	71	29.34
	Businessman	43	17.76
	Student	68	28.10
	Others(Commission, Profession Fee)	03	01.24
	Total	242	100.00
Household Annual Income (in Rs.)	Less than 1Lac	115	47.52
	1-2 Lac	46	19.01
	2-5 Lac	55	22.73
	More than 5 Lac	26	10.74
	Total	242	100.00

Source: Questionnaire

Table 2: Classification of Customers

Policy	Number	Percentage
No	101(Potential customers)	41.74
Yes	141 (Existing customers)	58.26
Total	242	100.00

Source: Questionnaire

Table 2 reveals about the customers having policy or not. About three-fifth of the respondents have life insurance policy whereas rest of them have not life insurance policy. Thus, it is obvious that majority of the respondents are insured within the sampling area. Besides, it has also been observed that most of the policyholders have the money back policies and endowment plans of LIC of India and few of them have more than one policy.

Table 3: Motives for Purchasing Policy

Reasons	In Percent
Risk Coverage	64.54
Maturity Benefits	49.65
Return on Investment	29.08
Tax Benefit	33.33
Savings	63.83
Children Education	19.15
Child Marriage	03.55
Others (pension-old age provision, safety and security, and agent's motivation)	8.51

Source: Questionnaire

It is evident from the Table 3 that policyholders have several motives for purchasing life insurance product. Among them, risk coverage and savings are the basic motives followed by maturity benefits, tax

benefit, return on investment, children education and others. Thus, it may be said that policyholders buy life insurance for its primary function and role i.e. risk coverage.

Table 4: Reasons for Selecting a Particular Life Insurance Company

Reasons	In Percent
Locational Convenience	26.24
Image and Reputation of the company	60.28
High Return	08.51
Efficient Services	28.37
Reliability of the Company	55.32
Others (Agents' Consultancy/Advice)	02.13

Source: Questionnaire

It is apparent from the Table 4 that brand image as well as trust of the company has great impact on

consumers in selecting a particular life insurance company. It is also clear from the above analysis that majority of the respondents have policies of LIC of India. Besides, market share of LIC also indicates its strong presence in the market. Apart from, efficient services, locational convenience, high return and agents' advice are the other factors which affect the policyholders.

Table 5 highlights the mode of premium payment used by policyholders. An analysis of the table reveals that except single premium all modes of premium payment are equally used. Among them, quarterly mode has the highest frequency whereas monthly mode secures second place. Half-yearly is used by about one-fourth respondents while yearly mode is the one-fifth. Single premium is used by nominal percent of respondents. In this way, it can be said that quarterly mode is most used followed by monthly, half yearly and yearly modes.

Table 5: Mode of Premium Payment by Policyholders

Value Label	Value	Frequency	Cumulative Frequency	Percentage	Cumulative Percentage
Monthly	1	16	16	25.00	25.00
Quarterly	2	19	35	29.69	54.69
Half Yearly	3	14	49	21.88	76.57
Yearly	4	13	62	20.31	96.88
Single Premium	5	02	64	03.12	100.00
Total		64		100.00	

Source: Questionnaire

Table 6: Consumers' Preferences towards Best Mode of Premium Payment

Value Label	Value	Frequency	Cumulative Frequency	Percentage	Cumulative Percentage
Monthly	1	20	20	18.02	18.02
Quarterly	2	17	37	15.31	33.33
Half Yearly	3	24	61	21.62	54.95
Yearly	4	41	102	36.94	91.89
Single Premium	5	09	111	8.11	100.00
Total		111		100.00	

Source: Questionnaire

Table 6 demonstrates the different type of mode of premium payment preferred by the consumers. More than one-third consumers prefer yearly payment of premium. About two-fifth consumers consider half-yearly and monthly as best premium payment modes. Less than one-fifth of the respondents are of opinion that quarterly is the best mode of premium payment while single

premium has been least preferred. Therefore, it is evident that consumers do not want to pay very frequently. They want to pay on a fixed regular interval. It further indicates the annual financial planning of the respondents. Apart from, majority of the respondents prefer to pay fixed premium rather than flexible premium.

Table 7 throws light on the different plans of LIC in terms of preferences in the market. It is clear from the table that prospective consumers would like to prefer the savings related life insurance plans like money back and endowments plans. Further, rank analysis reveals that money back plan has occupied rank one with weighted mean of 5.90 and

Table 7: Customers' Preferences of Life Insurance Policies

Ranks	1	2	3	4	5	6	7	8	Total	Weighted Mean	Rank
Life Insurance Products											
Endowment Plans	(27) 216	(24) 168	(18) 108	(23) 115	(3) 12	(3) 9	(4) 8	(9) 9	645	5.81	II
Term Policy	(14) 112	(15) 105	(26) 156	(21) 105	(23) 92	(5) 15	(4) 8	(3) 3	596	5.37	III
Whole-Life Policy	(11) 88	(9) 63	(12) 72	(20) 100	(25) 100	(16) 48	(9) 18	(9) 9	498	4.49	IV
Money Back	(25) 200	(34) 238	(11) 66	(10) 50	(15) 60	(9) 27	(7) 14	(0) 0	655	5.90	I
Unit Linked Insurance Plan	(13) 104	(11) 77	(19) 114	(13) 65	(12) 48	(11) 33	(20) 40	(12) 12	493	4.44	V
Children Plan	(6) 48	(4) 28	(8) 48	(9) 45	(8) 32	(38) 114	(23) 46	(15) 15	376	3.39	VII
Health Plan	(13) 104	(9) 63	(13) 78	(8) 40	(12) 48	(14) 42	(35) 70	(7) 7	452	4.07	VI
Micro Insurance Plan	(10) 80	(5) 35	(4) 24	(5) 25	(8) 32	(13) 39	(10) 20	(56) 56	311	2.80	VIII

Mean Score= 4.53

Source: Questionnaire

total score of 655. Similarly, endowment plan (5.81 W.M., 645 score) has attained the second rank. Term policy (5.37 W.M., 596 score) have been preferred after endowment plan and remained on third rank. Whole life plans (4.49 W.M., 498 score) have acquired fourth rank. Unit Linked Insurance Plans (4.44 W.M., 493 score) got the fifth rank. Health plans with 4.07 weighted mean have secured the sixth rank whereas Children plans with weighted mean 3.39 have been on seventh rank. Micro insurance plans have been the last preference.

It can be said that money back plan, endowment plan and term policy are above the mean score of 4.53 and achieved the first, second and third preferences in Varanasi by the consumers whereas rest of the plans have less preferences in the concerned market.

Table 8: Problems Faced while Buying Policy by Policyholders

Problems	In Percent
Selection of insurance company	15.60
Selection of reliable agent/ advisor	31.91
Selection of product	57.45
Procedure of taking the policy	13.48
Others	01.42

Source: Questionnaire

Table 8 lays stress on the problems confronted by the consumers (policyholders). Selection of the product is the biggest problem

followed by others problems. Other problems include selection of reliable agent, selection of insurance company and procedure of taking the policy.

In the course of survey, 13.23 percent respondents (consumers) revealed about the policies mismatch with their needs and 22.59 percent respondents (consumers) are dissatisfied with the agents. The former encompasses long term maturity, absence of health benefit, complicated official procedure, less risk cover, tardy delivery of policy, non-consideration of inflationary measures, low return, and improper care of equity linked policies. The latter entails non-visiting of agents after policy sold, non-collection of renewal premium, improper service, agents do not remind on due-date, low understanding of policy by agents, agents do not solve the consumer problems, irregular contact, agents embezzle the customers' money, agents compel customers to buy a policy and do not disclose the whole things related to policy.

Conclusion and Suggestions

The conclusion of study reveals that risk coverage and savings are the basic motives behind the purchase of life insurance policy. Brand image and trust are the major determinants factors in the selection of a life insurance company. Most of the policyholders have the policy of LIC of India. Quarterly mode and

monthly mode are being used by most of the policyholders, however, respondents including non-policyholders (potential customers) would prefer yearly mode of premium payment. Money back, endowment and term insurance policy are on their top preferences. Selection of policy is the biggest problem faced by the customers. About one-fourth of policyholders are dissatisfied with the agents due to non-visiting of agents after policy sold, non-collection of renewal premium, improper service, agents do not remind on due-date, low understanding of policy by agents, agents do not solve the consumer problems, irregular contact, agents embezzle the customers' money, agents compel customers to buy a policy and do not disclose the whole things related to policy.

On the basis of study, it is suggested to life insurers to cover the untapped market by designing need based life insurance policies. The contents of life insurance policies should be uncomplicated like banking products for better understanding. Life insurance business is highly based on trust and long term relationship unlike others, therefore, life insurers should also involve their employees for the rendering of services in general and after sales service in particular. They should not depend on agents services as agents receive commission not salary. Customer relationship management should be adopted to delight and retain the

policyholders. A cross check should be practiced by the employees to detect the agents services.

References

- i Bawa, Sumender Kaur, (2007). “LIC of India- Impact of Privatisation and Performance”, Royal Publication, New Delhi.
- ii Ghosh, Sam, (2007). “Changing Horizon of Insurance Sector”, Edited by Verma, S. B., Upadhyay Y and Srivastava S. K., Risk Management in Banking and Insurance, Deep Publication Pvt. Ltd., New Delhi, 252-257.
- iii Chatterjee, Arun, (2009). “Treating Customer Fairly”, IRDAI Journal, Hyderabad, March, 22-25.
- iv Raju, S. & Gurupandi, M., (2009). “Analysis of the Socio-economic Background and Attitude of the Policyholders towards Life Insurance Corporation of India, “ Smart Journal of Business and Management Studies’, 5, 21
- v Selvavinayagam , K. and Mathivanan, R., (2010). “A Study on Policyholders Preferences and Satisfaction of Services Rendered by Selected Life Insurance Companies in Tamilnadu, Namakal District” , International Journal of Marketing and Trade Policy, 2, 1-2, 47-56.
- vi Sanu, Praveen, Jaisawal, Gaurav, Pandey, V.K., (2010). “ A Study of Buying Behaviours of Consumers towards LIC” Prestige Institute of Management, Gwalior, 3, ¾, 1
- vii Kaur, Parmjeet, Negi, Meenakshi, (2010). “A Study of Customer Satisfaction with life insurance in Chandigarh tricity”, Paradigm, Institute of Management Technology, 14, 2
- viii Sandhu, H.S., Bala, Neetu (2011). Customers’ Perception towards Service Quality of Life Insurance Corporation of India; A Factor Analytic Approach, International Journal of Business and Social Science, 2, 18.

Dr. Furquan Uddin, Assistant Professor, Department of Business Administration, Aligarh Muslim University, Malappuram Centre, Kerala

Role of CSR Activities in Insurance Industry - Curtain Raiser for November 2015 Issue

A key impact area in corporate Governance is Corporate Social Responsibility. Towards inclusive growth of the economy, CSR could be a game changer for which The Companies Act, 2014 has made it mandatory for Companies to spend atleast 2% of their net profit for CSR activity. Likewise Insurers having huge investible fund, a portion of which could be used for the upliftment of society. Such investment in fact should not be seen as expenditure but definite dividend for creating infrastructure for helping the poorer section of the society, besides supplementing the socio economic impact efforts of the Government at various levels. Besides improving their brand image, such CSR activities should have impact on increasing insurance penetration in our country.

Keeping in view the importance of such activities having positive impact, Focus for November 2015 Journal will be “**Role of CSR Activities in Insurance Industry**”.

E-mail : irdajournal@IRDAI.gov.in

B.K Sahu
Consultant (Communication)

Right to Timely Delivery of Services in Insurance Business

Dr Karanam Nagaraja Rao, Dr Sukanya Kundu & Dr Aswathi Nair

Customer service is the buzz word in the marketing philosophy of the last few decades. Right to timely delivery of services is one of the components of customer service. Gone are the days of laissez faire where in the concept of 'let the buyer beware' was ruling game of the sales teams. Customer service, in the current century, has undergone various phases from customer service to customer delight and now the scholastic community is discussing 'customer sovereignty' which talks of producing only those goods and services aligned to customer interests.

The Consumer Protection Act (CPA), 1986

Timely delivery of services in India is an offshoot of Consumer Protection Act enacted in 1986. Apart from creating the enabling mechanism and infrastructure, it talks of a few consumer rights which are integral to consumer interests. The objectives of the Central Council as provided in Consumer Protection Act are:

1. the right to be protected against the marketing of goods and services which are hazardous to life and property.
2. the right to be informed about the quality, quantity, potency, purity, standard and price of goods or services, as the case may be so as to protect the consumer against unfair trade practices.
3. the right to be assured, wherever possible, access to a variety of goods and services at competitive prices.
4. the right to be heard and to be assured that consumer's interests will receive due consideration at appropriate forums.
5. the right to seek redressal against unfair trade practices or restrictive trade practices or unscrupulous exploitation of consumers; and
6. the right to consumer education.
7. the right against consumer exploitation.

A casual look in to the objectives reveals that CPA placed lot of importance to customers' needs and requirements. The very purpose of any organization is the customer. The customer nourishes and nurtures an organization. Insurance business is no exception to this rule. In fact, the intangibility nature of the product and the sale of promise to be redeemed at future date of time necessitate the necessity of keeping on board consumer rights on high esteem.

Consumer rights and Insurance Business

When Consumer Protection Act was launched in 1986 there was initial hiccup and hesitation to embrace the ideas gracefully by the employees of the insurance industry. But the realities of the times dictate that one has to fall in line to uphold the interests of the policyholders as well as the institutions. The Public Sector insurance companies quickly put in processes the necessary

mechanisms and systems to be in tune with the calls of the time. The announcement of 'Citizen Charter' by the Public Sector giant in 2003 was major step in that direction. The Citizens' Chapter committed to its customers prompt, efficient and courteous service; act as trustees of their funds; conduct the business with utmost economy; building enduring relationships and keep the customers informed about the products and services. For achieving the commitments the strategy devised was to deal with the customer in transparent manner, explain the rationale behind all decisions, designing tailor made products to suit the needs of customers, and compensatory mechanism wherever there is service deficiency.

The Citizens' Charter placed 'Right to Information' on high pedestal. To ensure that the gospel of insurance knowledge spread to the nook and corner of the country, the CPA pledged the following commitments:

- Educating the customers of various options available in the area of products and services.
- Making insurance literature available in regional literature.
- Enlarging the access of the customers to reach out to the organization through Help lines, Call Centers and Internet.
- Making available the various services to the knowledge of the customers through Interactive Voice Response Systems (IVRS) and Information Kiosks.

- Enhancing the content, frequency and quality of information through the mass media like radio, television, press and social media.

For the 'Right to Timely Delivery of Services', the Citizen Charter talked of reviewing the standards of service annually, prompt customer grievance redressal mechanisms, feedbacks & suggestions and embracing Information & Communication Technologies (ICTs) in a bigger way. The services are delineated in broad categories and service standards are fixed with timelines and milestones. For example, a maturity claim is to be settled in advance and a post dated cheque is to be issued to the customer so as to enable him to encash on the day of maturity. A death claim (where there is no investigation is required) is to be settled within 30 days submission of all requirements. Of course, this deadline was reduced through the administrative instructions from time to time, thanks to internal competitions among the Branches and Divisions. To ensure that the timelines for service deliverables are known to the public, a prominent display of service standards in the notice board is also conceived by the Citizens' Chapter. Similarly the opportunity to appeal against the repudiation claim is specified and made known to the claimants. The service bench mark in each area of service, viz, registration of nomination, assignment, issue of policy bond, effecting revivals/ alterations,

timelines for loan, surrender and claim settlements etc strived in the direction of 'timely delivery of services' to the customers.

In the aftermath of liberalization and the opening up of insurance sector to private players, a plethora of companies flooded the insurance spectrum. Majority of these companies devised the 'Branch Service Index meters' (BSIM) and aligned them to measure the performance appraisal of the employees. In some companies as many as 50 service parameters are put in the fulcrum of BSIM and are being monitored systematically on daily basis from the Central Server. The Turn Around Time (TAT) for each service deliverable is defined and deduced to BSIM. This leaves little scope for employees to display lethargy on customer interests. The regulatory authority, IRDAI exercises considerable influence on all the companies by placing certain standards of service delivery to be adhered to by the insurance companies. The IRDAI, as a grievance redressal authority, also registers all complaints of the customers and ensure timely redressal of the grievances.

An evaluation of Citizens Charter and the Initiatives of Insurance Companies

Majority of insurance companies in India have placed certain definite procedures for the timely delivery of services. All the branches are fully computerized both in public and private sector and a customer can have any type of policy service

Status of Grievances 2013-14

Insurer	Outstanding as on 31.03.2013	Grievances Reported during 2013-14	Resolved during 2013-14	Outstanding as at 31.03.2014
LIC	544	85284	85828	0
Private	680	289336	288836	1180
Total	1224	374620	374664	1180

Source: IRDA Annual report 2013-14, Page 73

in any branch of the respective company across the spectrum of India. Most of the companies have adopted the Information and Communication Technologies (ICTs) for upgrading service standards. Yet we find that consumer complaints have not come down over the periods. The IRDAI website and its annual reports speak volumes of customer dissatisfaction in the areas of misselling, unfair business practices, and policy service related complaints. The following table reveals the picture:

A dis-satisfied customer spreads the message of dissatisfaction to the detriment of organizations' interests. Companies, in their anxiety to meet their targets, appear to have not taken this aspect seriously. The secondary literature also talks of insurance illiteracy in the rural India. The fact that less than 25% of the insurable population in India is insured talks in louder terms the effectiveness of ICTs that are put to use by the insurance companies. The digital divide with regard to insurance needs is to be bridged on priority basis. Similarly the ICTs are to be effectively used to curb the alarming frauds within the companies which otherwise fritter away the productive resources for private gains. The very

existence of insurance companies acting as trustees with fiduciary nature of management gets defeated if the ICTs prove ineffective in curbing frauds. A transparent operational procedure and clean governance go a long way in enhancing the customer trust in the companies. The present Government's Digital India campaign to make 'corruption-free India' needs to be emulated by the insurance companies for their own benefit. The advantage of Digital India needs to be utilized fully in order to spread the message of insurance and financial literacy in rural India. More innovative strategies are to be unleashed for information dissemination and awareness of insurance products and services.

Conclusion

Right to timely delivery services in insurance sector is an unwritten Magna carta in the hands of the customers in Indian perspective. There is no law specifying this inalienable right (except, of course, the Consumer Protection Act) in the insurance perspective. The Turnaround Times (TAT), Citizen Charter, The Branch Service Index Meters (BSIM) and the like are the self imposed obligations on the part

of insurers for keeping their customers in delight. Yet this right cannot be ignored as the raison d'être of an insurance company is its customer. Insurance management is based on the philosophy of trusteeship and no one can ignore this noble aspect. A customer who pays for his claim needs to be taken care of by the insurance companies through the instrument of timely deliverables and customer satisfaction.

Dr Karanam Nagaraja Rao, Dr Sukanya Kundu & Dr Aswathi Nair, (Faculty, Alliance University, Bangalore)

Consumer Care and Policyholders' Protection

- P.C.James

Insurance is a public good, and is a 'solidarity' based business as all those at risk contribute to the premium pool and the few who suffered losses that have been covered are indemnified from the pooled money. This makes insurance a play on policyholder money. The money of the promoter is used as capital to ensure that the policyholder liabilities are paid even if there is a spike in the loss/expense ratio, owing to the negligence of the promoter or a genuine catastrophe. Insurance contracts are unique in that insurance is a business of 'utmost good faith' but the glare of onus for good faith from the customer side was so much in the past that the insurer duty of good faith was mostly overlooked. However in this age of consumer rights, the focus has shifted to the duties of insurers towards customers, and 'conduct risk' is emerging as an overarching risk above insurers' legal and regulatory obligations.

However a consumer led approach will never be detrimental to an insurer. In business, it is said that only the customer is revenue and everything else is cost. Every business when it starts begins on the principle that they have a unique value to offer that is attractive to customers. However as organisations grow and spread, the focus moves away from service to revenue growth which may encourage growth based on push strategies that tends to mislead and exploit the customer by 'down the line' employee or intermediary. Insurance is a credence business, where if the frontline chooses make transactions that are exploitative, credence begins to erode and all 'strategic' approaches by those at the very top actually becomes counterproductive. This is more so because insurance is complex in line with risks covered which are dynamic and volatile and the nature of protection varies from policy to policy in 'inexplicable ways' for the customer. Hence there is significant

information asymmetry and confusion, and the core value of the insurance intermediary is the removal asymmetric and dissonant information between both parties. The old approach of traditional insurers leading to one-sided contracts is now frowned upon severely and has to be given up not only in policy contract terms but also through manifest improvement in conduct. Forward looking insurance companies will engage in a cultural shift away from mindsets of exploitation of the customer to the new paradigms of enthusing customers through contract certainty approaches and treating customers fairly (TCF).

Mis-selling and hype-selling modes of the old days will be replaced by a structured and need based method of providing clear information and relevant advice. Information will be in the objective and factual mode and advice will be in the need based subjective mode, in sync with the life-cycle need of the customer.

Consumer movements, legislative enactments and repeated judicial punitive action have also steadily built up pressures especially against the financial sector service providers, because the products are found to be not only intangible, but also are in the nature of promises.

An insurer reneging on the promise to honour a compensation in case of a contingency occurring that is covered, resulting in a loss or and tragedy, will create a further tragedy if the claim is turned down, and this can invite the wrath of everyone concerned. Pre-empting severe condemnation by any authority in this, requires customer complaints to be taken seriously and have the root causes analysed and corrected. Legal forums and regulatory authorities will insist on rectifications of service failure and will increasingly impose fines, penalties and/or ex-gratia payments. More important for insurers is the reputational loss that can take place, and in the context of insurance being a credence product such sinking of trust can have long term corrosive effect on the future success of an insurance company.

Insurance is recognised as a necessary protection tool by consumers and important in an environment where risk taking and asset creation is crucial for success. Wherever investments are made there are risks that need proper underwriting action not only to cover the risks but even more important to understand the risks and work with the business owners

and financiers to analyse the risks, minimise the risks and then transfer non-retainable risks to sound insurers and reinsurers. Insurance is universally seen as an indicator of development and its penetration is considered an important barometer of progress as risks are increasing which need to be transferred to prudent commercial entities so that the citizen and the society are properly indemnified in case of losses, and developmental fruits achieved are not lost owing to unforeseen contingencies. In addition insurance is seen to have considerable social value and is an important public good as the society or community are not to bear directly or indirectly the costs of losses.

However, the impetus to use of insurance is hampered because consumers find that insurance concepts and practices are complex and its terms and conditions difficult to understand and interpret. The fine print can be always be used against the customer. There are considerable search costs in buying insurance and the asymmetries of information in the system can also work against the insured. Therefore intermediaries are often required to assist customers in their search for the right products and for proper advice. Due to the complexities of the product the fear of being miss-sold are also considerable. The promise of compensation against the occurrence of a future contingency is tangibilized by means of a written contract. As the contract can be couched in complex terms, there is

the need for detailed advice procedures including 'dos and don'ts' to the policyholder. The customer must be provided not only the policy contract but also a copy of the proposal form and immediate endorsement of all the changes intimated with confirmatory copy to the customer, so that in case of a loss leading to dispute the insured is enabled to take action in grievance procedures or legal redress.

When buying a cover it is thought that the customer has an incentive to bring in elements of adverse selection and moral hazard, and therefore proposal forms are scrutinised carefully and claims even more so. However, contrary to what insurers feel is their risk, consumer bodies and courts at times are required to remind insurers that utmost good faith is also an equally onerous duty on the part of the insurer and insurers should not take advantage of the vulnerabilities consumers face in the contract to deny claims and services. This is especially important in case of mass sold policies which are one way contracts and the insured is forced to comply with the unequal clauses that may be contained in them. Similarly while Insureds may play the game of adverse selection, insurers are also accused of practicing what is called 'cherry picking' and 'bad faith' claims. In many markets there have been complaints of discrimination and exclusion such as 'red lining' by which persons living in poorer areas may not be considered suitable for coverage.

Customer welfare has always been analysed by economists and social thinkers in terms of their having the freedom to choose from among various options based on their perceptions of value and costs. Therefore the concept of a free market has been an ideal where market forces will compete and arrive at the right economic prices for services rendered. Entrepreneurs with value offerings driven by innovation can also transform markets and profit from their offerings till competitors catch up with their innovations. However it is often seen that markets fail or get manipulated and monopolistic tendencies or cartelisation crop up necessitating the customer to pay high prices and suffer poor quality. Therefore apart from core laws, legislation has set up regulatory systems worldwide to regulate specific industries and ensure that the markets do not exploit the customer. The IRDA of India has been constituted with the specific objective of consumer protection, and to enable it do so, it is empowered to regulate all the players in the insurance sector. It has also allied itself with the other regulators in the financial sector to monitor the convergence of financial sector players in their various linked activities. Additionally most global regulators also have joined the global association of insurance supervisors, to study and implement global best practices in the area of regulation to ensure consumer protection.

Thus in the pursuit of consumer equity and welfare, the insurance

sector was opened up and the IRDAI has licensed various new players in the public and private sector to widen the offerings and choices to consumers and bring in much needed capital as the industry requires high capital infusion in the face of the huge potential seen in the country. An important aspect of consumer welfare is inclusion, and the Insurance Act has taken care to enforce rural and social obligations on the insurers. The developmental aspects of insurance are thus an important area of concern especially in areas that have not been touched before by insurers. India is among those that are clearly underinsured as per the world averages. Insurance inclusion initiatives have seen many milestones but the actual inclusion duty lies on insurers and intermediaries to reach protection to everyone. There is an increasing conviction that insurance inclusion is essential as a tool to protect and sustain economic development and hence inclusion itself is seen as a part of consumer protection.

Many issues of service arise in the product areas that are of importance for consumer protection. There is the need for rectitude in selling, with proper disclosures and transparency in the sales process. Insurers need to do considerable capacity building among the agency force they have recruited, and ensure that the sales processes they follow are constantly upgraded. Then, there has to be considerable clarity in the area of rating. The actuarial dictum is that prices should be adequate, not

unfairly discriminatory and not excessive is to be followed. It has to be ensured that the insurer has the capacity to pay claims when losses take place. The capacity issue emerges when insurers tend to reject claims arbitrarily citing technical and other unsound reasons and subsequently in loading premiums excessively (e.g. in health insurance), or in restricting covers, or imposing arbitrary deductibles and so on. It is well known that insurers while developing their products have to look closely at experience and exposures, and be well aware of the claim development processes. Therefore in class rates it is not in the interest of the consumer to penalise an individual insured merely because a claim has arisen, or restrict covers all on a sudden to persons beyond a certain age who are coverable as per the prospectus and other documents of the insurer. Every action of the insurer has to be justified in terms of class equity and unless there are instances of fraud or misrepresentation, it would be wrong to target individual customers in class rated products. So also there cannot be inequities within a class of business so as to result in a situation where group or corporate business is subsidised and individual insureds are penalised on the plea that the portfolio is bleeding. Pricing asymmetries wherever found need to be closely analysed and rectified for sustaining consumer confidence and ensuring orderly market development.

Other expectations of consumers are also of considerable

importance. Renewal of the policy is an area of critical concern and there should be provision to inform the policyholder well in advance of the expiry date if the insurance is not going to be renewed or the terms are to be restricted. Even where the terms of renewal is subject to terms being mutually agreed, the clause cannot serve as a means of avoiding renewal by insisting on very high renewal premium. Even if the renewal is not guaranteed or automatic in a class of business such as health, there is a normal expectation of continuity going by the use of clauses offering no claim discount and specifying upper age limits in cover. The continuity promise should be honoured unless there are clearly determined and legally sustainable reasons to do so. Similarly cancellation of policy has to be justified and stand the test of scrutiny, if required, by independent authority.

It is well understood that the terms and conditions of cover should be fair between the insurer and the insured. Conditions and warranties should be reasonable and capable of compliance. Exclusions should not be framed in such a manner that the value of insurance is lost. Similarly policyholders should not be forced to buy covers that they do not need as a pre-condition for being granted a cover that they need. The procedures they need to comply with in case of claims should be clearly spelt out, and should be within the compliance capabilities of the customer.

In the interests of the consumer, the Authority has come out with specific Regulations. Noteworthy in this connection are the following Regulations:

- Insurance Advertisement and Disclosure Regulations 2000
- Protection of Policyholders' Interests Regulations 2002

In the regulations dealing with various intermediaries', codes of conduct has been laid down, with a view among other things, to ensure that proper service is rendered and disclosures are made to the consumer.

The next level of growth and success of insurance, will be on the back of actions taken by the industry in the area of consumer concerns and protection of their interests and redressal of their grievances. Insurance growth has always in the early stages of the industry been sustained by the compulsions given to insurance coverage by financiers and compulsory insurances imposed by the law. In moving up the growth curve insurance will have to move from the need for 'compulsion' to giving consumer the 'conviction' platform where consumers can evaluate, choose and buy based on factors of ease of use and the reputation of the insurer. To accelerate this stage of growth, insurance has to be made more and more desirable through fair and trustworthy dealings and focus on certainty of indemnifiable outcomes in cases of covered losses.

Consumer care and protection has to move to the mainstream of the sector and into every aspect of the industry. Law and regulations stipulate customer care charters and time-based mandates to rendering of services. Rights of customers are now part of every service industry and are increasingly taken note of by institutions that have the duty of customer protection. When this 'onus of care' for insurance customers will further move downstream and become part of the culture and conduct of all players in the insurance sector, society would have a developmental and sustainability capability that is linked to a robust insurance framework, because in the world of today, risk taking is necessary but losses are increasing, and the solutions to indemnify lie with insurers. Reaching such certainty to the citizen is the core value of insurance for the society.

P.C.James, Chair Professor, NIA, Pune

प्रकाशक का संदेश

बीमा सेवाओं का शीघ्र वितरण -
ग्राहक संतोष और व्यवसाय वृद्धि की कुंजी

“व्यवसाय में दूसरे लोग जो चाहते हैं वह उन्हें देने के द्वारा आप वह प्राप्त करते हैं जो आप चाहते हैं।” - ऐलिस फूट मैकडूगल

किसी भी सेवा का सार समय पर उसके वितरण में निहित है तथा बीमा इस नियम का अपवाद नहीं है। इस तथ्य को देखते हुए कि बीमा हानि के जोखिम से रक्षा की व्यवस्था है, पॉलिसीधारक अथवा दावेदार बीमे का लाभ केवल तभी प्राप्त कर सकता है जब बीमा उद्योग अपनी सेवाएँ समय पर उपलब्ध कराये।



आईआरडीएआई ने अपनी ओर से पॉलिसीधारक संरक्षण एवं शिकायत निवारण के लिए एक विनियामक ढाँचा बनाया है तथा विभिन्न सेवाओं के लिए समय-सीमाएँ उसमें शामिल की हैं। इस ढाँचे में न केवल बिक्री, प्रस्ताव स्तर और पॉलिसी सर्विसिंग, दावा निपटान आदि के समय अनुसरण की जानेवाली प्रक्रिया विद्यमान है, बल्कि वे समय-सीमाएँ भी निहित हैं जिनका प्रत्येक स्तर पर पालन करने की आवश्यकता है। उक्त ढाँचे में, दावों के भुगतान में विलंब के लिए दंडस्वरूप ब्याज के लिए भी व्यवस्था की गई है। 2010 के शिकायत निवारण संबंधी दिशानिर्देशों में प्राप्ति-स्वीकृति और समाधान के लिए समय-सीमाओं सहित बीमाकर्ताओं द्वारा शिकायत निवारण के लिए व्यवस्था की रूपरेखा प्रस्तुत की गई है।

उद्योग के खिलाड़ी अपनी ओर से नागरिक अधिकार-पत्रों (सिटीजन्स चार्टर्स), आईटी प्लेटफार्मों, ग्राहकों और क्षेत्र-स्तरीय स्टाफ के साथ बैठकों एवं सेवा वितरण की आवधिक बोर्ड स्तरीय समीक्षा का भी उपयोग करते हैं जिससे ग्राहक सेवा के स्तरों का निर्माण और उनमें सुधार करने में सहायता मिल सके।

आईआरडीएआई विनियमों/दिशानिर्देशों को लागू करने के अलावा, विद्यमान ग्राहक सेवा वितरण प्रणालियों के संबंध में जनसाधारण में जागरूकता उत्पन्न करने के लिए सुसंगत प्रयास भी कर रहा है। ‘पॉलिसीधारकों के हितों का संरक्षण’ अपना सर्वोपरि लक्ष्य होने के कारण आईआरडीएआई बीमा उद्योग में विभिन्न हितधारकों द्वारा सेवा की गुणवत्ता में वृद्धि करने की दिशा में प्रयास करना जारी रखेगा। मेरा विश्वास है कि बाजार के सभी खिलाड़ियों के सहयोग से हम पॉलिसीधारकों के लिए बेहतर सेवा सुनिश्चित कर सकेंगे।

मुझे प्रसन्नता है कि प्रस्तुत अंक में प्रकाशित आलेखों में बीमा सेवाओं के समय पर वितरण के विभिन्न पहलुओं को समाविष्ट किया गया है। कॉरपोरेट सामाजिक दायित्व (सीएसआर) के महत्व को ध्यान में रखते हुए जर्नल के अगले अंक का फोकस “बीमा उद्योग में कॉरपोरेट दायित्व संबंधी गतिविधियों की भूमिका” पर रहेगा।

टी.एस. विजयन
टी.एस. विजयन
अध्यक्ष

बीमा में सेवाओं की समय पर सुदुर्दगी का अधिकार कितना जरूरी?

डॉ. अजय कुमार मिश्रा

बीमा और सेवा एक ही सिक्के के दो पहलू हैं, बिना सेवा के बीमा के विकास की कल्पना नहीं की जा सकती है। आज के इस आधुनिकतम युग में जहाँ प्रतियोगिता अपने चरम पर है और आम जनता में अपनी साख और उपस्थिति की अमिट छाप छोड़ने के लिये यह आवश्यक है की त्वरित रूप से बीमा सेवा प्रदान किया जाय। भारत में जब से डिजिटल सेवाओं का व्यापक प्रचार-प्रसार हुआ है, खास कर माननीय प्रधान मंत्री नरेंद्र मोदी जी के कार्यकाल में, वर्तमान समय में प्रत्येक उपभोक्ता घर बैठे सारी सुविधाएँ केवल एक क्लिक पर पाना चाहता है। इसी का दूसरा पहलू यह भी है कि आज की भागम-भाग जिंदगी में लोगों के पास समय का अत्यंत आभाव है, व्यक्ति सेवा को प्राप्त करने के लिये सबसे सरल माध्य को ढूँढता जिससे उसका श्रम और धन दोनों बच पायें और जब सरल माध्यम नहीं प्राप्त होते तो स्वयं उपस्थित होकर उस सेवा को प्राप्त करना चाहता है। स्वयं उपस्थित होने पर उसका प्राथमिक लक्ष्य होता है कि कितनी जल्दी

उस सुविधा को प्राप्त कर ले, वो भी कम से कम लागत पर। बीमा क्षेत्र के निरीकरण के पश्चात् बीमा कम्पनियों ने कई महत्वपूर्ण नीतियों को सूचना और प्रौद्योगिकी से जोड़ कर सेवाओं का विस्तार किया है। आज आम जनता की अपेक्षायें भी सेवाओं को लेकर पहले से अधिक हुई है और मांग भी बढ़ रही है, न केवल पॉलिसीधारकों को बल्कि बीमा अभिकर्ताओं एवं अन्य सहयोगियों को भी त्वरित सेवा की आवश्यकता

होती है, जिससे न केवल उनकी जरूरतों की पूर्ति होती है बल्कि कम्पनी में विश्वास भी मजबूत होता है। यदि देख जाय तो लभगग समस्त बीमा कम्पनियाँ बीमा उत्पाद का विक्रय कर रही हैं और बाजार से प्राप्त रिटर्न के अनुसार पॉलिसीधारकों को जोखिम सुरक्षा के साथ भुगतान प्रदान कर रही हैं। यदि औसत लाभ, परम्परागत उत्पाद में देखा जाय तो मामूली अंतर बीमा कम्पनियों के रिटर्न में दिखाई देगा। एक

चित्र-1



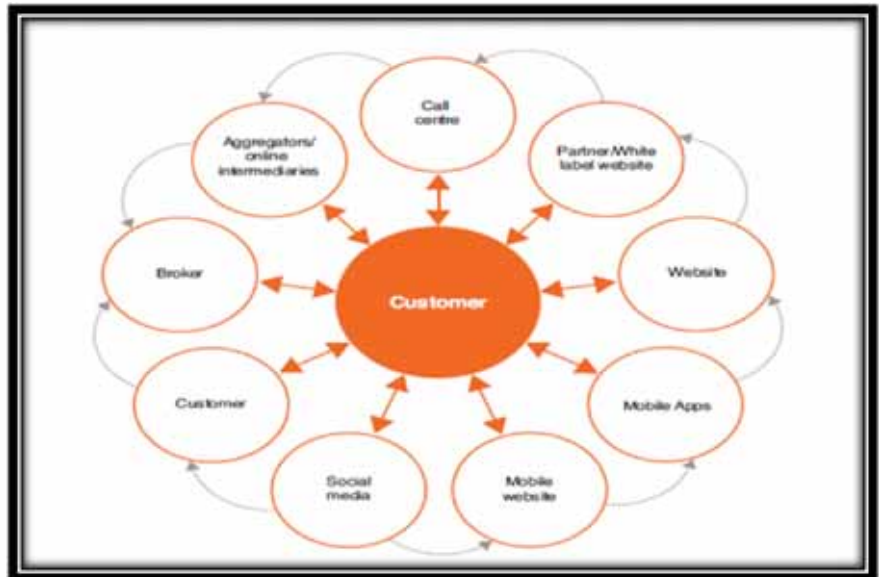
महत्वपूर्ण बात जो की बीमा सेवा है वही एक दूसरी बीमा कम्पनी को उनसे अलग ला खड़ा करता है।

बीमा में सेवाओं की समय पर सुपुर्दगी का अधिकार कितना आवश्यक: कहते है एक संतुष्ट ग्राहक जरूरी नहीं की अपने क्षेत्र में बीमा कम्पनी की चर्चा करे या किसी को बीमा कम्पनी से बीमा लेने के लिये अनुशंसा करें, परन्तु एक असंतुष्ट ग्राहक निसंदेह परिचित और अपरचित समस्त लोगों से बीमा कम्पनी से उत्पाद न लेने के लिये जरूर कहेगा। इसमें किसी का कोई दोष नहीं यह मान वृत्ति ही है। आज सरकार ने कई कानूनों को पारित कर आम आदमी का अधिकार कानून अनिवार्य कर दिया है, परन्तु ध्यान देने वाली बात यह है की उन अधिकारों का उपयोग वहीं लोग कर पा रहे है जो की जागरूक है। यानि की एक बात यह स्पष्ट रूप से निकलकर सामने आ रही है की लोगों में जागरूकता लाना अत्यधिक महत्वपूर्ण है न की उन्हें अधिकार प्रदान करना। बीमा व्यवसाय के संदर्भ में कहा जा सकता है की बीमा क्षेत्र के निजीकरण के पश्चात् इस क्षेत्र में व्यापक प्रतियोगिता देखने को मिल रही है और इन प्रतियोगिताओं का लाभ प्रत्यक्ष तौर पर ग्राहकों को प्राप्त हो रहा है। यानि की बीमा कम्पनियाँ स्वयं में प्रेरित होकर ग्राहकों के हितों को समझ रही है और उन्हें बेहतर सुविधाएँ प्रदान करने के लिये पूर्ण रूप से कटिबद्ध है। इनके अतिरिक्त भारतीय बीमा विनियामक और विकास प्राधिकरण ने ग्राहकों के हितों को सर्वोपरी रखा है और बीमा कम्पनी से उत्पन्न किसी भी विवाद को सुलझाने के लिये अलग-अलग विकल्प दिया हुआ है, यानि की हर हाल

में ग्राहकों का हित न प्रभावित हो। बीमा कम्पनियाँ, भारतीय बीमा विनियामक एवं विकास प्राधिकरण समय-समय पर जागरूकता अभियान चलाकर ग्राहकों को नियम कानूनों से भी अवगत कराते रहते है जिससे ग्राहक अपने हितों के बारे में अच्छे से समझ ले और किसी भी संकट की स्थिति में ये न समझे की वह फस गया है। बीमा कम्पनियों की नीव ही ग्राहकों पर टिकी हुई है और कोई बीमा कम्पनी छलकपट करके, अपने व्यवसाय को दूरगामी नहीं पहुंचा सकती है। भारतीय बीमा विनियामक एवं विकास प्राधिकरण के नियमों के अधीन बीमा कम्पनियाँ बीमा सेवा देने को बाध्य है। अधिकांश बीमा कम्पनियाँ निहित समय सीमा के पहले सेवा प्रदान कर रही है। वर्तमान व्यवस्था को देख कर यह कहा जा सकता है की अधिकार प्रादान करने की अपेक्षा जागरूकता अभियान में तेजी लायी जाये और स्कूल कालेजो के पाठ्यक्रम में बीमा को शामिल कर इसके बारे में प्रचार-प्रसार किया जाय। इसका निसंदेह दूरगामी परिणाम प्राप्त होगा।

बीमा में सेवाओं की समय पर सुपुर्दगी का अधिकार की अपेक्षा ग्राहक सेवा को बेहतर बनाना आवश्यक: आज के व्यवसाय के वर्तमान स्वरूप में यह अत्यधिक महत्वपूर्ण हो गया है की बीमा कम्पनियाँ ग्राहकों के व्यवहार को जाने। एक ग्राहक कम्पनी से क्या अपेक्षाएं रखता है। आज जहाँ दिन-प्रतिदिन अपेक्षाएं बढ़ रही है वहीं बीमा कम्पनियों के पास अच्छे सहयोग के रूप में कई विकल्प मौजूद जिसको अपनाकर बीमा कम्पनियाँ ग्राहकों को त्वरित रूप से बीमा सेवा प्रदान कर सकती है। वर्तमान परिवेश में सूचना और प्रौद्योगिकी का उपयोग भले ही उच्च लगत वाला हो पर प्राप्त परिणाम से यह आशा जरूर की जा सकती है की ग्राहक की आवश्यक्ता घर बैठे प्राप्त होती रहेगी साथ ही बीमा कम्पनी का विकास भी होता रहेगा। डिजिटल नवाचार के माध्यम से बीमा में ग्राहक सेवा को और अधिक प्रभावशाली बनाया जा सकता है आज तेजी से इंटरनेट प्रयोग करने वालों की संख्या बढ़ रही है और दिन-प्रतिदिन लोग

चित्र-2



स्मार्ट फोन से जुड़ रहे हैं। गाँव हो या शहर सब जगह इंटरनेट से जुड़ कर व्यवस्था का लाभ उठा रहे हैं। केंद्र और राज्य सरकारों ने भी सूचना और प्रौद्योगिकी को व्यवहार में धीरे-धीरे अनिवार्य करती जा रही है जिसके आधार पर यह अनुमान लगाया जा सकता है की आने वाले दिनों में देश का हर कोना सूचना और प्रौद्योगिकी से जुड़ा हुआ होगा। इसके अलावा ग्राहक के विश्वास और मांग में परिवर्तन के अनुरूप सेवा प्रदान करने की भी जरूरत है। यदि ग्राहक परम्परागत उत्पाद लेने के लिये इच्छुक है तो उसे किसी भी तरह से अन्य उत्पाद न बेचा जाय। भारत में बीमा के क्षेत्र में सलाह, बिक्री और सेवा के उभरते मॉडल को नीचे दिए गए चित्र से आसानी से समझा जा सकता है। इस मॉडल के अनुरूप बीमा कम्पनियाँ बीमा सेवा नीति में बदलावा लाकर उसे और प्रभावशाली बना सकती है।

ग्राहक सेवा की मांग में कमी लाने के लिये बीमा कम्पनियाँ वर्तमान उत्पाद पोर्टफोलियो में भी परिवर्तन कर सकती है और आगे उत्पन्न होने वाले प्रतिस्पर्धा का सामना करने के लिए पहले से तैयार करनी चाहिए साथ ही उत्पाद का निर्माण कम लागत पर करें एवं उत्पाद में पारदर्शिता बढ़ाने की जरूरत है, जिससे निसंदेह ग्राहक सेवा की मांग में कमी आयेगी। गलत बिक्री पर भी रोक लगाकर बीमा कम्पनियाँ ग्राहक सेवा में कमी ला सकती है। साधारणतः गलत बिक्री होने की स्थिति में ग्राहक को कई आकस्मिक सेवाओं की जरूरत पड़ सकती है जबकि यदि बीमा उत्पाद ग्राहक के अनुरूप किया गया हो तो पॉलिसी

सेवा की आवश्यकता निर्धारित समयावधि पर ही पड़ती है।

निष्कर्ष: बीमा क्षेत्र के निजीकरण के पश्चात् बीमा कम्पनियाँ स्वतंत्र रूप से बीमा विनियामक एवं विकास प्राधिकरण के नियंत्रण में कार्य सम्पादित कर रही है। निजीकरण के पश्चात् ग्राहकों के पास विकल्प के रूप में कई बीमा कम्पनियाँ एवं उनके आकर्षक बीमा उत्पाद का मौजूद होना है। एक समय था जब आम जनता के पास विकल्प के रूप में कोई भी बीमा कम्पनी विद्यमान नहीं थी और ग्राहक के पास मात्र भारतीय जीवन बीमा निगम ही एक मात्र बीमा सेवा प्रदाता मौजूद था। आज व्यापक विकल्प के रूप में विभिन्न उत्पाद, उत्पाद से प्राप्त होने वाले लाभ, बीमा कम्पनियाँ, स्वस्थ प्रतियोगिता का लाभ, और ग्राहक सेवा की श्रेष्ठ व्यवस्था उपलब्ध है। साथ ही भारतीय बीमा विनियामक का ग्राहकों के लिये प्राथमिक रूप से ध्यान रखने और सहयोग करने वाले सरकार के प्रतिनिधि के रूप में तटस्थ नियामक मौजूद है, जो कई वर्षों से यह सुनिश्चित कर रहा है की ग्राहकों के हितों की अनदेखी तनिक भी न हो। ऐसे में बीमा में सेवाओं की समय पर सुपुर्दगी के अधिकार की आवश्यकता कम से कम वर्तमान स्वरूप में नहीं महसूस होती है, हाँ यहाँ एक बात ध्यान देने योग्य है की - कई बीमा कम्पनियाँ बदलते बाजार और उपभोक्ता गतिशीलता के साथ तालमेल नहीं बना रख पा रही है और ग्राहकों की अपेक्षाओं को पूरा करने में अब तक अन्य उद्योगों से पीछे है। परिणाम स्वरूप ग्राहक उनके साथ लम्बे समय तक जुड़े नहीं रह पा रहे हैं। इस तरह की बीमा कम्पनियों को ग्राहक सेवा के बारे

में नये सिरे से सोचने की जरूरत है। अतः यह स्पष्ट है की वर्तमान परिवेश में बीमा में सेवाओं की समय पर सुपुर्दगी के अधिकार की आवश्यकता नहीं है। प्रचार-प्रसार में वृद्धि कर, जागरूकता अभियान चलाकर, पाठ्यक्रम में बीमा को शामिल कर अच्छे बीमा विकास की दूरगामी कल्पना की जा सकती है।

डॉ. अजय कुमार मिश्रा, सहारा इंडिया जीवन बीमा कंपनी लिमिटेड, लखनउ, विचार लेखक के व्यक्तिगत हैं।

बीमा सेवा कटिबद्धता - अब हो अधिकार हमारा

- गोपी चन्द बिश्नोई

यह सनातन है कि अधिकार बलशाली पर ही शोभायमान होते हैं - जहाँ शक्ति नहीं, वहाँ अधिकारों का कोई प्रश्न नहीं। सभी शक्ति की ही आराधना करते हैं। बाहुबली राजा अपने से निशक्त राजा को हराकर उसका राज्य अपने राज्य में विलय करते रहे हैं। शास्त्रों की पूजा कलिकाल से होती रही है। प्रारम्भ काल में वन में जब आदि मानव ने अपने को जंगली जानवालों से धिरे पाया तो जीवन की सुरक्षा हेतु चकमक पत्थर से अग्नि की खोज की। अग्नि ने एक ओर, जंगली जानवरों से उसकी रक्षा की, तो दूसरी ओर भोजन पकाने का माध्यम बनी। पका खाना स्वादिष्ट लगा, अग्नि ठंड से बचाव का मार्ग बनी। तदुपरान्त गुलेल, तीर, कमान, भाला, बरछी आदि अस्त्र-शस्त्रों का निर्माण प्रारम्भ हुआ। युद्ध में लाभकारी जानवरों को भी अपने दल में मिलाया जाने लगा। घोड़े और हाथियों पर बैठकर युद्ध होने लगे।

समाज का ढांचा जैसे-जैसे विस्तार पाता गया, अनेक प्रकार के विवाद भी उत्पन्न होने लगे। न्याय-व्यवस्था स्वयं राजा के अधीन होती थी। विवाद की स्थिति में राजा स्वयं के विवेक से

निर्णय करता था। संघीय सरकार स्थापित होने पर सर्वमान्य संविधान का निर्माण किया जाने लगा। संविधान के दिशा-निर्देशों का पालन करना प्रत्येक नागरिक का कर्तव्य एवं दायित्व होता है। संविधान में नागरिकों के मूलभूत अधिकारों का स्पष्ट विवरण होता है। संविधान में घोषित मूलभूत अधिकारों को किसी भी कानून द्वारा खंडित या निष्क्रिय नहीं किया जा सकता। विद्रोह अथवा आपातकाल में इन अधिकारों को स्थगित किया जा सकता है, परन्तु समाप्त नहीं किया जा सकता। क्षेत्र विशेष में दंगा होने पर कर्फ्यू लगाकर नागरिकों की सामान्य आवाजाही को भी प्रतिबन्धित किया जा सकता है। समय विशेष के लिए निषेधाज्ञा भी लगाई जा सकती है।

प्राकृतिक और अप्रतिदेय अधिकारों को मूल अधिकारों में सम्मिलित किया गया है क्योंकि ये व्यक्ति के पूर्ण बौद्धिक, नैतिक एवं अध्याकारो विकास हेतु अत्यन्त आवश्यक हैं। इन अधिकारों को संविधान में समाविष्ट करके सरकार की शक्ति को एक निश्चित दिशा में सीमित करना है, ताकि सरकार नागरिकों की स्वतन्त्रताओं के विरुद्ध अपनी शक्ति का प्रयोग न कर सके। संविधान में

उपबन्धित अधिकार हैं - समता का अधिकार, स्वतन्त्रता का अधिकार, प्राण व दैहित स्वतन्त्रता का संरक्षण, बन्दीकरण एवं निरोध के विरुद्ध संविधानिक संरक्षण, शोषण के विरुद्ध अधिकार, धर्म स्वातन्त्र्य का अधिकार, संस्कृति और शिक्षा सम्बन्धी अधिकार, संविधानिक उपचारों के अधिकार आदि। भारतीय संविधान का अनुच्छेद 19 नागरिकों की स्वतन्त्रताओं का उल्लेख करता है। कोई अधिकार मूल अधिकार है अथवा नहीं, इसके लिए यह आवश्यक नहीं है कि अनुच्छेद विशेष में उसका उल्लेख किया गया हो। किसी अनुच्छेद में उल्लिखित किये बिना भी वह मूल प्रकृति उसकी मूल प्रकृति उसी अधिकार के समान है जिसका उल्लेख संविधान में स्पष्ट रूप से किया गया है, यथा-अनुच्छेद 21 में विदेश भ्रमण, निशुल्क विधिक सहायता, शीघ्रतर-परीक्षण, मानव-गरिमा अथवा प्रेस की स्वतन्त्रता मूल अधिकार माने गये हैं। नैसर्गिक न्याय 'उचित प्रक्रिया' का एक आवश्यक तत्व है जिसके बिना व्यक्ति को उसकी वैयक्तिक स्वाधीनता से वंचित नहीं किया जायेगा। बन्दी प्रत्यक्षीकरण याचिका का प्रयोग किसी व्यक्ति को अवैध निरोध से विमुक्ति हेतु ही नहीं वरन् उसके साथ कारागार में

किये गये समस्त अमानवीय व्यवहारों के विरुद्ध संरक्षण प्रदान करने के लिए किया जायेगा। मूल अधिकार आत्यन्तिक अधिकार नहीं है। इन अधिकारों के प्रयोग पर युक्ति युक्ति निर्बन्धन लगाये जा सकते हैं। अधोलिखित दशाओं में नागरिकों के मूल अधिकारों को निर्बन्धित या निलम्बित किया जा सकता है। प्रतिरक्षा सेना से सम्बन्धित व्यक्तियों के सम्बन्ध में अनुच्छेद 33 के अन्तर्गत संसद ने सेना अधिनियम 1950, वायुसेवा अधिनियम 1950 तथा नौ सेना अधिनियम, 1950 को पारित किया है। जब सेना विधि (Martial Law) लागू हो-अनुच्छेद 34 के अन्तर्गत सेना विधि लागू होने पर नागरिकों के मूल अधिकार स्वतः निलम्बित हो जाते हैं तथा सैनिक न्यायालय कार्य करने लगते हैं। संविधान संशोधन द्वारा-अनुच्छेद 368 के उपबन्धों के अधीन सरकार संविधान में समुचित संशोधन करके मूल अधिकारों को न्यून या छीन सकती है। ससी प्रकार अनुच्छेद 352 के अन्तर्गत यदि राष्ट्रपति को यह समाधान हो जाए कि गम्भीर आपात विद्यमान है जिससे गृह या बाह्य आक्रमण अथवा 'सशस्त्र विद्रोह' से राष्ट्र या उसके किसी क्षेत्र में सुरक्षा संकट है तो वह आपातकाल की घोषणा कर सकता है। घोषणा प्रवर्तन में होने पर प्रदत्त मूल अधिकार निलम्बित हो जाते हैं।

समता का अधिकार से तात्पर्य है कि समान परिस्थिति वाले व्यक्तियों के बीच समान विधि होने चाहिए और समान रूप से लागू की जानी चाहिए और यह बिना किसी धर्म, मूलवंश, सम्पत्ति, सामाजिक स्तर या राजनीतिक भेदभाव के होना चाहिए। परन्तु अपवाद स्वरूप कुछ

अधिकारियों को विशेषाधिकार प्रदान किये गये हैं। अनुच्छेद 361 के अन्तर्गत भारत के राष्ट्रपति, राज्यपालों, लोक अधिकारियों, न्यायाधीशों और भूतपूर्व राज्यों के नरेशों को ऐसी विभुक्तियाँ प्रदान की गई हैं। संविधान के अन्तर्गत धर्म, मूलवंश, जाति, लिंग, जन्म स्थान के आधार पर विभेद का प्रतिषेध किया गया है। लोक सेवाओं में अवसर की समानता, अस्पृश्यता का अन्त (अनुच्छेद 17) तथा ब्रिटिश शासन-काल में प्रचलित सामंतशाही परम्परा का प्रतीक उपाधियों का अन्त विशेष घटक है। हालांकि सेवा या विद्या सम्बन्धी उपाधियों को दिये जाने की छूट है।

स्वतन्त्रता का अधिकार के अन्तर्गत सभा-सम्मेलन की स्वतन्त्रता, भ्रमण की स्वतन्त्रता, निवास की स्वातन्त्रता, वृत्ति, उपजीविका, व्यापार या कारोबार की स्वातन्त्रता, बोलने तथा अभिव्यक्ति की स्वतन्त्रता, प्रैस की स्वातन्त्रता या जानने का अधिकार (Right to Know) भाषण एवं अभिव्यक्ति की स्वतन्त्रता विश्वभर में कहीं भी, बिना पूर्व अनुमति के समाचार/विचार प्रकाशित करने का अधिकार सम्मिलित है, किन्तु भारत या किसी राज्य की प्रभुता एवं अखण्डता, लोक व्यवस्था, न्यायालय अवमान, विदेशी राष्ट्रों के साथ मैत्रीपूर्ण सम्बन्धों के हित में, मानहानि, शिष्टाचार या सदाचार के हित में, अपराध उद्दीपन के प्रकरण में इस स्वतन्त्रता पर निबन्धन लगाये जा सकते हैं।

दैहिक स्वतन्त्रता/बन्दीकरण एवं निरोध के विरुद्ध स्वतन्त्रता के अन्तर्गत सामान्य दण्ड विधि या निवारक विधि के अधीन गिरफ्तार हुए व्यक्तियों को शीघ्रातिशीघ्र कारणों को बताये जाने का

अधिकार, रुचि के वकील से परामर्श व बचाव करने का अधिकार, 24 घण्टों के भीतर मजिस्ट्रेट के समक्ष पेश किये जाने का अधिकार है। शोषण के बारे में अनुच्छेद 23 मानव दुर्व्यापार और बेगार कराना दण्डनीय अपराध घोषित करता है, जिससे भारतीय समाज के दो बहुत बड़े कलंक नारी क्रय-विक्रय तथा बेगार का अन्त हो गया है। भारत में जमींदार, राजा नबाव, दबंग या समृद्ध लोग कमजोर तथा गरीबों से बेगार कराते थे, उन्हें मजदूरी भी नहीं देते थे। गरीबी के कारण लोग धन के लालच में मनुष्य का क्रय-विक्रय भी किया करते थे। संविधानिक व्यवस्था के अन्तर्गत अब कैदियों को भी अपने काम के बदले उचित मजदूरी पाने का अधिकार है। इसी प्रकार 14 वर्ष से कम आयु के बालकों को किसी कारखाने, खान या किसी अन्य जोखिम पूर्ण कार्यों में लगाना दण्डनीय है।

धर्म-स्वातन्त्र्य का अधिकार से तात्पर्य है कि प्रत्येक व्यक्ति को अपने विश्वास के अनुसार किसी भी धर्म को मानने तथा किसी भी ढंग से ईश्वर की पूजा करने की स्वतन्त्रता है। राष्ट्र के धर्म-निरपेक्ष स्वरूप में कोई रहस्यवाद नहीं है। धर्म निरपेक्षता न ईश्वर विरोधी है और न ईश्वर समर्थक। यह भक्त, संशयवादी और नास्तिक सभी को समान मानती है। धर्म के नाम पर सती प्रथा, अस्पृश्यता या मानव क्रय विक्रय (तथा दक्षिण भारत में देवदासी प्रथा), बलात् धर्म-परिवर्तन, सार्वजनिक स्थानों पर खतरनाख शस्त्रों, कपालों एवं जलती हुई मशालों को लेकर ताण्डव नृत्य (आनन्द मार्गिक्यों द्वारा), बकरीद के बहाने गाय काटना निषिद्ध है। इसी प्रकार सरकार कर के रूप में एकत्र धन को किसी विशेष धर्म की उन्नति के लिए व्यय नहीं कर सकती।

संस्कृति और शिक्षा समन्धी अधिकार का अर्थ है कि धर्म या भाषा पर अल्पसंख्यक वर्ग को अपनी रुचि की शिक्षा संस्थाओं को स्थापित व प्रबन्ध करने का अधिकार है।

समाज में व्यवस्था बनाने तथा शासकीय नियन्त्रण बनाये रखने हेतु विधियों का निर्माण किया जाता है। आच्छन्न नियमों/कानूनों का पालन न करने पर दण्ड मिलता है। भारी तथा जोखिम युक्त मशीनरी हेतु प्राथमिकता के नियम बनाये जाते हैं। यथा मार्ग-क्रासिंग पर रेलगाड़ी को सदैव प्राथमिकता पूर्वक निकलने दिये जाने का प्रावधान किया जाता है। सड़क मार्ग पर अग्नि शमन गाड़ी, एम्बुलेंस, सैन्य तथा पुलिस बल, केबिनेट मंत्री, राज्य मंत्री, ऑन ड्यूटी अधिकारी, दूध-सब्जी के वाहन, स्कूली बच्चे प्राथमिकता के आधार पर निकाले जाते हैं।

सब सामान्य नियमों के अन्तर्गत प्रभावी नियन्त्रण अथवा गुणवत्ता प्राप्त न हो तो विशेष कानून बनाकर दण्ड-व्यवस्था की जाती है। पीड़ित विधि विशेष का अवलम्ब लेकर दोषी को सजा दिला सकता है। सूचना का अधिकार, 2005 इसी प्रकार का एक कानून है, जिसके अन्तर्गत कोई भी नागरिक सूचना प्राप्त करने का अधिकारी है। निर्धारित समयावधि के भीतर सूचना न देने पर सम्बन्धित सूचना अधिकारी आर्थिक दण्ड का भागी होता है। सांविधानिक शिक्षा व्यवस्था की पूर्ति हेतु सरकारें समय-समय पर विशेष अभियान चलाकर प्राइमरी शिक्षा का प्रबन्ध व विकास का प्रयत्न करती रही हैं। सर्व शिक्षा अभियान के बावजूद इसके सांविधानिक इच्छा की पूर्ति फलीभूत होती नजर नहीं आई, तो सरकार को विशेष विधि शिक्षा का अधिकार अधिनियम,

2000 लागू करना पड़ा। विधि के अन्तर्गत 6 से 14 वर्ष आयु के समस्त बालक-बालिका निशुल्क व अनिवार्य शिक्षा के अधिकारी हैं। कोई भी बच्चा इस आधार पर, पढ़ाई से रोका नहीं जा सकता कि उसके पास आवश्यक प्रमाण-पत्र नहीं है, प्रवेश चक्र पूरा हो चुका है, प्रवेश टैस्ट होना है समस्त निजी विद्यालयों में कमजोर तबके के बच्चों हेतु 25% प्रवेश आवश्यक होंगे जिनका शिक्षण शुल्क राज्य सरकारें वहन करेंगी। नोबल पुरस्कार प्राप्त बालिका मलाला योसफजई तथा कैलाश सत्यार्थी ने भी भारत व पाकिस्तान की सरकारों से अनुरोध किया है कि राष्ट्र के विकास हेतु अन्य मर्दों में व्यय घटाकर प्राथमिक शिक्षा पर अधिक से अधिक व्यय किया जाये। निजी विद्यालयों के संगठन ने पतंग प्रोजेक्ट द्वारा वार्षिक सम्मेलन आयोजित कर विधि के व्यावहारिक स्वरूप पर चर्चाएँ प्रारम्भ की हैं। आगामी 19 दिसम्बर 2015 को सम्मेलन का पुनः आयोजन किया जा रहा है। इसी प्रकार महात्मा गाँधी राष्ट्रीय ग्रामीण रोजगार गारन्टी अधिनियम, 2005 (मनरेगा) के अन्तर्गत अकुशल ग्रामीणों को 100 दिन का न्यूनतम रोजगार (श्रम) पाने का अधिकार है। इस योजना से भारत के सबसे पिछड़े और ग्रामीण क्षेत्रों में रोजगार की स्थिति में काफी सुधार आया। योजना के उत्कृष्ट क्रियान्वयन हेतु छत्तीसगढ़ को राष्ट्रीय पुरस्कार प्रदान किया गया है। मनरेगा को अन्तर्राष्ट्रीय स्तर पर सराहना मिली।

भारत में सेवा वितरण प्रणाली अत्यन्त खेदजनक स्थिति में है। प्रत्येक विभाग बड़े-बड़े सूचना पटों पर उत्कृष्ट सेवा का दावा तो प्रदर्शित करता है। परन्तु सेवा वितरण रामभरो से चलता रहता है। पूछताछ पटल, शिकायत निवारण अधिकारी

नियुक्त तो होते हैं, परन्तु शिकायत सुनने से परहेज करते हैं। शिकायत दर्ज होने के बावजूद या तो कोई कार्यवाही होती नहीं है और होती भी है तो बहुत धीमी गति से, लापरवाही से। शिकायतकर्ता को तंग तथा हतोत्साहिक किया (Harras) जाता है, धमकी दी जाती है। उपभोक्ता फोरम में न्याय प्राप्त करने में वक्त का अभाव आड़े आता है।

जैसा कि ऊपर अवगत कराया जा चुका है कि जब सामान्य विधि के अन्तर्गत व्यवस्था पटरी पर नहीं आ पाती तो कठोर विधि का निर्माण करना विवशता है। प्रस्तावित सड़क सुरक्षा अधिनियम, 2014 इसका ज्वलंत उदाहरण है। सड़क सुरक्षा को लेकर चिन्तित सरकारें तथा आम जनता सुरक्षा को लेकर गम्भीर हैं। भारत में सेवा वितरण व्यवस्था इतनी लचर स्थिति में है कि इसको सुधारने हेतु कठोर विधि बनानी ही पड़ेगी। सेवा वितरण व्यवस्था को भाग्य पर नहीं छोड़ा जा सकता। राष्ट्र की उन्नति हेतु सेवा वितरण व्यवस्था अति आवश्यक है।

भारतीय जीवन बीमा निगम में सेवा वितरण व्यवस्था पहले से अधिक सुदृढ़ हुई है। 'निगम' ने सिटीजन चार्टर लागू कर समस्त सेवाओं की अधिकतम अवधि घोषित की है। केन्द्रीय, क्षेत्रीय, मण्डलीय व शाखा कार्यालयों में शिकायत निवारण प्रकोष्ठ की स्थापना की है। नेटवर्क पर शिकायत प्रकोष्ठ स्थापित किया है। IVRS के अन्तर्गत फोन नम्बर व्यवस्था की है। ग्राहकों, अभिकर्ताओं, विकास अधिकारियों हेतु अलग-अलग पोर्टल सुविधा प्रदान की है। आज कोई भी ग्राहक अपने नेटवर्क पर निगम की समस्त प्राथमिक व मुख्य जानकारियाँ मात्र एक क्लिक

पर प्राप्त कर सकता है। प्रीमियम भुगतान हेतु अनेक विकल्प प्रदान किये गये हैं। इस प्रकार भारतीय जीवन बीमा निगम, भारत में मात्र एक संस्थान है जो सेवा वितरण में सर्वोत्कृष्ट स्थान रखता है।

अन्य बीमा संस्थानों में सेवा वितरण की व्यवस्था व्यवहारिक रूप से ऐसी नहीं है कि उसे बीमा उद्योग की उन्नति में पर्याप्त समझा जा सके। प्रस्ताव पूरित होने के पश्चात पालिसी-प्रलेख (Policy Bond) यथा शीघ्र पालिसी धारक को प्राप्त हो जाना चाहिए जबकि अनेक बीमा संस्थान यह सेवा देरी से पूरी करते हैं। इसका प्रमुख कारण है कि बीमा अभिकर्ता द्वारा सटीक पालिसी योजना का विक्रय न किया जाना। सामान्य-बीमा संस्थान के सम्बन्ध में तो यहाँ तक सुनने में आता है कि वे प्रीमियम रसीद जारी करके ही अपने कर्तव्य की इतिश्री कर देते हैं। दुर्घटना

होने पर दावा प्रस्तुत करने हेतु पालिसी प्रलेख के न प्राप्त होने की स्थिति में पालिसी धारक को अनावश्यक रूप से कठिनाई उठानी पड़ती है। अन्य सेवाओं जैसे पालिसी ऋण, नामांकन, समनुदेशन, पता परिवर्तन, भुगतान विधि परिवर्तन, पुनर्चलन में भी कुछ बीमा संस्थान अनावश्यक कोताही बरत रही हैं।

आज भी देश में 70 प्रतिशत में अधिक बीमा योग्य व्यक्ति बीमा संरक्षण से वंचित हैं। बीमा उद्योग के विस्तार व विकास के लिए विदेशी बीमा कम्पनियों के सहयोग से अनेक निजी बीमा कम्पनियों को भारत में बीमा व्यवसाय करने की छूट प्रदान की गई है। फिर भी बीमा सेवा वितरण में अपेक्षित सुधार अभी तक नहीं हुआ है। इन परिस्थितियों के आलोक में अब यह वक्त का तकाजा है कि विशेष विधि व्यवस्था करके सेवा वितरण व्यवस्था में कठोर निर्णय लिये जाये।

दाण्डिक व्यवस्था की जाये ताकि बीमा सेवा वितरण उस मानक पर पहुँच जाये जिसकी राष्ट्र व विश्व को अपेक्षा है।

इन उपायों से निश्चित रूप से बीमा उद्योग पर सकारात्मक प्रभाव पड़गा, बीमा सेवा वितरण उच्च कोटि का होगा। बीमा उद्योग के विकास पर राष्ट्र की आर्थिक स्थिति भी सुदृढ़ होगी क्योंकि कि बीमा संस्थानों से दीर्घकालिक कोष सुदृढ़ होते हैं तथा राष्ट्र की प्रगति हेतु दीर्घकालिक योजनाओं को मूर्तरूप प्रदान करने में अत्यन्त सुविधा होती है। मध्य प्रदेश तथा महाराष्ट्र प्रदेशों की सरकारों ने अपने यहाँ इस सम्बन्ध में विधेयक पारित भी कर दिया है। अब देखना है कि भारत सरकार इस ओर अपना कदम कब बढ़ायेगी।

गोपीचन्द बीशनोई, उ.श्रे.सा. (प्रशा.)
भारतीय जीवन बीमा निगम, मोदीपुरम
शाखा

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), IRDAI of India Journal,
Insurance Regulatory and Development Authority of India,
Parishram Bhavan, 3rd Floor, Basheer Bagh,
Hyderabad-500 004.
or e-mail us at IRDAIjournal@IRDAI.gov.in

Snapshot of Life Insurance Industry as at 31.08.2015

The Life Insurance Sector procured Rs. 45871.05 crore First Year Premium with a growth of 13.83% as at the end of 31st August, 2015. LIC procured Rs 32436.90 Cr with a growth of 9.19% where as Private Sector procured Rs 13434.15 Cr posting a growth of 26.87%. Private sector experienced a growth in both Individual NB and Group NB where as LIC shown a growth in Group NB and decline in Individual NB. The number of individual policies has shown a growth of 15.51% by public sector and 8.59% by private sector and a overall growth of 13.85% at the industry level. The number of lives covered under Group policies has shown a growth by 39.74% at the industry level.

ULIP business has shown a growth of 64.15% up to the period ended 31st August, 2015 compared to the corresponding previous period. The Life Insurance Industry has procured Linked Premium of Rs.5634.18 crore as at 31st August, 2015 as against Rs. 3432.42 crore for the same corresponding period of previous year. This entire growth may be attributed to the Private Sector (growth of 63.90%) while LIC has a marginal business of Rs. 9.29 crore with 1501.72% growth against the nil business in previous year corresponding period.

The share of Pension (33.46%) and Health (0.15%) segments has shown growth where as Life (59.39%) and Annuity (7.01%) segments have shown a decline when compared to last year's performance. The individual pension business shows a decline both in terms of number of policies and premium. Group Pension premium has a growth of 18.45% for private sector and 28.63% for LIC. However, the share

of individual pension premium out of the total pension premium remains at just around 2.2%.

The number of individual agents* in life insurance sector stood at 20,32,420 with a net reduction of 35,416 (1.7%) for the period. There is a net addition of 7975 (0.9%) agents in private sector which has ended up with a total of 9,12,207 agents while there is a net reduction of 43,391 (3.7%) in case of LIC which closed the month of August 2015 with a total of 11,20,213 individual agents.

(* Source data is from Life Council's MIS for the month of August, 2015)

Analysis of ULIP business:

The Life Insurance Industry has procured Linked Premium of Rs.5634.18 crore as at 31st August, 2015 as against Rs.3432.42 crore for the same corresponding period of

previous year. It shows an increase of 64.15%.

LIC's Premium is Rs.9.29 crore (PY Rs.0.58 crore), an increase of 1501.72%.

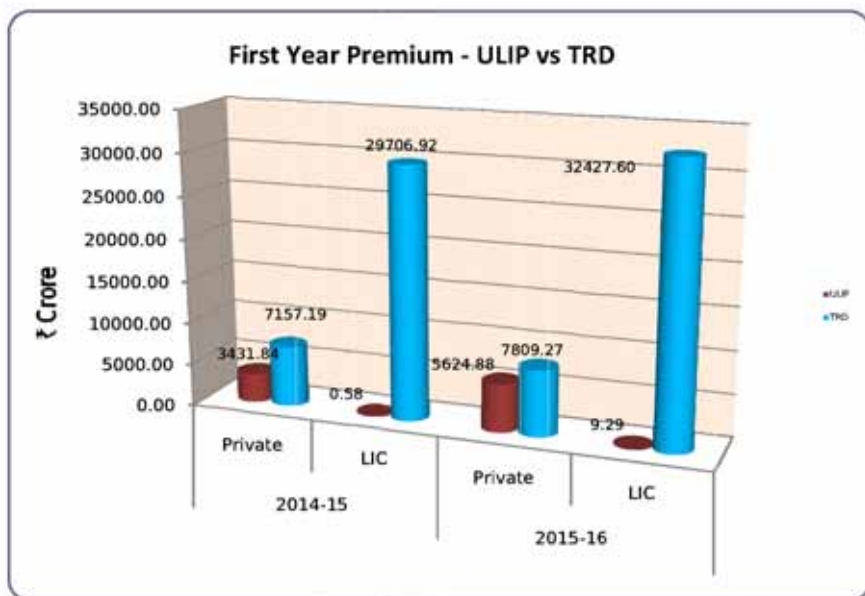
Private players have collected linked Premium of Rs.5624.88 crore (PY Rs.3431.84 crore), an increase of 63.90%.

Analysis of Traditional Business:

The Life Insurance Industry has procured Non-Linked Premium of Rs.40236.87 crore as at 31st August, 2015 as against Rs.36864.11 crore for the same corresponding period of previous year. It shows a growth of 9.15%.

LIC's Premium is Rs.32427.60 crore (PY Rs. 29706.92 crore), a growth of 9.16%.

Private players have collected Non-linked Premium of Rs.7809.27 crore (PY Rs.7157.19 crore), an increase of 9.11%.



Compiled by Life Dept., IRDAI

FIRST YEAR PREMIUM OF LIFE INSURERS FOR THE QUARTER SEPTEMBER 2015

INDIVIDUAL SINGLE PREMIUM (INCLUDING RURAL & SOCIAL)

(₹ in Crores)

Sl. No.	PARTICULARS	PREMIUM		POLICIES		SUM ASSURED	
		Sept, 2014	Sept, 2015	Sept, 2014	Sept, 2015	Sept, 2014	Sept, 2015
1	Non linked*						
	Life						
	with profit	6013.03	3072.15	727425	378106	11829.16	10089.44
	without profit	69.30	45.00	70449	121290	590.49	1024.58
2	General Annuity						
	with profit	0.00	0.00	0	0	0.00	0.00
	without profit	1065.60	1108.69	26428	25286	81.37	61.15
3	Pension						
	with profit	16.39	14.91	476	363	23.86	22.51
	without profit	74.59	37.37	153	104	0.15	0.13
4	Health						
	with profit	0.00	0.00	0	0	0.00	0.00
	without profit	0.78	0.03	248	8	14.55	0.21
A.	Sub total	7239.69	4278.14	825179	525157	12539.57	11198.02
1	Linked*						
	Life						
	with profit	0.00	0.00	0	0	0.00	0.00
	without profit	438.88	678.01	18455	30303	551.45	1214.26
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	23.75	44.46	105	300	5.66	22.22
4	Health						
	with profit	0.00	0.00	0	0	0.00	0.00
	without profit	-0.01	0.00	-2	0	-0.05	0.00
B.	Sub total	462.61	722.47	18558	30603	557.07	1236.48
C.	Total (A+B)	7702.31	5000.60	843737	555760	13096.64	12434.50
	Riders:						
	Non linked						
1	Health#	0.01	0.00	6	3	0.11	0.66
2	Accident##	0.16	0.22	875	1208	32.89	49.47
3	Term	0.01	0.00	8	3	-0.14	0.04
4	Others	2.28	2.23	0	0	2.89	2.62
D.	Sub total	2.46	2.45	889	1214	35.75	52.78
	Linked						
1	Health#	0.00	0.00	0	-1	0.00	-0.01
2	Accident##	0.09	0.12	1872	2062	92.87	124.55
3	Term	0.00	0.00	0	0	0.00	0.00
4	Others	0.00	0.00	0	0	0.00	0.00
E.	Sub total	0.09	0.12	1872	2061	92.87	124.54
F.	Total (D+E)	2.55	2.58	2761	3275	128.62	177.32
G.	**Grand Total (C+F)	7704.86	5003.18	843737	555760	13225.26	12611.83

* 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 SEPTEMBER 2015

INDIVIDUAL NON - SINGLE PREMIUM (INCLUDING RURAL & SOCIAL)

(₹ in Crores)

Sl. No.	PARTICULARS	PREMIUM		POLICIES		SUM ASSURED	
		Sept, 2014	Sept, 2015	Sept, 2014	Sept, 2015	Sept, 2014	Sept, 2015
1	Non linked*						
	Life						
	with profit	11307.86	10554.86	7189657	8220480	136967.84	162840.15
	without profit	1415.16	1520.34	968679	879780	108664.06	116306.29
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	62.67	66.95	17143	15269	946.30	986.74
	without profit	46.49	26.80	5229	2915	109.17	83.36
4	Health						
	with profit	0.00	0.00	0	0	0.00	0.00
	without profit	42.84	84.90	82294	174133	1103.87	8662.63
A.	Sub total	12875.02	12253.85	8263002	9292577	247791.25	288879.17
1	Linked*						
	Life						
	with profit	0.09	0.00	0	0	0.00	0.00
	without profit	3099.63	4041.83	425884	512088	33594.70	43656.17
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	213.34	227.81	16963	15627	47.31	46.32
4	Health						
	with profit	0.00	0.00	0	0	0.00	0.00
	without profit	0.48	-0.05	-60	-20	-0.54	-0.26
B.	Sub total	3313.53	4269.58	442787	527695	33641.47	43702.23
C.	Total (A+B)	16188.56	16523.44	8705789	9820272	281432.72	332581.40
	Riders:						
	Non linked						
1	Health#	2.99	2.76	32622	25252	330.39	522.54
2	Accident##	5.85	6.70	342199	333066	15429.02	15390.97
3	Term	2.91	2.56	17197	24820	356.54	557.47
4	Others	0.92	1.51	4366	18097	5.05	53.53
D.	Sub total	12.67	13.54	396384	401235	16121.00	16524.50
	Linked						
1	Health#	0.03	0.02	-8	-6	-2.70	0.35
2	Accident##	0.71	0.62	31771	24314	1464.80	1368.02
3	Term	0.00	0.00	0	-15	-1.04	-1.50
4	Others	0.20	0.37	5203	5590	25.81	32.59
E.	Sub total	0.94	1.02	36966	29883	1486.88	1399.46
F.	Total (D+E)	13.61	14.55	433350	431118	17607.88	17923.96
G.	**Grand Total (C+F)	16202.17	16537.99	8705789	9820272	299040.59	350505.37

* 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 SEPTEMBER 2015

GROUP SINGLE PREMIUM (INCLUDING RURAL & SOCIAL)

(₹ in Crores)

Sl. No.	PARTICULARS	Premium		No. of Schemes		Lives Covered		Sum Assured	
		Sept, 2014	Sept, 2015	Sept, 2014	Sept, 2015	Sept, 2014	Sept, 2015	Sept, 2014	Sept, 2015
Non linked*									
1	Life								
a)	Group Gratuity Schemes								
	with profit	62.10	15.59	13	3	0	0	0.00	0.00
	without profit	4798.84	6884.10	54	45	93578	151971	170.94	123.02
b)	Group Savings Linked Schemes								
	with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	6.49	-0.16	0	0	244	2	1.35	0.00
c)	EDLI								
	with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	1.65	16.03	34	46	119313	228336	2265.62	8329.82
d)	Others								
	with profit	3.30	8.90	2	0	0	0	0.00	0.00
	without profit	2662.36	3384.31	614	783	6738499	13557186	138096.64	243841.36
2	General Annuity								
	with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	2357.39	2869.44	14	3	74548	137007	10.55	10.21
3	Pension								
	with profit	316.75	185.83	2	2	121	17	0.00	0.00
	without profit	10793.59	16230.22	14	10	39293	16803	221.40	97.44
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	21002.47	29594.26	747	892	7065596	14091322	140766.50	252401.86
Linked*									
1	Life								
a)	Group Gratuity Schemes								
	with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	212.07	1059.30	20	32	31078	63385	4.21	6.34
b)	Group Savings Linked Schemes								
	with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	11.39	-0.27	0	0	106	0	15.11	0.00
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	99.65	317.46	33	25	21277	48742	210.29	203.17
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	212.75	321.52	11	6	5133	9307	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	535.85	1698.02	64	63	57594	121434	229.61	209.51
C.	Total (A+B)	21538.32	31292.28	811	955	7123190	14212756	140996.10	252611.37
Riders:									
Non linked									
1	Health#	3.36	4.85	30	31	6711	7895	640.02	805.82
2	Accident##	4.13	17.11	54	49	43621	237887	3423.62	7165.92
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	7.49	21.96	84	80	50332	245782	4063.64	7971.74
Linked									
1	Health#	0.00	0.00	0	0	0	0	0.00	0.00
2	Accident##	0.01	0.01	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	0.01	0.01	0	0	0	0	0.00	0.00
F.	Total (D+E)	7.50	21.98	84	80	50332	245782	4063.64	7971.74
G.	**Grand Total (C+F)	21545.82	31314.25	811	955	7123190	14212756	145059.75	260583.11

* 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 SEPTEMBER 2015

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

Sl. No.	PARTICULARS	Premium		No. of Schemes		Lives Covered		Sum Assured	
		Sept, 2014	Sept, 2015	Sept, 2014	Sept, 2015	Sept, 2014	Sept, 2015	Sept, 2014	Sept, 2015
1	Non linked*								
a)	Life								
	Group Gratuity Schemes with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	730.20	332.15	2109	1676	553466	1344283	5714.98	5885.05
b)	Group Savings Linked Schemes with profit	0.84	0.20	0	0	-4	-3	-0.05	-0.15
	without profit	50.07	7.65	0	0	91527	-38	3206.82	-1.18
c)	EDLI with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	12.28	27.54	218	255	741782	1092389	13845.77	39746.04
d)	Others with profit	0.00	0.00	0	0	0	21315	0.00	-89.57
	without profit	835.95	1403.72	16575	13600	44820579	67285948	411832.47	909549.57
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	1807.22	741.32	212	136	195493	454940	64.74	24.52
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	3436.56	2512.58	19114	15667	46402843	70198834	434664.71	955114.30
1	Linked*								
a)	Life								
	Group Gratuity Schemes with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	266.31	860.82	143	173	152844	278564	256.05	666.20
b)	Group Savings Linked Schemes with profit	0.00	0.00	0	0	0	0	0.00	0.00
	without profit	1.03	1.76	16	14	129168	45035	428.85	4.50
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	8.77	7.21	0	3	4	-274	0.00	3.74
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	6.80	41.32	16	24	2119	4513	7.44	7.13
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	282.91	911.11	175	214	284135	327838	692.35	681.58
C.	Total (A+B)	3719.48	3423.69	19289	15881	46686978	70526672	435357.06	955795.87
	Riders:								
	Non linked								
1	Health#	4.43	5.74	102	115	174730	252281	22389.47	31815.02
2	Accident##	0.88	1.50	91	43	20469	59189	1158.99	6264.24
3	Term	0.50	0.02	0	0	3664	3729	227.35	159.69
4	Others	0.04	0.03	1	1	-22	1784	-11.14	1048.32
D.	Sub total	5.85	7.29	194	159	198841	316983	23764.68	39287.27
	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)	5.85	7.29	194	159	198841	316983	23764.68	39287.27
G.	**Grand Total (C+F)	3725.32	3430.98	19289	15881	46686978	70526672	459121.74	995083.14

* 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.

STATISTICS NON-LIFE INSURANCE

Report Card : General

Gross Premium underwritten for and up to the month of August, 2015

(₹ in Crores)

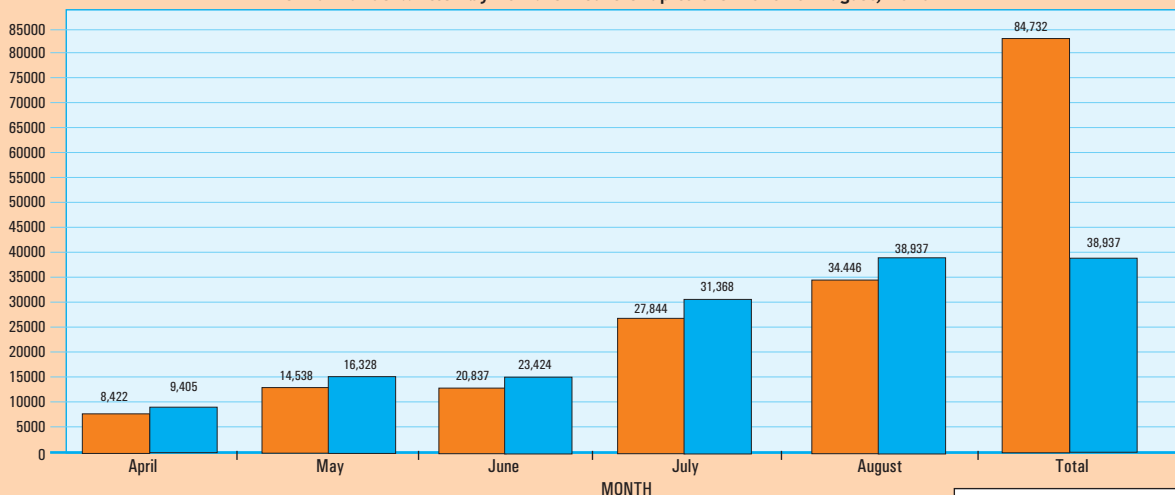
(%)

INSURER	AUGUST		APRIL-AUGUST		GROWTH OVER THE CORRESPONDENCE PREVIOUS YEAR
	2015-16	2014-15*	2015-16	2014-15*	
Royal Sundaram	120.36	118.43	666.58	647.61	2.93
Tata-AIG	238.43	187.79	1,346.40	1,117.98	20.43
Reliance General	210.13	205.04	1,269.67	1,204.72	5.39
IFFCO-Tokio	274.82	206.55	1,492.42	1,300.85	14.73
ICICI-lombard	602.91	516.61	3,366.86	2,842.95	18.43
Bajaj Allianz	447.53	503.18	2,214.49	2,114.90	4.71
HDFC ERGO General	269.02	280.80	1,332.96	1,290.85	3.26
Cholamandalam	179.83	172.65	861.87	807.86	6.68
Future Generali	109.91	107.43	651.28	584.14	11.49
Universal Sompo	49.45	43.37	313.88	257.90	21.70
Shriram General	129.87	119.35	650.17	590.48	10.11
Bharti AXA General	101.48	100.23	553.52	651.66	-15.06
Raheja QBE	1.96	1.52	11.19	9.18	21.93
SBI General	127.05	120.49	655.32	535.75	22.32
L&T General	28.13	22.01	168.54	117.96	42.89
Magma HDI	27.06	33.08	158.61	171.16	-7.33
Liberty	27.99	18.13	176.46	105.85	66.70
Star Health & Allied Insurance	145.03	109.18	666.49	501.66	32.86
Apollo MUNICH	67.82	47.93	294.72	232.08	26.99
Max BUPA	34.68	27.32	172.14	128.72	33.73
Religare	35.79	19.87	195.53	90.57	115.89
Cigna TTK	8.13	0.88	29.27	2.58	1,032.63
New India	1,019.02	897.37	6,307.58	5,487.52	14.94
National	859.66	807.11	4,976.09	4,550.17	9.36
United India	871.23	814.65	5,161.31	4,647.81	11.05
Oriental	570.97	530.65	3,440.65	3,190.37	7.84
ECCG	49.82	55.69	480.47	477.30	0.66
AIC	958.80	529.40	1,323.12	784.99	68.55
PRIVATE TOTAL	3,237.38	2,961.85	17,248.37	15,307.41	12.68
PUBLIC TOTAL	4,329.50	3,634.86	21,689.21	19,138.16	13.33
GRAND TOTAL	7,566.88	6,596.71	38,937.57	34,445.57	13.04

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 August, 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

2014-15 2015-16

PUBLIC NOTICE



IRDA CAUTIONS PUBLIC AGAINST SPURIOUS CALLS AND FICTITIOUS OFFERS

Insurance Regulatory and Development Authority (IRDA) has been receiving complaints, through email/letters and in its Integrated Grievance Management System, from members of public informing the Authority that they are receiving spurious calls from unidentified persons:

- Claiming to be representatives of IRDA and offering insurance policies of different insurance companies with various benefits.
- Claiming that IRDA is distributing bonus to insurance policyholders out of the funds invested by insurance companies with IRDA.
- Claiming that the policyholder would receive bonuses being distributed by IRDA if they purchase an insurance policy and wait for a few months after which the bonus would be released by IRDA.
- Advising customers to subscribe to fresh policy after surrender of the existing policy and wait for a few months after which the fresh policy would be entitled for additional enhanced returns / benefits.
- Informing that 'Survival Benefit or Maturity Proceeds or Bonus' is due under their existing policy and investing in a new insurance policy is mandatory to receive the amounts which are due.
- Advising public to invest in insurance policies to avail gifts, promotional offers, interest free loans, or setting up of Telecom towers or other such offers.

The general public is hereby informed that IRDA is a regulatory body established by an Act of Parliament, i.e. the Insurance Regulatory and Development Authority Act 1999, to protect the interests of the policyholders, to regulate, promote and ensure orderly growth of the insurance industry and for matters connected therewith or incidental thereto. Further, IRDA informs the members of public that:

- IRDA does not involve directly or through any representative in sale of any kind of insurance or financial products.
- IRDA does not invest the premium received by insurance companies.
- IRDA does not announce any bonus for policyholders or insurers.
- Any person making any kind of transaction with such individuals/agents will be doing the same at his own risk.

IRDA hereby urges the public to remain alert and not to fall prey to frauds or scams perpetrated by miscreants who impersonate to be employees / officers of IRDA or other insurance companies.

If any member of the public notices such instances, he or she may lodge a police complaint, along with the details of the caller and telephone number from which the call was received, in the local 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



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