

Ref: IRDAI/CAD/CIR/MISC/001/01/2019 Date:21-01-2019

To

All the CEOs/CMDs of Life Insurance Companies

Re: Submission of Quarterly Statements on Mis-selling complaints

Unfair Business Practices complaints affects the sentiment of the insurance sector. After analysing various measures put in place by Insurers in addressing mis-selling, we have observed that the market conduct of Intermediaries and design of insurance products play a major role in reducing complaints.

In view of the above, IRDAI in exercise of its powers under Section 14(2)(h) of IRDA Act, 1999, hereby directs all the Life Insurers to submit the following data which is in addition to the monthly reports:

- 1. Quarterly Statement(s) as per the formats enclosed, at the end of every quarter henceforth so as to reach us on or before 10th of next month.
- 2. As a one-time exercise, submit the data in the prescribed formats (Form Nos. CAD/Compl/INT 1, CAD/Compl/PROD 1) for the periods (i) 2017-18(Financial Year) & (ii) April, 2018 to Dec, 2018 separately in the excel sheets by 31st of January, 2019.

The above statements have to be sent to the mail id's r.pardhasaradhi@irda.gov.in; srikanth.vedala@irda.gov.in;

This has the approval of competent Authority.

Encl: a/a

Sujay Banarji

Member (Distribution)

## Statement of mis-selling complaints against top-10 Intermediaries for the quarter ending \_\_\_\_\_

Nam	e of the Insurer								Form No. CAD/Compl/ INT 1		
		Whether Corp. Agent			Out of (e) No. of						
		other than bank/	Total No.		complaints						
		Bank(Banc assurance)/	of	No. of mis-	attended to and		No. of			Action taken	
SI.	Name of the	Broker/ IMF/	complaints	selling	their resolution		policies	Premium	Commission	on the	
No.	Intermediary	Direct/Specify	registered	complaints	classification		sourced	received	paid	intermediary	
(a)	(b)	(c)	(d)	(e)		(f)		(g)	(h)	(i)	(j)
					1	Р	R				

I – In favour of Complainant; P – Partially in favour of complainant; R – Rejected

## Statement of top-10 Product-wise mis-selling complaints for the quarter ending \_\_\_\_\_

Name	e of the Insurer:	Form No. CAD/Compl/ PROD 1							
				Out of (d) No. of complaints attended					
SI.	Name of the	Total no. of		to and their resolution classification					
No.	product, UIN, Date		complaints				No.	of	policies
	of approval	registered	registered				sourced		
(a)	(b)	(c) (d) (e)				(f)			
				In favour	Partially in	Rejected			
					favour				