

**ड्राफ्ट आईआरडीएआई (आंतरिक बीमा लोकपाल) दिशानिर्देश, 2025**  
**Draft IRDAI (Internal Insurance Ombudsman) Guidelines, 2025**

**1. Background:**

- i) With the growth in the insurance sector, the expectations of the policyholders in terms of efficiency of service delivery also grow, which, if not met appropriately, result into complaints / grievances.
- ii) While the insurance sector is taking all the necessary measures to address the day to day complaints of the Policyholders, in order to meet the growing expectations of the policyholders, it is felt that in addition to the existing measures in the area of grievance redressal, an independent, enhanced review mechanism must be put in place so that all the genuine complaints are given due attention.
- iii) Accordingly, to facilitate effective and speedy resolutions of the grievances and to further improve the standards of the complaint management system, the Authority, in exercise of powers under Section 14(2) (b) of IRDA Act, 1999 read with Regulation 56 of the IRDAI (Protection of Policyholders' Interests, Operations and allied Matters of insurers) Regulations, 2024, hereby issues IRDAI (Internal Insurance Ombudsman) Guidelines 2025.

**2. Objectives:**

- i) To enhance trust and confidence of the policyholders;
- ii) To further strengthen the internal complaint management system of the insurer by having an independent forum to examine grievances;
- iii) To bring efficiency in the area of market conduct and to further improve service delivery.

**3. Applicability:**

- i) These guidelines shall be applicable to all the Insurers (except reinsurers) who have completed 3 years from the date of commencement of their operations.

- ii) These guidelines shall come into force after three months from the date of issuance.
- iii) These guidelines shall be reviewed periodically once in a year from the date of issuance, unless the review or repeal or amendment is warranted earlier.

**4. Appointment / Remuneration of Internal Insurance Ombudsman of an insurer:**

- i) Eligibility: A person shall be qualified for appointment as Internal Insurance Ombudsman of an insurer, only if he / she has—
  - a) served for at least twenty years in the insurance industry and has held a post not less than two level below that of the director of a Board;
  - b) not worked / is not working with the Insurer / companies in the Group to which the insurer belongs into which he is to be appointed.
- ii) The appointment of Internal Insurance Ombudsman shall be for a fixed term of 3 years or till the age of 70 years whichever is earlier. The minimum age at entry shall not be less than 55 years.
- iii) A person appointed as Internal Insurance Ombudsman may be considered for reappointment for another term of 3 years, subject to meeting the necessary criteria. However, no person shall be allowed for more than 2 terms with a particular insurer.
- iv) Insurer shall, on appointment, furnish the details of the 'Internal Insurance Ombudsman' to the Authority within 15 days from the date of the appointment in the format as specified in Master Circular on Corporate Governance for Insurers, 2024 for KMPs in *Form KMP - 1*.
- v) The Insurer shall commence the process of fresh appointment well in advance to fill up the vacancy before the expiry of the tenure of the incumbent Internal Insurance Ombudsman to ensure that the post does not remain vacant at any point of time.

- vi) In case the vacancy arises on account of reasons beyond the control of the Insurer, the Insurer shall appoint a new Internal Insurance Ombudsman within three months from the date of the vacancy.
- vii) The insurer shall have the discretion to appoint one or more person as Internal Insurance Ombudsman. Where an insurer opts to appoint more than one Internal Insurance Ombudsman, the Insurer shall define the jurisdiction of each Internal Insurance Ombudsman.
- viii) The Board of the insurer shall decide the remuneration of the Internal Insurance Ombudsman. The remuneration of the Internal Insurance Ombudsman shall only be in the form of fixed pay and no variable or performance linked incentives are allowed.
- ix) Once determined, the remuneration shall not be changed during the currency of the tenure of Internal Insurance Ombudsman except a yearly fixed increase decided by the Board in advance.

## **5. Reporting of the Internal Insurance Ombudsman**

The internal Insurance ombudsman shall report to the Managing Director / CEO of the Insurer administratively, and functionally to the Board or the Policyholder Protection, Grievance Redressal and Claims monitoring (PPGR & CM) Committee of the Board.

## **6. Removal / Dismissal of the Internal Insurance Ombudsman**

- i) A person appointed / re-appointed as Internal Insurance Ombudsman shall continue to hold the office for a fixed term of 3 years.
- ii) Before completion of the term, internal insurance ombudsman can only be removed with the approval of the Policyholder Protection, Grievance Redressal and Claims monitoring (PPGR & CM) Committee of the Board on justifiable grounds.

## **7. Role and responsibility of the Internal Insurance Ombudsman:**

- i) The Internal Insurance Ombudsman shall be an independent apex body of the insurer, in terms of addressing complaints that fall within its jurisdiction.
- ii) The Internal Insurance Ombudsman shall have powers to decide complaints involving amount of not more than of value of Rs. 50 lakhs.
- iii) The Internal Insurance Ombudsman shall aim to facilitate settlement by agreement or through conciliation and mediation between complainant and the insurer, agent or intermediary.
- iv) Where the complaint cannot be resolved by agreement or through conciliation and mediation as stated in para (iii) above, the Internal Insurance Ombudsman shall decide the matter on merits after providing an opportunity of hearing to both parties.
- v) The Internal Insurance Ombudsman shall consider the complaints:
  - a) which have not been responded to by the insurer within 30 days of receipt of the complaint.
  - b) Partly or wholly rejected by the insurer on which the complainants have preferred an appeal with the Internal Insurance Ombudsman of the insurer.
- vi) The Internal Insurance Ombudsman shall also look for inherent deficiency in service in such cases and shall analyze the nature / trend / pattern of complaints such as product category wise, consumer group wise, Intermediary wise, geographical location wise, etc., and shall suggest means for taking actions to address the root cause of complaints of similar / repeat nature and those that require policy level changes at the insurer level.

Such report shall be placed before the PPGR & CM Committee / Board, preferably at quarterly intervals, but not less than half-yearly intervals, for taking the necessary action by the insurer.

- vii) No complaint shall be maintainable before the Internal Insurance Ombudsman on the same subject matter on which the proceedings are pending before or disposed of by any court or consumer forum or Insurance Ombudsman.

## **8. Procedure for Complaint Redressal by the Internal Insurance Ombudsman**

- i) No complaint shall lie to the Internal Insurance Ombudsman unless the complainant has made a representation in writing or through electronic mail to the insurer and—
  - (a) either the insurer had rejected the complaint partly or wholly; or
  - (b) the complainant had not received any reply within a period of 30 days from the date of receipt.
- ii) The complainant shall have an option to refer the decision of the insurer to the Internal Insurance Ombudsman for review. Where a policyholder has exercised such option, the detail of such complaint shall be transferred to the Internal Insurance Ombudsman for his reference.

For this purpose, an Insurer shall establish a fully automated Complaints Management Software; wherein details of such complainant shall reach the Internal Insurance Ombudsman immediately, but not later than 3 days of the option being exercised by the policyholder.

- iii) Where the complainant has approached the Insurance Ombudsman under Insurance Ombudsman Rules, 2017, the insurer while furnishing its response shall, mandatorily, include the decision of its Internal Insurance Ombudsman in the information submitted to the Insurance Ombudsman.
- iv) The insurer shall provide the necessary infrastructure and manpower support to the Internal Insurance Ombudsman to perform its duties.

## **9. Closure of Complaints:**

- i) The Internal Insurance Ombudsman shall endeavor to promote a settlement between the complainant and the insurer, agent, and other intermediaries through conciliation.
- ii) If a complaint is not resolved by agreement between the parties, within a period of 7 days from the date of receipt of the complaint or such further period as the Internal Insurance Ombudsman may allow the parties, he/she shall decide the case on merits.
- iii) The Insurer / Agents / Intermediary shall furnish all records and documents sought by the Internal Insurance Ombudsman to enable expeditious resolution of the complaints without any undue delay.
- iv) The Internal Insurance Ombudsman shall take into account the evidence placed before him by the parties, the statutory provisions governing the subject matter of the complaint, directions, instructions, and guidelines issued by the Authority from time to time, and such other factors which in his/her opinion are relevant to the complaint.
- v) The Internal Insurance Ombudsman must record a “reasoned decision” in each case, which shall be binding on the insurer. The Internal Insurance Ombudsman shall refrain from giving any conditional decision / award.
- vi) The decision of the Internal Insurance Ombudsman may also contain the direction/s, if any, to the Insurer for specific performance of its obligations and in addition to or otherwise, the amount, if any, to be paid by the insurer to the complainant by way of refund of premium or for any loss suffered by the complainant, arising directly out of the act or omission of the insurer.
- vii) The Internal Insurance Ombudsman shall endeavor to dispose of cases, within 15 days of receipt of the complaint.

- viii) A copy of the decision of the Internal Insurance Ombudsman shall be sent to the complainant and the concerned office of the insurer promptly for compliance but not later than 3 days of decision of the Internal Insurance Ombudsman.
- ix) The insurer shall be under obligation to honor the decision of the Internal Insurance Ombudsman within a period of 7 days of receipt of the decision.

Provided that the complainant shall be entitled for interest at bank rate plus two percent as specified in Master Circular on Policyholders Interests, 2024 from the date of intimation of the claim till the date of payment of the amount.

#### **10. General Instructions to Internal Insurance Ombudsman:**

The Internal Insurance Ombudsman shall adhere to the following principles while disposing of the complaints.

- i) **Independence:** He/she shall ensure that the decisions are unbiased and not influenced by any official and are free from the interference of any person in decision-making.
- ii) **Openness and transparency:** He/she shall ensure openness and transparency in order that the stakeholders should have confidence in the decision-making and management processes of the scheme.
- iii) **Accountability:** He/she shall ensure that all stakeholders involved, including insurers, agents, and intermediaries, are responsible and accountable for their decisions and actions.
- iv) **Integrity:** He/she shall ensure straightforward dealing and completeness, based on honesty, selflessness, and objectivity, and ensure high standards of probity and propriety in the conduct of the Guidelines and decision making.
- v) **Clarity of purpose:** He/she shall ensure that stakeholders know why this scheme exists and what it does, and what to expect from it.

- vi) **Effectiveness:** He/she shall ensure that the scheme delivers quality outcomes efficiently and delivers appropriate satisfaction to the parties besides promoting the credibility of the insurance sector.

#### **11. Appeal:**

A complainant aggrieved by the decision of the Internal Insurance Ombudsman may within 30 days of the date of receipt of communication of the decision, prefer an appeal before the Insurance Ombudsman in accordance with the Insurance Ombudsman Rules. 2017.

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