



## UNITED INDIA INSURANCE COMPANY LIMITED

Regd. & Head Office : 24 Whites Road, Chennai 600 014

### **CODE OF COMMITMENT**

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WITH A VIEW TO PROVIDE QUALITY SERVICE TO CUSTOMERS AND SET STANDARDS FOR PROCEDURES INVOLVING ALL ASPECTS OF CUSTOMER SERVICE AND TO REDRESS THE GRIEVANCE OF CUSTOMERS, UNITED INDIA INSURANCE COMPANY HEREBY COMMITS TO STRIVE:

1. To meet the expectation of quality service of all customers, existing, prospective and ex-customers to the maximum possible extent.
2. To explain in detail the provisions of insurance coverage sought by the customer with regard to policy conditions, exclusions, etc., to enable the customer understand fully the nature and scope of insurance cover being provided to them.
3. To issue receipt immediately upon payment of due premium by the insured and to issue policies/documents within 7 working days of receipt of full premium.
4. To issue renewal notices at the discretion of the Company to expiring policies at least 10 days before the date of expiry of policy.
5. To inform the insured promptly about changes in policy conditions, increase in premium, if any, during the currency of policy as may be necessary.
6. To depute a surveyor/investigator to assess the loss within 3 days of the receipt of intimation of loss by the underwriting office.
7. To render all assistance to the insured in submitting his claim in the event of loss and informing the requirements in support of his claim.
8. To inform the insured promptly in the event of need for additional information from the insured while processing the claims.
9. To process all claims up to a finality and offer a settlement of claim to the insured after fulfillment of all requirements by the insured

and on receipt of surveyor's report/investigator's report in accordance with the following time-schedule, subject to limits of financial authority.

Fire claims / LOP claims :	16 working days
Marine claims :	16 working days
Miscellaneous claims :	16 working days
Liability claims :	16 working days on completion of process of law

Where financial authority for settlement of claim is vested in an authority in a different office, 6 more working days will be added to the above time-schedule.

10. To inform the insured as early as possible and within 30 days from the receipt of the survey report or the additional survey report, as the case may be about the rejection of his/her claim with reasons in case the claim is found not to be admissible.

11. To issue cheque for payment within 2 working days after receipt of duly signed discharge voucher from the insured by the office concerned.

12. To take up grievances of customer (existing as well as past) immediately on receipt of the same and process the same as per the guidelines of the Customer Grievance Redressal System (CGRS).

13. To take up immediately with intermediaries like Third Party Administrator in health insurance the deficiency or non-delivery of service to the insured by the intermediaries.

14. To be sensitive to the needs of the customers at all times and be willing to listen to the customers regarding suggestions for improving the quality of service, improvements in existing procedures and introduction of new products.