

**FORM OF COMPLAINT TO BE LODGED WITH THE INSURANCE OMBUDSMAN  
(TO BE FILLED UP BY THE COMPLAINANT)**

Pl refer to Rule 13 (1) and 14(2) of the Insurance Ombudsmen Rules, 2017 (as amended up to date)

All the fields are mandatory. Separate complaint letter required for each company/policy

To  
The Insurance Ombudsman  
..... (Place)  
Madam/Sir,

Sub: Complaint against ..... (name of the Insurance Company/intermediary)

Details of the complaint:

1.Name of the complainant and relationship with insured.....

2. Name of the Insured.....

3. Full address of the complainant .....

.....

.....Pin Code .....

Phone No with std code +91 .....Mobile Number +91 .....

E-mail .....

4. Policy/proposal no/s.....

4a) Whether an individual policy or Group policy

5. Complaint against (Name and full address of the branch or office of the Insurance Company/intermediary/insurance/insurance broker  
.....

..... Pin code.....

6.(a) Date of complaint already made by the complainant to the Insurance broker/ Grievance Redressal Officer of Insurance Company/Insurance Broker) .....(Please enclose a copy of the complaint)

(b) Whether Insurance Company/Insurance Broker has replied within a period of 30 days of receipt of the complaint by it? Yes/No . (if yes, please attach a copy of the reply).

( c) Whether you are satisfied with reply given by Insurance company.

7. Subject matter of the complaint/ Details of the complaint (Facts giving rise to the complaint ,if possible in data wise chronological order ) (If space is not sufficient, please enclose a separate sheet)

.....  
.....  
.....

(Please enclose a copy of documentary proof, if any, in support of your claim).

8. Are any proceedings before any Court/ Consumer Forum/ Arbitrator on the same subject matter pending or were so earlier: (Y/N) \_\_\_\_\_

9. List of documents enclosed: (additional documents may be called for by the Insurance Ombudsmen, as per need)

1. Copy of letter sent by you to Grievance Redressal Officer of Insurance Company/ insurance broker

2. Reply letter/Letter of repudiation/partial claim from Insurer/insurance broker.

3. Copy of policy/certificate of Insurance in case of Group policy

10 Nature and extent of monetary loss (if any)

.....

10a. Quantum of Relief sought (INR).....

**For Mediclaim/Health Policy related complaint.**

**Whether your policy is fresh or ported \_\_\_\_\_.**

If ported then provide details as below:

a) Date of porting: \_\_\_\_\_

b) Previous Insurance Company Name: \_\_\_\_\_

c) Previous policy nos. \_\_\_\_\_

d) Date of commencement of Previous policies \_\_\_\_\_

e) Sum Insured \_\_\_\_\_

Declaration

11. I hereby declare and solemnly affirm that

a) The information given above is true to the best of my knowledge and belief.

b) The complaint was lodged with the Insurance Company on \_\_\_\_\_ as per copy enclosed and the company has rejected my claim/ complaint/ not replied even after a month/ replied on \_\_\_\_\_ but the same is not acceptable to me.

c) The period of one year has not elapsed from the date of rejection letter or final reply from the Insurance Company.

d) The complaint is not on the same subject matter for which any proceedings before any court or consumer forum or arbitrator are pending/ settled or were so earlier.

e) The subject matter is not decided earlier by your office or any office of the insurance Ombudsman.

Yours faithfully

(Signature of the Complainant)

Date:

Place:

**NO CHARGES ARE COLLECTED FOR GRIEVANCE REDRESSAL AT OMBUDSMEN OFFICES**