Name of Life Insurer:

**A) Statement of Grievances** in respect of policies sold with OTP Authentication in lieu of wet signature on physical Proposal form, BI, Suitability Assessment for the month of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

|  |  |  |
| --- | --- | --- |
| Number of Individual Policies sold  (1) | Number of Policies sold with OTP method  (2) | Number of grievances received out of (2) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**B)** Grievance List for the month with

1)Policy number & Name of Proposer

2) Agent/Intermediary details

3) Nature of grievance

4) How dealt with (grievance resolution, action against agent/intermediary, system correction)