PERIODIC DISCLOSURES

FORM NL-45-GREIVANCE DISPOSAL

Münchener Rückversicherungs-Gesellschaft Aktiengesellschaft - India Branch
Registrati **Name of the Insurer:** **Date:**
Date of Registration with the IRDAI: **21 December 2016**

GRIEVANCE DISPOSAL

Sl No.	Particulars	Opening Balance *	Additions during the quarter (net of duplicate complaints)	Complaints Resolved			Complaints Pending at the end of the quarter	Total Complaints registered up to the quarter during the financial year
				Fully Accepted	Partial Accepted	Rejected		
1	**Complaints made by customers**							
a)	Proposal Related	-	-	-	-	-	-	-
b)	Claims Related	-	-	-	-	-	-	-
c)	Policy Related	-	-	-	-	-	-	-
d)	Premium Related	-	-	-	-	-	-	-
e)	Refund Related	-	-	-	-	-	-	-
f)	Coverage Related	-	-	-	-	-	-	-
g)	Cover Note Related	-	-	-	-	-	-	-
h)	Product Related	-	-	-	-	-	-	-
i)	Others (to be specified) (i)_____ (ii) _____	-	-	-	-	-	-	-
	Total	-	-	-	-	-	-	-
2	**Total No. of policies during previous year:**	-						
3	**Total No. of claims during previous year:**	-						
4	**Total No. of policies during current year:**	-						
5	**Total No. of claims during current year:**	-						
6	**Total No. of Policy Complaints (current year) per 10,000 policies (current year):**	-						
7	**Total No. of Claim Complaints (current year) per 10,000 claims registered (current year):**	-						

8	**Duration wise Pending Status**	**Complaints made by customers**		**Complaints made by Intermediaries**		**Total**	
		Number	**Percentage to Pending complaints**	**Number**	**Percentage to Pending complaints**	**Number**	**Percentage to Pending complaints**
a)	Up to 15 days	-	-	-	-	-	-
b)	15 - 30 days	-	-	-	-	-	-
c)	30 - 90 days	-	-	-	-	-	-
d)	90 days & Beyond	-	-	-	-	-	-
	Total Number of Complaints	-	-	-	-	-	-