

# How to file claims effectively

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**L**IFE INSURANCE has no parallel. Being bereaved of your loved one brings its own sense of loss and deprivation. While the void of losing a loved one can never be filled, life insurance is a mechanism that compensates for the financial loss and provides financial security to the family.

Claims, is an important yardstick to measure the performance of insurance Company and thus is core to any life insurance company and hence plays a very large role in decision making process of the customers towards going for a life insurance policy.

Life insurance cannot replace the deceased nor does it aim to, but by providing for the financial needs of the survivors it serves an important objective. When the policyholder passes away, it is for the beneficiary to address the formalities of filing the Claim with the life insurance Company in a manner that expedites the Claim processing.

Mentioned below are some steps to ensure a smooth ride through the claims process journey:

## Claim Intimation

The claim process can be initiated - also known as claim intimation by visiting the Branch/Office of the life insurance Company or by writing an email to the Company's website. The Claim intimation consists of basic information such as the Policy No., Name of the Insured, Date of Death, Cause of Death, Place of Death, Name of the Claimant, Claimant's relationship with the insured. This is merely the claim intimation and not the claim itself.

## Claim requirements

Death certificate duly issued by the Municipal Corporation / Gram Panchayat has to be mandatorily submitted by the Claimant since this is a Proof of Death. There are other additional Claim requirements viz: Claim Forms which are provided by the life insurance Company and the

documentation is in order, the Claim is processed without undue delays.

Nonetheless, the Claimant can follow up with the insurance Company with the Policy No. or the Claim No. given to him/her at the time of submitting the Claim.

## Claim Processing

As a part of Claim processing, a Claim may warrant verification of the facts of the case and circumstances to establish genuineness of Death which is critical before decisioning of the Claim. The motto of verification is to also ensure that only genuine Claims are paid in the interest of the Policyholders and the Company. Though IRDA has specified a timeline of 180 days for Claim verifications, the insurance Company endeavours to complete the verification well within the timelines and settle the Claim at the earliest so that the ultimate customer experience of trust is upheld at all the times.

As per IRDA guidelines, insurance Companies must process the Claim within a specified time period - i.e. 30 days post receipt of all the requisite documents basis which the Claim can be decided. However, some Companies might do it even sooner based on internal guidelines thereby creating benchmarks in the industry.



Original insurance Policy document that needs to be submitted to enable the life insurance Company to process the Claim. Claimant must provide his/her Photographs, Address Proof and the Photo Identity Proof. By way of credentials, the Companies expect the Claimant to provide additional supporting like the Bank Account Statement thereby ensuring Claim money is paid to the rightful beneficiary.

Some insurance Companies in addition to the aforesaid requirements may seek additional documents on case specific basis depending on type of Claim, Cause and circumstances of Death and at the same time ensuring compliance to Internal and Industry guidelines.

All the documents must be in Original or photocopies attested by the relevant authority for e.g. an SEM, Magistrate, Gazetted Officer or a person of local standing like the Police Sub-Inspector or authorized members from the insurance Company.

### **Time limit for submitting Claims**

Although, there is no time limit specified for submitting the Claim, it is best to initiate the Claim at the earliest to avoid problems and undue delays.

Evidently, the Claims process is primarily a matter of submitting requisite documents in the manner prescribed by the insurance Company. If the

## **Grievance Mechanism**

There is a formal mechanism to handle Policyholder grievances, however, prospects and Policyholders are advised to first file their complaints with the respective insurance Companies. Additionally, IRDA offers Integrated Grievance Management System (IGMS), a tool to monitor disposal of grievances by insurance Companies and carry out root cause analysis of grievances to identify systemic and policy related issues. Over and above this, the Policyholder can also approach the Consumer Court and insurance Ombudsman in case if the aforementioned options do not work.

There is sufficient Regulatory governance around the Claims handling process and there are set guidelines for the Companies to follow. This makes it very easy for the customers to access this information and make informed choices for themselves. It is important also on the part of the customers to make all the rightful disclosures at the Proposal stage so that the beneficiaries do not face any inconvenience at the time of making the Claim.

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