



Citizens' Charter

Objective

To empower customers with information about standards of services, timelines for service delivery, and avenues for grievance redressal.

A schedule of timelines for various policy related services is given in Annexure A.

Our Vision

To build an enduring institution that serves the protection and long-term saving needs of customers with sensitivity.

The Company's continuous endeavor is to achieve our vision by:

- Understanding the needs of customers and offering them superior products and services
- Leveraging technology to service customers quickly, efficiently, and conveniently in a secure manner
- Developing and implementing superior risk management and investment strategies to offer sustainable and stable returns to our customers
- Providing an enabling environment to foster growth and learning for our employees
- Building transparency in all our dealings

Our Values

Every member of the ICICI Prudential team is committed to the following core values:

- Customer First
- Humility
- Passion
- Integrity
- Boundaryless

Values are integral to all our activities and form the cornerstones of our success.

Our Service Philosophy

The Company is committed to providing superior service experience to its customers. Our endeavor is to understand customer expectations proactively and accurately respond to customer queries and requests within the stipulated timelines.

The following principles lay the foundation for every service interaction with customers for providing superior sales and service experience through usage of technology and training.

I. Being fair and transparent in our dealings

- Our employees and agents are trained to provide accurate information regarding the Company's products and services
- The Company's website/mobile app provides the information related to the availability of the products, including Brochures and Terms & Conditions
- Suitability analysis is conducted to recommend the appropriate product as per the profile and insurance needs of the customer. Further Benefit Illustration (BI) is also made available at the time of sale to prospects. The Policy document along with customer information sheet is communicated to the policyholder upon issuance of policy, containing the relevant policy details.
- The Company keeps policyholders intimated of the premium due, policy status and the various modes/procedures to execute a servicing request. The Company further provides facility to track the status of the requests and queries including claims.

II. Offering ease in transactions

The customers can approach the Company through various touch points such as Branch, Website, Mobile app, Call center, Email, WhatsApp, SMS and ChatBot.

The Company has tie ups with major banks and other collection points to facilitate premium payment. The Company has also provided facility to opt for auto-pay mode such as ECS/direct debit mode of payment.

The Company continuously strives to provide anytime anywhere service. Policyholders have the option to avail of self-help services for specific transactions through digital channels.

Service Standards

The Company shall endeavor to put in place technology solutions to ensure an effective, efficient and seamless onboarding, renewal, servicing of policies, grievance redressal and claim settlement process. It shall provide accessibility to Digilocker and shall publish such enablement for the information of the policyholder.

1. Insurance proposal and policy document:

The Company shall communicate the decision in writing within 7 days from receipt of proposal / date of last document received including the medical completion date. The decision could be Acceptance of proposal or Counteroffer/Postponement/Rejection of proposal based on underwriting risk assessment.

- Upon policy issuance, the policy document shall be credited to the electronic insurance account. Based on customer request, the policy document shall be dispatched via post/courier.
- The policy document shall include the following:
 - The name of the plan governing the policy, UIN and its terms and conditions;
 - The name of Nominee(s), age of nominee(s) and their relationship and name of guardian in case of minor nominees, however can be changed anytime during the policy cycle.
 - The benefits payable and the contingencies upon which these are payable and the other terms and conditions of the insurance contract
 - The date of commencement of risk and the date of maturity or date(s) on which the benefits would be payable;
 - Free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such policy.
 - The grace period available to the policyholder for premium payment
 - The claim intimation procedure and mandatory documents;
 - The policy document shall include the Company touch points including the grievance redressal mechanism along with the Ombudsman details

In case of any discrepancy in the policy documents or missing documents, policyholder must contact the Company. The Turn Around Time of the policy issuance is mentioned in Annexure A.

2. Freelook Period

The policyholder shall be provided a free look period of 30 days beginning from the date of policy credit into electronic insurance account or physical document delivery date whichever is earlier, to review the terms and conditions of such policy.

In case the policyholder opts for policy cancellation during the freelook period, the Company shall return the premium paid withing 7 days of the request received subject to the following deductions:

- Insurance stamp duty on the Policy, if any,
- Any expenses borne by the Company on the medicals, if any
- Units shall also be repurchased at market rate on the date of repurchase (ULIP products)

3. Policy servicing

During the life cycle of the insurance policy, the policyholder may approach the Company through any of the touchpoints for servicing requests relating to the policy such as;

- updating change of address and contact details
- notifying a new nomination or change of nomination under the policy
- Renewal premium payment, policy reinstatement, assignment
- regarding information on the status of the policy indicating matters, such as, accrued bonus, surrender value, entitlement to a loan, unit statement for ULIP
- issuance of duplicate policy
- policy level changes like increase/decrease in sum assured/premium/rider sum assured, etc.
- Annuity servicing/registration (pension policies);

The turnaround time for processing such requests shall be within 7 days from the time the Company receives the complete set of documents as maybe required to process the transaction along with the request.

4. Maturity/Survival/Annuity payments:

The Company shall strive to settle all maturity/survival/Annuity payments well within the regulatory turnaround time on receipt of all requirements from the policyholders. The turnaround time for processing such payments is as stated in Annexure A.

5. Claims settlement

As per, IRDAI Master circular on Protection of Policy holders 's Interest 2024 dated September 05,2024; claim intimation received by the insurer shall be processed and settled within timelines specified as under Annexure A.

Death and Health claims:

- Claims settlement is fulfilment of a promise made by the Insurance Company to its policyholders and its partners and it is imperative that superior claims experience is delivered by handling it with a high degree of sensitivity.
- The philosophy followed by the Company is to be easily accessible for settlement of genuine claims efficiently & to be vigilant for fraudulent claims
- Customer can intimate claim at any of the touch points as below:
 - Branch office: Dedicated Priority Service Desk at ICICI Prudential Branch offices to assist the claimants with claim documentation & submission
 - Call centre: The Company call centre has a dedicated queue 24*7 (except national holidays) specially for claim related assistance.
 - Self-service: The claimant has the option to submit or track the claim status through our website / digital medium

- Door-step document pick-up service -Provides comfort to our policyholders/claimants for claim submission.
- The Claimant/ policyholder/ master policyholder is communicated at every claim milestone such as- claim registration, requirement trigger and claim decision.
- Claimant handholding is done upon claim submission through a dedicated calling unit which helps communicate the pending requirements if any or helps to address any queries related to documentation which aids to faster claim decision
- Claimant/Policy holder can track the claim status via WhatsApp, website
- The claimant can access the details on the documents required through the Company's contact points like the website/mobile app, branches, call center and through email

6. Effective complaint management

- The Company is fair in all its dealings and resolves the grievances on merits within the regulatory turnaround time
- The Company has created multiple channels for the policyholder to register the 'Grievance' such as the Branch, Call Centre (Toll free number 1800 2660), Email (email address lifeline@icicprulife.com), through the website (<https://www.icicprulife.com/services/grievance-redressal.html>) and mobile app
- The Company has a defined Grievance Redressal Mechanism for policyholders. The policyholders are informed about the next level of escalation mechanism to represent the grievance in case of dissatisfaction
- The Company has displayed its redressal mechanism on the website, mobile app, branches and in the policy document
- Information on Insurance Ombudsman offices is made available on the Company website/mobile app and at our branches.

7. Data Privacy and Confidentiality

The Privacy policy of the Company can be accessed through <https://www.icicprulife.com/privacy-policy.html>.

Duties and responsibilities of the policyholder

At insurance proposal

The policyholder shall furnish true information as sought by the Company which shall enable the Company to take the correct decision on the proposal after considering all the facts and information and ensure a smooth settlement at the time of claims.

On receipt of policy document

- The policyholder must read all the policy documents, the terms and conditions mentioned in the policy document and update themselves on the policy features.
- In case the policyholder observes any inaccuracy pertaining to policy features / benefits as detailed on the policy purchased, the same must be highlighted to the Company
- The policyholder must verify that the nominee's name is correct and incorporated in the policy document. The policyholder should mandatorily update the nomination details with the Company at the earliest and inform the nominee about the policy details.
- Any changes/rectification in the policy certificate to be brought to the notice of the Company well within the defined free-look period.

Policy Servicing

- The policyholder should approach the Company incase he/she is not in receipt of policy document and request for a duplicate policy document.
- The policyholder shall update the Company with the latest contact details. This shall help the policyholder to receive regular communications (as applicable) sent by the Company.
- The policyholder must track the premium due dates and make timely payments to ensure the policy benefits are always active. Cash payments (upto ₹ 49,999) for premiums shall be made at Company authorized centers only and a valid receipt should be collected.
- In case the premiums are not paid within the grace period the policy status will change to discontinuance/lapse and the life cover will be suspended as per the policy terms and conditions. Further the policyholder has an option to revive the policy subject to submission of overdue premiums and personal health declaration in accordance with terms and conditions of the policy. The revival of the policy shall be based on the Company's underwriting guidelines.
- The policyholder shall be aware that the policy will be foreclosed (as per Terms & Conditions) if the policy is not revived within this stipulated time period.
- The policyholder should always quote policy number on the premium/top-up cheque/ DD and during interactions with the Company.
- The policyholder should educate himself/herself about the cutoff timings applicable for Net Asset Value (NAV).

- Any fund transaction request received on the policy before 3 pm, NAV of that day will be applicable.
- If the request / instruction is received after the cut-off time, then NAV of the next date or the due date, whichever is later, shall be applicable.
- For daily NAV details, policyholders may also visit the Company website/mobile app.
- The policyholder must approach the Company touchpoints for any queries/grievance pertaining to the policy purchased. Alternatively, the policyholder may also approach the agent/distributor through whom the policy has been bought or may register his/her queries/grievance through Company website/mobile app.
- The policyholder should not hand over the policy document to any third party.
- Acknowledgment should be sought in case policy document, or any service request is raised by the policyholder with the Company.
- The policyholder must ensure that a notice is given in writing along with the endorsed instrument or a copy of it is delivered to the Company in case of transfer or assignment of the policy.

Maturity/ Annuity/ Claims

- The policyholder must keep the payout bank account details updated in the policy records to receive timely due payouts.
- The policyholder must keep themselves updated on the maturity/survival payment due dates. The details of the same are also available in the policy document.
- A pension policy becomes due for pension/annuity once the policy attains a vesting age. The policyholder should submit the annuity quotation sent by the Company before the vesting date of the policy to ensure smooth processing of the pension/annuity post policy attaining vesting age. Details of the documents to be submitted are shared by the Company in the annuity quotation.
- The policyholder must submit the life verification certification as and when asked by the Company.
- The claimant should intimate about the claim on time. For faster claim processing, it is essential that the claimant submits complete documentation and cooperates with any investigation (if required) for processing of claims.

Annexures A and B**Annexure A**Service parameters including turnaround time

Service	Maximum Turnaround Time
Decision of proposals and communication of decisions including requirements / Issuance of Policy	Within 7 days from the receipt of the proposal or any requirements called for
Furnishing a copy of the policy proposal to the policyholder	Within 15 days of acceptance of a proposal
Post Policy Service Requests concerning mistakes / corrections in the policy document and other policy requests	Within 7 days from date of receipt of last necessary document
Premium Due Intimation and Policy payments information (Survival Benefits, Maturity Benefits, etc.)	One month before due date
Refund of Proposal deposit	Within 7 days from the date of underwriting decision on the proposal
Free look refund	Within 7 days from date of request or last necessary document
Request for 1) Surrender 2) Partial Withdrawal	Within 7 days from date of request or last necessary document
Processing of: 1) Maturity Claim 2) Survival benefit 3) Annuities	On due date
Death Claims	
Decision of Death Claims for which further investigation is not required	Within 15 days from the date of intimation of claim
Decision of Death Claims for which investigation is required	Within 45 days from the date of intimation of claim
Health Claims	
Initial approval for cashless claim	One hour from receipt of request
Final approval for cashless claim	Three hours from receipt of discharge authorization request from the hospital
Decision of Claims (other than cashless)	15 days from the submission of claim
Grievance Redressal (from date of registration of the grievance)	
Acknowledge a grievance	Immediately
Resolve a grievance	Within two weeks

Closure of the grievance	<p>A complaint shall be considered as disposed of and closed when</p> <ul style="list-style-type: none"> • Request of the complainant has been fully acceded or, • Where the complainant has indicated in writing, acceptance of the response of the Company or, • Where the complainant has not responded to the Company within eight weeks from date of registration of the grievance
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The Company is committed to ensure service performance in line with the mandatory TATs defined in the regulations and endeavors continuously to improve upon these benchmarks set.

Services offered at contact points

Branches

- Prospect or policyholders can purchase policy
- Branch representatives attend the policyholders courteously for accepting and processing the requests such as premium payment, switch, claim intimation, change in contact details etc.
- Provide essential information on servicing TATs, details of Grievance Redressal Mechanism, promotional materials, claim procedure etc.
- Educate customers on information relevant to their policies
- Provide facility to register a complaint which is duly acknowledged
- Manage claimant enquiries and registrations sensitively and on priority.

Website/Mobile app:

- Provides facility to buy policy online
- Provides information on products available for Company to offer, the product features and benefits
- Provides information on the available contact points and educates policyholder to perform self-help transactions online.
- Provides information on the fund value along with the performance of funds with applicable benchmarks
- Provides multiple self-help options including premium payment, auto debit, fund switch, top-up, statement download etc.
- Provides a consolidated view of the Life Cover across all the active policies
- Provides servicing forms
- Facilitates the policyholders/nominees to register a claim
- Provides Grievance Redressal Mechanism

Call Center

- Attends the policyholders' concerns
- Claim related concerns are attended on all days of the week with sensitivity and on priority
- Provides information such as fund value, product features, details of touch points, etc.
- Provides premium payment option through secured IVR technology

WhatsApp

- Provide facilities to buy a policy online or through call assistance
- Provide facility to check all policy details & features.
- Provide facility to download all types of statements such as premium receipt, Pay certificate, welcome kit, etc.
- Provides facilities to initiate claims with instant call assistance.
- Enables policyholders to pay premiums, top up their policy, and switch funds.
- Allows policyholders to connect with live chat or call centre agents in case of an unsatisfactory response.
- Facilitates policyholder in checking and claiming their unclaimed amounts.
- Manages basic policy-specific queries / request from policyholders.