

Grievance Management Policy & Procedure

Vidal Health Insurance TPA Pvt. Ltd.

1. Introduction

The purpose of Grievance management policy is to set forth the policies and procedures to be followed in receiving, handling and responding to any grievance against Vidal Health Insurance TPA Pvt. Ltd. ("VHITPA") in respect of the services offered.

2. Definition and Scope of Grievances

2.1 Definition

"Grievance" or "Complaint" means any communication that expresses dissatisfaction regarding any delay or deficiency in service and seeks remedial action.

2.2 Scope

A Grievance or Complaint may be received through any of the official communication channels established by the Company, including but not limited to:

- Web portal or online grievance redressal system ("Vidal System");
- Email;
- Physical letter or written correspondence;
- Customer care helpline or telephone;
- In-person submission at designated offices or branches;
- Any other channel as may be notified by the Company from time to time.

2.3 Exclusions

The following shall not be considered as grievances or complaints:

- Complaints that are incomplete or not specific in nature;
- Communications in the nature of suggestions;
- Communications seeking guidance or explanation;
- Anonymous communications, unless sufficient details are provided to enable investigation.

3. Objective

The following are broad objectives for handling the customer grievances:

- To provide fair and equal treatment to all customers of VHITPA without bias always.
- To ensure that all issues raised by customers are dealt with courtesy and resolved in stipulated timelines.
- To develop an adequate and timely organizational framework to promptly address and resolve customer Grievances fairly and equitably.
- To provide enhanced level of Customer satisfaction.
- To provide easy accessibility to the VHITPA Customers for an immediate Grievance redressal.

4. How to raise a grievance

Customers can raise grievances through the following modes:

- Phone Call: Call at 24x7 Helpline Numbers given in the Vidal ID Card
- Email: write to grievance@vidalhealth.com
- Letter: Raise the grievance by writing to any of the VHITPA branch
- Website: Login to www.vidalhealthtpa.com and register the Grievance
- Visit Branches of VHITPA: Walk-in to any VHITPA branch to register complaints.

5. Registration of grievances, Monitoring & Reporting

- Grievances received through phone call are recorded in the Vidal System & will be answered immediately during the call itself. Grievances requiring further review, additional information, or escalation shall be escalated within the Vidal System to the concerned department for appropriate action and resolution.
- Grievances received through the designated email ID shall be automatically registered in the Vidal System. An acknowledgement shall be triggered immediately upon receipt, providing the unique Ticket Number and the timeline for resolution. The grievance shall thereafter be assigned to the concerned team for review and resolution.
- Grievances received through physical correspondence shall be recorded in the Vidal System upon receipt. An acknowledgement / response shall be issued to the complainant within seven (7) working days from the date of receipt.
- All grievances received through any of the channels e.g. web portal / online grievance module, phone, email, or letter shall be mandatorily recorded in the Vidal System to ensure centralized monitoring, regulatory reporting and compliance.
- Reports generated for internal monitoring and regulatory submission, ensuring transparency and accountability.

6. Redressal of Grievance and TAT

- The complaint letter / email should contain the VHITPA ID number/ Employee No. with Corporate Name / policy No. and Insured name, Complainant's name, address and contact details, copies of supporting documents, wherever applicable.
- All the complaints shall be registered in the Vidal System.
- The complaint shall be addressed as early as possible and within three working days of the receipt of the complaint. Resolution shall be communicated to the complainant.
- All complaints shall be escalated to the next higher level of authority within the organization for cases which are pending for resolution for more than 7 working days from the date of sending Acknowledgement. Cases which are escalated will be dealt with and monitored by Senior Grievance Executive.
- Manager – grievance would monitor the resolution of complaints received by VHITPA and periodically put up the same for review by the Senior Management.
- The Grievance Redressal Policy is accessible to all and it ensures that information is readily available on the modalities of making and resolving complaints.
- Complaint details will be kept confidential and shall be shared with regulatory authorities only in accordance with the relevant laws.
- Sharing of information will be permitted only in circumstances where the Insurance Ombudsman or IRDAI has requested information necessary for resolving the complaint.

- All complaints shall be monitored and marked as closed only after resolution of the customer grievance.

7. Resolution of grievance

The complainant shall be intimated on resolution of Grievance/Complaint on call if received through phone and through the same ticket No., if received through email. If it is received through letter, then the intimation of resolution letter shall contain the Date of receipt of complaint/grievance, Name, Designation of Grievance officer signing the communication.

8. Escalation of grievance

Any customer whose grievance has not been resolved within 7 working days from the date of receipt of the grievance, or who is not satisfied with the resolution provided can escalate by writing to email id grievance.escalation@vidalhealth.com

Level	Designation	Contact Email-id
Level 1	Grievance Cell	grievance@vidalhealth.com
Level 2	Grievance Manager	grievance.escalation@vidalhealth.com

9. Maintenance of records and reporting

- Grievance Manager shall maintain and preserve complete records pertaining to all grievances / complaints received as per records retention period prescribed in applicable IRDAI regulations and concerned insurer service agreement. Upon resolution of a grievance/complaint, intimation shall be communicated to the customer through the prescribed communication channel. Subsequent to such communication, the VINGS Application/Vidal system shall be updated with the relevant details, including resolution status and closure information.
- Grievance Manager shall submit required reports to Management and to the Insurers as and when requested.

10. Closure of grievance

A grievance shall be considered as closed in any of the following instances, namely:

- When the customer has acceded to the reply given over phone.
- Where the complainant has indicated in writing, its acceptance of the response;
- Where no further communications is received on the same issue.

I. Revision of the Policy

This Policy shall be reviewed annually and any changes in applicable laws or regulations relating to grievance redressal shall be incorporated into this Policy. All changes introduced in this Policy must be approved by the Board of Directors of the Company.

Version History

Date	Version	Description of Change	Owner	Approved by
20 th February 2026	Version 2.0	NA	AVP – Grievance Team	COO – Commercial TPA Business

Authorization

Authority	Designation/ Function
Approved by	COO – Commercial TPA Business
Reviewed by	CMO or Risk Officer – Commercial TPA Business
Prepared by	AVP – Grievance Team