

**FORM NL-45-GREIVANCE DISPOSAL**

**Name of the Insurer: INDUSIND GENERAL INSURANCE COMPANY LIMITED (FORMERLY RELIANCE GENERAL INSURANCE COMPANY LIMITED)**  
**Registration No. 103 and Date of Registration with the IRDAI 23.10.2000**

**GRIEVANCE DISPOSAL for the period ended Dec 31, 2025**

SI 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 ended Dec 31, 2025
				Fully Accepted	Partial Accepted	Rejected		
<b>1</b>	<b>Complaints made by customers</b>							
a)	Proposal Related	-	9	8	1	-	-	30
b)	Claims Related	-	803	167	29	607	-	2008
c)	Policy Related	-	276	142	90	44	-	594
d)	Premium Related	-	20	12	8	-	-	36
e)	Refund Related	-	45	17	13	15	-	100
f)	Coverage Related	-	7	2	-	5	-	17
g)	Cover Note Related	-	3	0	-	3	-	5
h)	Product Related	-	32	18	6	8	-	76
i)	Others	-	141	58	44	39	-	251
	<b>Total</b>	<b>-</b>	<b>1,336</b>	<b>424</b>	<b>191</b>	<b>721</b>	<b>-</b>	<b>3117</b>
<b>2</b>	<b>Total No. of policies during previous year:</b>	93,77,558						
<b>3</b>	<b>Total No. of claims during previous year:</b>	42,88,356						
<b>4</b>	<b>Total No. of policies during current year</b>	84,07,782						
<b>5</b>	<b>Total No. of claims during current year</b>	44,33,538						
<b>6</b>	<b>Total No. of Policy Complaints (current year) per 10,000 policies (current year):</b>	1.32						
<b>7</b>	<b>Total No. of Claim Complaints (current year) per 10,000 claims registered (current year):</b>	4.53						
<b>8</b>	<b>Duration wise Pending Status</b>	<b>Complaints made by customers</b>		<b>Complaints made by Intermediaries</b>		<b>Total</b>		
		<b>Number</b>	<b>Percentage to Pending complaints</b>	<b>Number</b>	<b>Percentage to Pending complaints</b>	<b>Number</b>	<b>Percentage to Pending complaints</b>	
a)	Up to 15 days	-	-	-	-	-	-	
b)	15 - 30 days	-	-	-	-	-	-	
c)	30 - 90 days	-	-	-	-	-	-	
d)	90 days & Beyond	-	-	-	-	-	-	
	<b>Total Number of Complaints</b>	-	-	-	-	-	-	