1. **Service Parameters & Turnaround Times - Health**

There are two types of turnaround times involved.

- The service level turnaround times, which are mapped to each classification of complaint(which is itself based on the service aspect involved).
- The turnaround time involved for the grievance redressal.

As to (a), the TATs are as mapped to the classification and prescribed by IRDAI. These TATs reflect the timeframes as already laid down in the IRDA Regulations for Protection of Policyholders Interest and more, as, wherever considered necessary (for certain service aspects not getting specifically reflected in the Regulations), specific TATs are indicated in the classification and mapping provided by IRDAI.

With regards (b), the minimum TATs required to be followed shall be as prescribed below:

Service Parameter	**Maximum Turn Around Time**
General	
Processing of proposal and communication of decision including seeking further requirements	7 days
Issuance of policy document / proposal and providing a copy of the policy along with the proposal form	15 days
Service requests concerning corrections, refund of proposal deposit, and other non-claim-related services to be completed within the specified timeline. This includes: • Change of address (KYC Norms to be complied) • Registration/change of nomination • Issuance of duplicate policy • Assignment • Alteration in original policy conditions (where applicable) • Inclusion of new member in case of group policies • Cancellation of policy and refund of premium	7 days (from the date of receipt of request for the service specified)

Claims Related	
Health Claims	
Cashless claims – Initial Approval	Immediately, but not more than 1 hr
Cashless claims – Discharge Approval	Within 3 hrs of discharge request from the hospital

Reimbursement Claim Settlement / Rejection	15 Days from submission of claim
Grievances	
Written Acknowledgement of grievance to a complainant	The Company shall acknowledge every compliant as and when they are received
Seek and obtain further details, if any, from the complainant (permitted only once)	Within one week
Resolution of grievance and issue of final letter of resolution	Within two weeks
Closure of grievance on non-receipt of reply from the complainant	Within eight weeks

2. Channels to Lodge a Grievance

The customers can lodge their grievances, using any of the following facilities given below:

CHANNEL	Mode	Details
Contact Center	**Inbound Toll-Free No. (Group and Motor Insurance)** **Inbound Tolled No. (Retail Health Insurance)**	1800 123 0004 8147544555
	Email	insurance.help@navi.com
	Website, portal Online Form Submission	www.naviinsurance.com
Navi GI Office	a) Walk-in b) Letters / Correspondence	Any Office of Navi GI
Escalations	Call / Email / Letter	manager.customerexperience@navi.com gro@navi.com

3. Service Parameters & Turnaround Times – Non Health

Service Turn Around Time (TAT)	
General	
Processing of proposal and communication of decisions including requirements / issuance of policy / cancellation	7 days
Post policy issue service requests concerning mistakes/refund of premium on account of freelook cancellations and also Non claim related service requests	7 days
Refunding of proposal deposit under any circumstances	7 days from the date of underwriting decision date
Claim Processing	
Appointment of surveyor	Within 24 hours of the receipt of intimation from the insured.
Receipt of survey report	15 Days from appointment date
Claim decision	7 Days from survey report
Settlement of claim	15 Days from the last document receipt
Settlement of claim (Third Party Claims)	30 Days from the last document receipt