

POLICYHOLDER COMPLAINTS HANDLING PROCEDURE



Version 1.0

1. Document Details

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Originating Business Function	Complaints Management Function
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Reviewed and Approved By	Board of Directors
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2. Version Control

Version	Notes	Approval Date	Issued By
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1. Introduction

Orient Insurance Limited is a leading general insurance company in Sri Lanka and a wholly owned subsidiary of Orient Insurance PJSC, which is part of the Al-Futtaim Group. The Company provides a wide range of insurance solutions, including motor, medical, fire, marine, and miscellaneous insurance products, catering to both individual and corporate clients.

With a strong commitment to customer-centric service, operational excellence, and regulatory compliance, Orient Insurance Limited strives to deliver reliable protection and responsive support to its policyholders. The Company operates in alignment with industry best practices and the regulatory framework set out by the Insurance Regulatory Commission of Sri Lanka, ensuring transparency, fairness, and accountability in all its operations.

This Policyholder Complaints Handling Procedure outlines the standard approach followed by Orient Insurance Limited to ensure that policyholder complaints are acknowledged, reviewed, and resolved in a fair and timely manner. We are committed to delivering our services with integrity, professionalism, and transparency to all policyholders. While we strive to maintain the highest standards of service, we recognize that situations may arise where policyholders may be dissatisfied with the service provided. In such instances, this procedure ensures that concerns are addressed promptly, impartially, and effectively.

To support effective resolution of such concerns, Orient Insurance Limited maintains a comprehensive Complaints Management Function in accordance with the Company's Complaints Management Policy. A designated complaints handling officer named "Officer-In-Charge of Policyholder Complaints Management Function" oversees the process to ensure that each complaint is handled with impartiality, clarity, and due care.

This document serves as a guide for policyholders on how to lodge a complaint and outlines the steps involved in handling, escalating, and resolving complaints, in compliance with the *Guidelines on Complaints Handling by Insurers and Brokers (2016)* issued by the Insurance Regulatory Commission of Sri Lanka (IRCSL).

2. Definitions

For the purpose of the *Guidelines on Complaints Handling by Insurers and Brokers (2016)*, following definitions are applicable for this procedure:

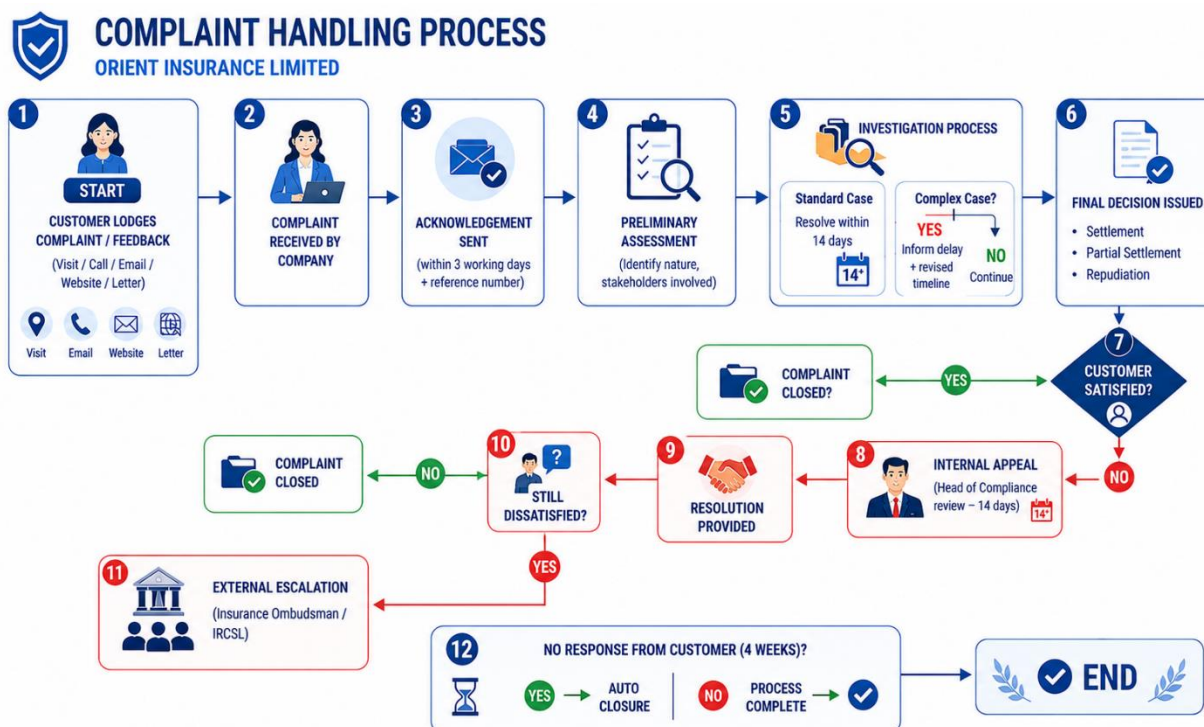
'Complaint' - An expression of dissatisfaction made to an insurer or broker about the services provided by such insurer, broker or an agent.

'Complainant' - A person who has made a complaint to an insurer or a broker.

'Officer-In-Charge of Policyholder Complaints Management Function' - Designated senior managerial personnel of the insurer who holds primary responsibility for overseeing, managing, and ensuring the effective, fair, and timely handling of policyholder complaints.

'Officer Reviewing Appeals' - The Principal Officer or Specified Officer of the insurer serving as the second level of complaint escalation, responsible for resolving appeals efficiently and effectively while safeguarding policyholder interests.

3. Policyholder complaints handling procedure – Infographic



4. Indicative complaint handling timelines

The timelines set out below reflect the minimum service standards stipulated under the *Guidelines on Complaints Handling by Insurers and Brokers, 2016* for the effective management and resolution of policyholder complaints.

Process	Turnaround Time (TAT)
Acknowledgement of the complaint	Within 3 working days from the date of receipt
Resolution of complaint and communication to the complainant on the resolution or any delays in resolution	Within 14 working days from the date of receipt (Complainant shall be kept informed on a continuous basis until a resolution is provided)
Acceptance of appeals	Within 30 days from date of communicating the resolution or response
Response to an appeal made against a resolution provided	Within 30 days from the date of receipt of the appeal

** These timelines may be extended in situations where the complaint is complex in nature. Such complexity may arise due to various factors and if this occurs, we will explain the reasons for the delay and keep you updated until the matter is fully resolved.*

5. How to make a complaint

Complaints may be submitted in Sinhala, Tamil, or English. Responses will be communicated in the same language in which the complaint is made.

We provide multiple convenient channels for policyholders to submit complaints regarding any dissatisfaction with our products or services. Our dedicated Policyholder Complaints Management Team can be contacted through any of the communication methods listed below:

Mode of Communication	Contact Number/ Address/ E-mail Address
Verbally	
i. Telephone	+94 11 2030 300/311
ii. Visiting	Orient Insurance Ltd, 10th Floor, JFI Tower 03, 75 Piyadasa Sirisena Mawatha, Colombo 10 In addition, you can lodge your complaint by reaching out to any of our branches.
Writing	
i. Email	tellus@orientinsurance.lk
ii. Post	Orient Insurance Ltd, 10th Floor, JFI Tower 03, 75 Piyadasa Sirisena Mawatha, Colombo 10
iii. Online	https://orientinsurance.lk/ https://orientinsurance.lk/customer-complaints/

6. To whom to address the complaint

Your complaints should be directed to the Officer-In-Charge of the Policyholder Complaints Management Function.

Direct Contact of Officer-In-Charge of Policyholder Complaints Management Function	
Name	Ms. Nikeskala Adihetty
Designation	VP - MDs Office and Administration Officer-In-Charge of Policyholder Complaints Management Function
Address	Orient Insurance Ltd, 10th Floor, JFI Tower 03, 75 Piyadasa Sirisena Mawatha, Colombo 10
Direct Line	+94 11 2030 300/311
Mobile	+94 70 3214 924
E-mail	tellus@orientinsurance.lk

7. Documents and information to be produced along with a complaint

A policyholder may lodge a verbal complaint through the call center; however, it is strongly recommended to submit a written complaint along with the following documents/information to gather all relevant evidence and information in investigating a complaint.

- i. A written complaint letter, clearly stating the Policyholder's full name, address, Policy Number, or the National Identity Card (NIC) number.
- ii. A detailed outline of all relevant events, including any circumstances or occurrences that may have a bearing on the complaint.
- iii. Copies of all supporting documents related to the matter, such as letters, quotations, and previous correspondence.
- iv. Proof of any losses sustained, where applicable.
- v. A statement specifying the expected resolution or remedial action the complainant believes is necessary to address the issue.
- vi. Any additional documents or information that the Company may reasonably request based on the nature and complexity of the complaint.

8. When the complaint will be acknowledged

All complaints will be registered and acknowledged within 3 working days of receipt via an **Email**. A reference number for each complaint will be provided along with the acknowledgement. The acknowledgement contains the name, designation, and contact details of the officer to be contacted by you in relation to the complaint.

Further, if a resolution can be provided to a complaint within 3 working days, the resolution will also be communicated along with the acknowledgement.

9. How to check the present status with regard to a complaint made

Policyholders can simply check the present status of the complaint by contacting our Complaint Management Unit on +94 112 03 0300/311. In addition, any communication channel used to lodge the complaint, as mentioned in Section No. 5 above, may also be used to track its progress. When making a status inquiry, policyholders are required to provide the unique reference number assigned to their complaint to facilitate prompt assistance.

10. Designation and contact details of the 'Officer Reviewing Appeals': To whom an appeal to be referred to if the complainant is not satisfied with the initial resolution

Policyholders may submit an appeal to the 'Officer Reviewing Appeals' if they are not satisfied with the initial resolution provided by the Company's Complaints Management Unit. The Officer Reviewing Appeals who is the Principal Officer or Specified Officer of the Company serves as the second level of complaint escalation within the Company, ensuring that complaints are resolved efficiently and effectively while safeguarding policyholder interests.

Direct Contact of the 'Officer Reviewing Appeals'

Name	<i>Mr. Tanuj Edward</i>
Designation	Managing Director & CEO
Address	Orient Insurance Ltd, 10th Floor, JFI Tower 03, 75 Piyadasa Sirisena Mawatha, Colombo 10
Direct Line	+94 11 2030310
Mobile	-
E-mail	tellus@orientinsurance.lk

11. Closure of a complaint

A complaint received by the Company shall be considered closed in the following instances.

1. The complaint is fully resolved
2. The complainant has confirmed in writing the acceptance of the resolution; or
3. The complaint handling in-charge certifies that the Company has discharged its contractual, statutory and regulatory obligations and therefore concludes the matter when;
 - a. The complainant is in a disagreement with the resolution, but the Company is not in a position to entertain the matter further or
 - b. The complainant has not responded within four (04) weeks of receipt of a written resolution or response.

12. Alternative Dispute Resolution (ADR) mechanisms available, if the complainant is not satisfied with the final resolution

If policyholders are not satisfied with the final resolution provided by the Company upon completion of the appeal process, they may seek further redress by pursuing any of the Alternative Dispute Resolution (ADR) mechanisms listed below, which are available as external dispute resolution options.

ADR Mechanisms Available		
Mechanism	The Sri Lanka Insurance Ombudsman	Insurance Regulatory Commission of Sri Lanka
Address	The Sri Lanka Insurance Ombudsman No 1, Bethesda Place Colombo 05	Director - Investigation Insurance Regulatory Commission of Sri Lanka Level 11, East Tower World Trade Centre Colombo 01
Contact Number	011-2505542/ 011-2505041	011-2396184-9/ 011-2335167
Email	info@insuranceombudsman.lk	investigation@ircsl.gov.lk info@ircsl.gov.lk
Website	insuranceombudsman.lk	http://ircsl.gov.lk

13. Retention of Complaint Records

Orient Insurance Ltd shall maintain a comprehensive and systemic record of all complaints received. These records—including the initial grievance, investigation reports, internal deliberations, all related correspondence, and the final resolution—shall be retained for a minimum period of 6 years from the date of the final closure of the complaint.

This retention period ensures compliance with the Regulation of Insurance Industry (RII) Act and allows for the review of historical data during regulatory audits or prolonged legal disputes.

a. Factors Influencing Extended Retention

While the 6-year rule is the baseline, the Company may extend the retention period based on the following criteria:

- **Nature and Complexity:** Complaints involving allegations of fraud, systemic misconduct, or those currently under litigation will be retained until the legal process is fully exhausted.
- **Class of Insurance Business:** * **Motor Insurance:** Records are maintained to align with standard accident claim prescription periods.
 - **Non-Motor / Liability Insurance:** Records may be held longer for "long-tail" liabilities (e.g., professional indemnity or employer's liability) where grievances may resurface years later.
- **Regulatory Mandates:** Any specific directive issued by the Insurance Regulatory Commission of Sri Lanka (IRCSL) or the Financial Intelligence Unit (FIU) regarding specific case files.

b. Data Privacy and Security

All archived complaint records shall be stored in a secure environment (physical or digital) with restricted access, ensuring full compliance with the Personal Data Protection Act, No. 09 of 2022. Upon the expiry of the retention period, records shall be disposed of using secure destruction methods to prevent data breaches.

14. Policy Review and Approval

a. Board Oversight and Approval

This Complaint Handling Policy, and any subsequent material amendments, shall be subject to the formal review and approval of the Board of Directors of Orient Insurance Ltd. The Board holds ultimate responsibility for ensuring that the Company maintains an effective, impartial, and adequately resourced grievance redressal mechanism that aligns with the IRCSL Market Conduct Guidelines.

b. Frequency of Review

To ensure the policy remains robust and aligned with evolving consumer needs and legal requirements:

- **Periodic Review:** The policy shall be reviewed annually by the Compliance Department in coordination with the Operations and Legal teams.
- **Ad-hoc Updates:** An immediate review will be triggered by any of the following:

- Issuance of new Directions or Circulars by the Insurance Regulatory Commission of Sri Lanka (IRCSL).
- Significant changes in the Company's internal organizational structure.
- Findings from internal audits or "Thematic Reviews" conducted by the regulator that highlight gaps in the existing process.

c. Compliance Monitoring

The Head of Compliance shall provide the Board (or the relevant Board Subcommittee) with a Quarterly Complaint Summary Report. This report will highlight grievance trends, resolution turnaround times, and any policy deviations, ensuring that the Board can make informed decisions regarding service improvements.

Annexure - Complaint Acknowledgement Format

Subject: Acknowledgement of Complaint – [Reference Number]

Dear [Complainant Name],

We acknowledge receipt of your complaint dated [Date of Receipt] regarding [Brief Subject of Complaint]. Your complaint has been registered under Reference Number: [Insert Reference Number].

To inquire about the status of your complaint or to provide further information, please contact the following officer responsible for handling your complaint:

Name	: Ms.Nikeshala Adihetty
Designation	: VP - MDs Office and Administration.
Direct Telephone	: +94 112 03 0300/311
Email	: Tellus@orientinsurance.lk

We aim to provide a resolution within 14 days from the date of receipt of your complaint. If we are unable to resolve the matter within this time frame, we will inform you of the reasons for the delay and provide an expected date of resolution.

Thank you for bringing this matter to our attention.

Yours sincerely,

For and on behalf of Orient Insurance Ltd