



Citizens' Charter

1. Objective

To provide customers with clear insights into service standards, anticipated delivery timelines, and accessible avenues for grievance resolution.

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

2. Our Vision

Shriram Life Insurance envisions a financially secure future for every family in Indian society, with a special focus on those most vulnerable to the financial impact of losing a breadwinner. The company is committed to bringing these families into the protective fold of life insurance, ensuring that security and peace of mind are not limited by geography, income, or circumstance.

3. Our Values

At the heart of Shriram Life Insurance are the values of operational efficiency, integrity, and a relentless focus on the needs of the average Indian. These core principles guide the company's approach to delivering high-quality, cost-effective solutions. Over the decades, these values have become deeply embedded in the organization's culture and decision-making processes.

Shriram Life takes pride in its customer-centric approach, leveraging its deep understanding of the market to develop innovative and accessible insurance solutions. The company leads with technology, implementing cutting-edge tools such as the "ShriMithra" customer service app, the "Astra" sales tool, facial recognition for eKYC, the virtual assistant "ShriA," and the Shriram Smart Suraksha Card. These initiatives enable seamless policy management and renewal, while extending the company's reach to both urban and remote rural communities—where over 40% of its business originates.

4. Customer Service Principles

Shriram Life Insurance is committed to delivering a superior sales and service experience, grounded in the use of advanced technology and regular training. The following principles guide every interaction with our customers:

I. Fairness and Transparency in Every Interaction

We strive to build trust by maintaining transparency and fairness in all our dealings. This is reflected through the following practices:

- Our employees and agents undergo regular training to ensure they share accurate and up-to-date information about our products and services.

- Comprehensive product information, including brochures and terms & conditions, is readily available on our website and mobile app.
- A thorough suitability analysis is conducted to recommend the right product, aligned with the customer's profile and insurance needs. Benefit Illustrations (BI) are shared at the time of sale for added clarity.
- Upon policy issuance, customers receive a detailed policy document along with a customer information sheet outlining key policy features.
- Customers are proactively informed about premium due dates, policy status, and available options for raising and tracking service requests, including claims.

II. Simplifying Customer Transactions

We are dedicated to making every customer interaction convenient and accessible.

- Customers can reach us through multiple channels, including branches, website, mobile app, call center, email, WhatsApp, SMS, and chatbot support.
- To ease premium payments, we've partnered with leading banks and collection agencies, and offer automated options such as ECS and direct debit.
- Our digital platforms are designed to offer round-the-clock services, enabling policyholders to carry out select transactions and access self-help services anytime, from anywhere.

5. 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.

5.1. Insurance Proposal and Policy Document

- The Company will communicate its decision on a proposal—acceptance, counteroffer, postponement, or rejection—within 7 days of receiving the complete proposal, including medicals.
- Upon issuance, the policy document is credited to the electronic insurance account. Physical copies are dispatched upon customer request.
- The policy document includes:
 - Plan name, UIN, and terms & conditions
 - Nominee details (name, age, relationship, guardian for minors)
 - Benefits, risk coverage, and maturity details
 - Risk commencement and benefit payout dates
 - 30-day free look period from receipt of the policy
 - Grace period for premium payment
 - Claim procedure and required documents
 - Company contact points, grievance redressal, and Ombudsman details
- In case of any errors or missing documents, the policyholder must contact the Company. Turnaround time is detailed in Annexure A.

5.2. Free Look Period

A 30-day free look period is provided from the earlier of the policy's electronic credit or physical delivery date, allowing the policyholder to review the terms.

If cancelled within this period, the premium will be refunded within 7 days after deducting:

- Stamp duty charges
- Medical examination expenses (if any)
- Mortality charges for the period during which the cover was in force
- For ULIPs, units will be repurchased at the market rate on the repurchase date.

5.3. Policy Servicing

Policyholders can contact the Company through various touchpoints for services such as:

- Updating contact details or nominations
- Renewal payments, reinstatement, or assignment
- Requests for policy status, bonus, surrender value, loan eligibility, or ULIP unit statements
- Issuance of duplicate policies
- Changes in sum assured, premium, or riders
- Annuity servicing (for pension policies)

All requests will be processed within 7 days of receiving complete documentation. 5.4.

Maturity/Survival/Annuity Payments

The Company will process all maturity, survival, and annuity payments within the regulatory timelines upon receiving all required documents. Turnaround time is detailed in Annexure A.

5.5. Claims Settlement

In line with the IRDAI Master Circular (dated Sept 5, 2024), all claims are processed and settled within the timelines specified in Annexure A.

Death Claims:

- The Company is committed to delivering a sensitive and efficient claims experience, ensuring easy access for genuine claims and vigilance against fraud.
- Claims can be initiated through multiple touchpoints, including branch offices (Priority Desk), the 24x7 call center, the official website, WhatsApp, QR code scanning, Chatbot, the Shrimithra App, and doorstep document pickup services.
- Claimants receive timely updates at key stages—registration, documentation requirements, and decision.
- A dedicated team supports claimants with guidance on pending documents and query resolution.
- Required document details are accessible via the website, app, branches, call center, email, Bitly/Letter communications and WhatsApp communications.
- Our dedicated claims team is committed to assisting you throughout the claims process, addressing any inquiries, and guiding you on required documentation.
- For support or clarifications, please contact us at

Claimsupport@shriramlife.in.

- Comprehensive details of necessary documents for claim submission are accessible via our website, mobile app, branch offices, and call center.
- Ensure all claim forms are thoroughly completed with accurate information to facilitate efficient processing.
- We recommend submitting documents digitally through our website or app to expedite the claims process.

6. Effective Complaint Management

The Company is committed to fair grievance resolution within regulatory timelines and company has given multiple options and user friendly touch points to register the Grievances.

Grievance Redressal Procedure

Policyholders can walk into any of the nearest branch offices of Shriram Life Insurance Company to register their grievances. The Branch offices addresses are available in the Company's website

Policyholders can make a call to Company's call center through a toll free number - 1800 103 6116

Policyholders can send an email with the details of his /her complaint on the below email id's of Company:

grievance.redressal@shriramlife.in

Policyholders can write a compliant letter to Shriram Life Insurance Co. Ltd by addressing to grievance department:

Shriram Life Insurance Co. Limited
Head Office: Ramky Selenium,
Plot No: 31 & 32, Beside Union Bank Training Centre,
Financial District, Gachibowli,
Hyderabad -500032, Phone: 040 - 23009400

All touchpoints are equipped with systems to receive, record, and address complaints.

7. Escalation Mechanism

As per IRDAI guidelines, the Company has appointed designated officers at each business location and follows a structured escalation process:

Grievance Redressal Officer (GRO):

If unresolved at the first level, customers may escalate to the GRO

- Email: gro@shriramlife.in
- Post:
Shriram Life Insurance Co. Ltd.
Ramky Selenium, Plot No: 31 & 32,

In Company's website, the policyholders can register their Grievance with minimal steps wherein Company has provided a complaint registration form which will directly goes to Grievance Officer for redressal.

In Company's website and in the Policy document also we have mentioned detailed information about grievance process and customer touch points.

The escalation matrix and grievance redressal process are displayed on the Company's website, and policy documents. Details of Insurance Ombudsman offices and jurisdiction are also available on these platforms.

8. Data Privacy and Confidentiality

The Company's privacy policy is available at:
<https://www.shriramlife.com/legal/privacy-policy>

9. Duties of the Policyholder

9.1. At Proposal Stage:

- Provide accurate and complete information to help the Company assess the proposal and ensure smooth claim settlement.

9.2. On Receiving Policy Document:

- Read and understand all policy terms and features.
- Report any discrepancies in benefits or details to the Company.
- Verify nominee details and update nomination with the Company promptly.
- Request corrections, if any, within the free-look period.

9.3. Policy Servicing

- Contact the Company for a duplicate if the policy document isn't received.
- Keep contact details updated to receive timely communication.
- Track premium due dates and pay on time to keep benefits active. Premiums (up to ₹49,999 in cash) should be paid only at authorized centers with a valid receipt.
- If premiums aren't paid within the grace period, the policy may lapse. It can be revived by paying overdue premiums and submitting a health declaration, as per Company guidelines.
- If not revived in time, the policy will be foreclosed per policy terms.
- Always quote your policy number in any payment or communication.
- Be aware of the 3 PM NAV cut-off for fund transactions. Requests received after that apply the next day's NAV. NAV details are available on the website/mobile app.
- For any queries or grievances, approach the Company's touchpoints, agent, or use the website/mobile app.
- Never hand over the policy document to third parties.

- Always get an acknowledgment for service requests or submitted documents.
- In case of transfer/assignment, inform the Company in writing with the necessary documents.

9.4. Maturity / Annuity / Claims

- Pay Premiums on time to keep the policy active and claim-ready.
- Notify the Company at maturity or for annuity/claims to begin processing. □ Submit Required Documents like the policy document, ID/address proof, and bank details.
- Report Death or Other Claims promptly via Claim Centre or claim forms.
- Ensure Accuracy in claim forms and provide complete information for smooth processing.

10. 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	14 days
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

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 – Services Offered

- Policy purchase and premium payment assistance
- Support for service requests (e.g., switch, claims, contact changes)
- Provide info on TATs, claims, grievance redressal, and promotional materials
- Educate customers on policy-related information
- Register and acknowledge complaints
- Handle claimant queries with sensitivity and priority

Website / Mobile App

- Customer Onboarding: Enables paperless onboarding with eKYC & facial recognition in ~7 mins. [Outlook India](#), [Express Computer](#)
- Lead Management: Helps track and convert leads efficiently.
- Product Training: On-the-go access to training videos for sales teams.
- Premium Calculator: Aids in precise policy recommendations. [Express Computer](#), [Shriram Life Insurance](#), [Bankbazaar](#)
- Policy Tracking: Real-time updates for customers and sales teams.
- Impact: As of FY23 (first 9 months), 80% of new retail customers on boarded via Astra.
- Download: Available on [Android](#) & [iOS](#).
- Support: Call 1800-3000-6116 (toll-free) or email customercare@shriramlife.in
- Customer Service: Enables raising service requests by the policyholders on ShriMithra (Policy servicing app), Website, ShriA (Chatbot) without having to visit physical offices
- ShriMithra (Policy servicing app) is available on Android.

Call Center Services

- Handles queries on policies, claims, premiums, etc.
- Provides accurate info and solutions.
- Escalates complex issues when needed.
- Focused on professional, empathetic support.

WhatsApp Support

- Number: +91 9015502000
- Availability: 24/7 □ Services:
 - Policy info & premium details
 - E-policy bonds, premium-paid certificates
 - Query resolution & servicing help
- Usage: Just message your query to the WhatsApp number.
- Aim: To extend quick digital support, especially in remote areas.

