Relevance of the Program:-

In a service industry like insurance, customers' satisfaction is very sensitive and paramount. Despite taking best efforts to meet the customers' needs and happiness, some remain unsatisfied for various reasons. Though not all but many of them resort to grievance redressal mechanisms available to them. The insurance industry as well the state have provided many mechanisms for the customers to resort to, and approach the agencies for resolution/redressal of their complaints/grievances based on merits and circumstances.

Insurers take decisions based on the terms and conditions of the Policy issued to the Policy holder. Sometimes interpretation of the clauses and wording in the Policy need to be adjudicated by the 3rd party agency not only by its exact dictionary meaning but by login, reality and the circumstances surrounding the disputed terms. The Insurers need to justify their decisions based on the facts and evidences before the grievance redressal agencies to protect the public money they handle. It should not fall prey to fraudulent and exaggerated claims. Hence efficient handling needs to be done from the side of the insurers to move rationally and justifiably. Handling the Insurer's own lawyers/investigators/surveyors is also very important.

Program Objectives:-

- The complaints/grievances/legal cases should be reduced to minimum in everyone's interest,
- How to dispose of the grievances raised within the given time limits after thorough review
- How to take the steps to handle in-house complaints, complaints at IRDA, DPG and other Govt. offices
- ➤ To know about the Insurance Ombudsman and the ensuing revisions, CD Act, Forthcoming changes in the Mediation procedures, Arbitration proceedings.
- ➤ How negligence, lack of knowledge mishandling can lead to jeopardising the merits, and even ex-parte.
- Being "Fair and Just" to look at a claim and complaint.

Participant's Profile:-

The Program is designed for Executives from Insurance Companies, Brokers, Clients' Executives and Surveyors.

Course Coordinator:-

Mr B K Nayak, Principal - 033- 48078763.

Contact Mr. A. Sanyal, Manager-T & D: Email: sanyal@iii.org.in Mob. +91 9433040723

Program Duration & Timing: -

1 day & from 10.00 a.m. to 05.00 p.m.

Course Fees:-

Non-residential participants: Total amount Required –Rs. 4248/- i.e. (Rs. 3600/- plus 9% CGST + 9% SGST).

The fees cover tuition, course material and day boarding (i.e. tea/coffee during tea breaks and lunch for actual days of training).

Payment Terms and Conditions:-

- 1) The payment should be received by the College of Insurance before the commencement of the program.
- 2) The confirmation of registration for the program will be subject to receipt of payment.
- 3) Please see below details for Bank Transfer.

Name of the Beneficiary	Insurance Institute of India		
Account No.	004010100143462		
IFS Code	UTIB0000004		
MICR Code	400211002		
Swift Code	AXISINBB004		
Name of Bank	Axis Bank Ltd		
Address	Fort Branch, Universal Insurance Building, Ground		
	Floor, Sir P M Road, Fort, Mumbai – 400001.		

4) For online payment mode by following the below link https://www.insuranceinstituteofindia.com/o/COI_WebPortal/cmc/eventDetails?eventid=1961

Training Venue:-

Please follow below link for Training Venue

https://www.google.com/maps/place/Synthesis+Business+Park/@22.599688,88.47241,13z/data=!4m5!3m4!1s0x0:0xec3dd61dcbaa87f5!8m2!3d22.5996878!4d88.4724099?hl=en-US

Address:

Insurance Institute of India

2nd Floor – 2A & 2C,

CBD/1, Synthesis Business Park,

Action Area II, Newtown,

Kolkata – 700 156.

Parking Facility:-

♣ Parking Facility: "VEHICLE PARKING IS NOT ALLOWED IN OUR CAMPUS".

			Nomination Form	
	1) 2)	Name: Address:		Please affix your photograph
	3)	Educational Qualification:		here
	4)	Date of Birth:		
	5)	Position Held.:		
	6)	Mobile No :		
	7)	Telephone No. :		
	8)	E-Mail:		
	9)	Alternate E-Mail:		
	10)	Sponsoring Organisation:		
	12)	Food preference: Accommodation Required:	Yes No	getarian
	13)	Details of Fee Paid: Cheque	/ D.D. Nodt Drawn onBank, for Rs	
		re & seal of the authority Sponsoring organisation	Signature of the Participar	
Name (of C	o-ordinator:		
Mobile	No:	Tel. No.:		
Email-	ld.: _	Company Name	:	

^{*}This column is mandatory for those participants who are sponsored by company.