



CITIZEN'S CHARTER

Kotak Mahindra Life Insurance Company Limited

Preface

The Citizen's Charter of Kotak Mahindra Life Insurance Company Limited (Kotak Life) is designed to enhance the quality of services provided and serve as a guide for stakeholders. It informs individuals on how to connect with Kotak Life offices, what services to expect, and the process for seeking redressal. Through this charter, Kotak Life reaffirms its commitment to maintaining high service standards, ensuring quality, timely delivery, effective grievance redressal mechanisms, and compliance with guidelines set by the Insurance Regulatory and Development Authority (IRDAI). The document also promotes fair insurance practices and provides clarity on various customer service initiatives.

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Our Vision

To become India's best life insurance company

Our Mission

To bring assurance to people's lives

Our Core Purpose

To deliver VALUE to our Customers through Protection & Long-term savings (PALTS)

Our Values

We are driven by strong values that have held us together over the years

Professional Approach

Recognised as having the highest professional standards; our employees and advisors will possess superior knowledge & skill, for the benefit of our customers.

Innovation

We will create an environment that encourages all employees to innovate, experiment and try out new things without fear of failure.

Continuous Improvement

We will relentlessly strive for improvement. Every achievement becomes a milestone for the next level of performance.

Financial Prudence

Customers depend on us to be there in the future to meet promises. We will achieve this through efficient cost management, uncompromised claim payments & superior investment management.

Real Value to Customers

We will work towards customer satisfaction by providing quality products and services, while ensuring our customers receive excellent solutions to meet their needs.

People Friendly

Employees will determine our future success. We will treat people with dignity. We will invest in the development of our human resources and reward superior performance.

Integrity

Our dealings will be characterised by the highest levels of trust, honesty and fairness.

Service Standards

At Kotak Life, our service standards are driven by our unwavering commitment to customer satisfaction, transparency, and accountability. We ensure that every interaction reflects our core values and dedication to excellence.

Fairness in Customer Dealings

We are committed to treating all our customers and potential customers with fairness, honesty, and equity throughout their journey with us, with special attention to vulnerable groups. Our organisational culture prioritises fair customer treatment as we develop affordable, needs-based insurance products. We will maintain transparent communication about costs, risks, and limitations at all stages, and provide suitable advice based on individual circumstances. We will ensure our products meet reasonable customer expectations while removing barriers to product changes, claims filing, or complaint submission, thereby upholding our dedication to service with integrity and respect.

Easy Access to Information

We prioritise providing accurate and accessible information to all customers. Our brochures and product literature are designed to be user-friendly. These can be viewed here: <https://www.kotaklife.com/insurance-plans>.

Customers can connect with us through multiple channels, including helplines, call centres, online platforms, and our website. To enhance communication and ensure timely and effective outreach, we leverage social media and other digital platforms too.

Policy Servicing Standards

We are dedicated to exceeding both regulatory benchmarks and our own high standards for policy servicing. Through regular reviews and improvements, we ensure our services remain aligned with customer expectations. We promptly address inquiries and seek feedback through surveys and customer meetings. By embracing advanced technology and simplifying processes, we deliver convenience and efficiency in every interaction.

Claim Settlement Standards

Ensuring timely claim settlement is a top priority at Kotak Life. We aim to process maturity claims on or before the due date, provided all necessary requirements are met.

Redressal of Customer Grievances

We are committed to addressing customer concerns promptly and effectively. If you are not satisfied with your interaction or resolution, we encourage you to follow our grievance redressal process:

1. Contact our Customer Care team
 - a. Submit your queries online: [Customer Care Portal](#)
 - b. Call our toll-free number: 1800 209 8800
(Available Monday to Saturday, 8:00 AM to 10:00 PM, excluding public holidays)
2. Escalate to our Grievance Officer
If your issue remains unresolved, you may escalate it to our Grievance Officer at:
Kotak Mahindra Life Insurance Company Ltd.
9th Floor, Intellion Square (Bldg No. 4),
Infinity IT Park, Gen. AK Vaidya Marg,
Malad East, Mumbai - 400 097
Email: kli.grievance@kotak.com
3. Reach out to the Insurance Ombudsman
Should you still be dissatisfied with the resolution provided, you may approach the Insurance Ombudsman for assistance. For a detailed list of Insurance Ombudsman offices, their contact details, and areas of jurisdiction, please [Click Here](#).

Commitment to Excellence

This Citizen's Charter embodies Kotak Life's dedication to transparency, accountability, and customer-centric service. While it reflects our intent to deliver exceptional service, it is not a legal document and does not form part of any policy contract or employee service conditions. Instead, it serves as a testament to our commitment to exceeding customer expectations and fostering trust in every interaction.

Service Time Frames

S No.	Service	Description	TAT
1	New Business Proposal Processing	Processing of Insurance Proposal and seeking further requirements for consideration of the proposal	Within 7 days from the receipt of the proposal
		Decision on proposal from the date of receipt of proposal or from the date of receipt of additional requirement whichever is later	Within 7 days
		Providing copy of the policy along with the proposal form	Within 15 days of acceptance of the proposal
2	Post Policy Service Request	Post Policy Service Requests concerning mistakes / corrections in the Policy document	Within 7 days from date of request or last document received
3	Free-Look Cancellation	Free Look Cancellation & Refund from the date of receipt of request or last document received	Within 7 days
	Premium Deposit	Refund of Premium Deposit/ Proposal Deposit from the date of underwriting decision on the proposal	Within 7 days
4	Policy Servicing (from the date of receipt of request for the service specified or last document received)	Change of Address (KYC Norms to be complied)	Within 7 days
		Registration /Change of Nomination, Assignment.	Within 7 days
		Inclusion of new member in case of group policy	Within 7 days
		Alteration in ORIGINAL POLICY CONDITIONS (where applicable)	Within 7 days
		Policy loan	Within 7 days
		Unit / Index Linked Insurance PolicySwitch, Top-up, and other related Services.	Within 7 days
		Decision on Policy Revival after receipt of all requirements.	Within 7 days

		Issue of Premium Payment Certificates (PPC)	Within 7 days
		Issue of Duplicate Policy	Within 7 days
5	Death Claims (from the date of intimation of Claim)	Death claims settlements (not requiring investigations)	Within 15 days
		Early death claims requiring investigations - decision & payment	Within 45 days
6	Survival, Maturity, annuity payments	Settlement of Maturity Claims	On due date
		Settlement of Survival Benefits	On due date
		Annuity payments / Pension Payment	On due date
		Surrender or partial withdrawal of Policy from the date of receipt of request or last document received	On due date
7	Auto Action by the Insurer	Premium Due Intimation	One month before due date
		Policy payments information (Survival Benefits, Maturity Benefits, etc.)	One month before due date
8	Complaints	Acknowledgement to complainant	Immediately
		Action on Complaint & Intimation of Decision to the complainant	14 days
		If complaint is NOT resolved by the Insurer, communicate the details to the Policyholder of options including referring the complainant to Insurance Ombudsman / Consumer Court.	14 days from original date of receipt of complaint. (The policyholder may approach the Insurance Ombudsman if his / her complaint is not resolved within 30 days or if the decision of the company is not acceptable to the policyholder.)