

# **Policyholder Complaints Handling Procedure**

## **People's Insurance PLC**



**Version 1.3**

## Document Details

<b>Document Name</b>	<b>Policyholder Complaints Handling Procedure</b>
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## Version Control

<b>Version</b>	<b>Notes</b>	<b>Approval Date</b>	<b>Issued By</b>
<b>1.0</b>	Inception of the Policy	08/07/2016	Policyholder Complaints Management Unit
<b>1.1</b>	Aligned the policy with the guidelines specified by IRCSL	25/05/2022	Policyholder Complaints Management Unit
<b>1.2</b>	Updated Company email addresses	04/04/2024	Policyholder Complaints Management Unit
<b>1.3</b>	Updated Insurance Ombudsman address	08/05/2026	Policyholder Complaints Management Unit

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## 1. Introduction

This Policyholder Complaints Handling Procedure outlines the standard approach followed by People's Insurance PLC 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, People's Insurance PLC 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 (IRC SL).

## 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 provided below represent the minimum standards prescribed under the *Guidelines on Complaints Handling by Insurers and Brokers, 2016* for handling policyholder complaints.

Process	Turnaround Time (TAT)
<b>Acknowledgement of the complaint</b>	<b>Within 3 working days</b> from the date of receipt
<b>Resolution of complaint and communication to the complainant on the resolution or any delays in resolution</b>	<b>Within 14 working days</b> from the date of receipt (Complainant shall be kept informed on a continuous basis until a resolution is provided)
<b>Acceptance of appeals</b>	<b>Within 30 days from</b> date of communicating the resolution or response
<b>Response to an appeal made against a resolution provided</b>	<b>Within 30 days</b> 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
<b>Verbally</b>	
<b>Telephone</b>	Customer Care Officer- 0112126136
<b>Visiting</b>	People's Insurance PLC No. 07, Havelock Road, Colombo 05  In addition, you can lodge your complaint by reaching out to any of our branches.
<b>Writing</b>	
<b>Email</b>	<a href="mailto:pilassist@peoplesinsurance.lk">pilassist@peoplesinsurance.lk</a>
<b>Fax</b>	011 2126109
<b>Post</b>	People's Insurance PLC No. 07, Havelock Road, Colombo 05
<b>Online</b>	<a href="http://www.peoplesinsurance.lk">www.peoplesinsurance.lk</a> → Please click on the "Complaints" tab

## 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	
<b>Name</b>	Mr. Channa Abeywickrema
<b>Designation</b>	Head of Operations /specified officer
<b>Address</b>	People's Insurance PLC, No.07, Havelock Road, Colombo 05.
<b>Direct Line</b>	0112126403
<b>Mobile</b>	0716230048
<b>Fax</b>	0112126422
<b>E-mail</b>	<a href="mailto:channa@peoplesinsurance.lk">channa@peoplesinsurance.lk</a>

## **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 SMS or a letter. 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 Call Center on Hotline- 0112 206 306 or Complaint Management Division/Unit Customer Care Officer- on 0112126136. 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 Division/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'	
<b>Name</b>	Ms. Jeevani Kariyawasam
<b>Designation</b>	Chief Executive Officer
<b>Address</b>	People's Insurance PLC, No.07, Havelock Road, Colombo 05.
<b>Direct Line</b>	0112126001
<b>Mobile</b>	0716230044
<b>Fax</b>	0112126109
<b>E-mail</b>	<a href="mailto:jeevanik@peoplesinsurance.lk">jeevanik@peoplesinsurance.lk</a>

### 11. 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		
<b>Mechanism</b>	The Sri Lanka Insurance Ombudsman	Insurance Regulatory Commission of Sri Lanka
<b>Address</b>	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
<b>Contact Number</b>	011-2505542/ 011-2505041	011-2396184-9/ 011-2335167
<b>Email</b>	<a href="mailto:info@insuranceombudsman.lk">info@insuranceombudsman.lk</a>	<a href="mailto:investigation@ircsl.gov.lk">investigation@ircsl.gov.lk</a> <a href="mailto:info@ircsl.gov.lk">info@ircsl.gov.lk</a>
<b>Website</b>	<a href="http://insuranceombudsman.lk">insuranceombudsman.lk</a>	<a href="http://ircsl.gov.lk">http://ircsl.gov.lk</a>