GOVERNMENT OF INDIA
MINISTRY OF FINANCE
DEPARTMENT OF FINANCIAL SERVICES

LOK SABHA
UNSTARRED QUESTION No. 1203

ANSWERED ON MONDAY, 27 JULY, 2026/SHRAVANA 5, 1948 (SAKA)

Grievance Redressal through the Bima Bharosa Portal

1203. DR. SHASHI THAROOR:

Will the Minister of FINANCE be pleased to state:

(a) the total number of grievances received through the Bima Bharosa Portal during the last one year, along with the number of grievances disposed of and pending, segment-wise (life, health and general insurance);

(b) whether the Government has taken cognisance of complaints relating to mis-selling and unfair business practices in the insurance sector, if so, the number of such complaints received during the said period and the action taken thereon;

(c) whether the Government has undertaken any review of the reasons for rejection or delay in settlement of insurance claims, particularly in the health and general insurance sectors, if so, the findings thereof; and

(d) the measures taken or proposed to be taken to strengthen the grievance redressal mechanism under the Bima Bharosa Portal, including improvements in timelines for disposal of grievances, monitoring and accountability of insurers and intermediaries?

ANSWER

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE
(SHRI PANKAJ CHAUDHARY)

(a) Segment-wise complaints received through the Bima Bharosa Portal for the year 2025-26 as informed by Insurance Regulatory and Development Authority of India (IRDAI) are furnished below:

Segments	**Complaints Received**	**Complaints Disposed**	**Complaints Pending**
Life Insurance	1,19,027	1,18,429	598
Non-Life Insurance	60,462	56,752	3710
Health Insurance	1,17,979	1,12,315	5664
Total	**2,97,468**	**2,87,496**	**9972**

(Source: IRDAI)

(b) IRDAI has taken cognisance of complaints relating to mis-selling and unfair business practices in the insurance sector and continuously monitors such complaints through the collection, analysis and review of complaint-related data.

In order to prevent or reduce mis-selling, IRDAI has advised insurers to implement strategies such as assessing product suitability, carrying out financial underwriting, providing Customer Information Sheet (CIS), option for free look cancellation, implementing distribution channel-specific controls and developing a plan to address mis-selling grievances including carrying out a root cause analysis on periodic basis.

As per the data available on the Bima Bharosa Portal, the total number of grievances related to Unfair Business Practices (UFBP), including mis-selling, reported during the FY 2024-25 was 26,667.

(c) IRDAI has examined the principal reasons for repudiation and disallowance of insurance claims. As per the findings, health claims are primarily repudiated due to non-compliance with policy terms and conditions, exhaustion of the sum insured, misrepresentation, non-disclosure or fraud, and hospitalisation that is either not medically warranted or does not meet the minimum duration requirements. Claims are generally partially settled or disallowed where the claimed amount exceeds the sum insured or applicable sub-limits, co-payment or deductible provisions apply, room rent or proportionate charging limits are exceeded, or the claim includes non-medical expenses not covered under the policy.

(d) IRDAI has taken various measures to strengthen grievance redressal mechanism under Bima Bharosa Portal, which include:

i. IRDAI has mandated the insurers to establish technology-based grievance redressal infrastructure (grievance portal/app) to capture all kinds of grievance; have a system of obtaining customers' feedback on regular basis; integrate their grievance portal with the Bima Bharosa portal to facilitate the registering/ tracking of grievance on-line by the policyholders; have in place robust technology-based infrastructure for handling Grievance Redressal; acknowledge the complaints immediately and provide resolution within a period of 14 days.
ii. In addition to the above, complaints can also be registered through Call Centre run by the IRDAI which is operating in 12 languages. Also, complaints sent through physical letter or e-mails are also registered in Bima Bharosa.
iii. IRDAI monitors the grievances through MIS report, periodic review of complaints, on-site inspection etc. and takes appropriate supervisory and regulatory action in case of non-compliance.

As such, the above efforts are helpful in reducing timelines for disposal of grievances and have given a better mechanism towards monitoring and accountability of Insurers and intermediaries.

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