

CITIZEN'S CHARTER

Our Objective

To provide our policyholders with information on servicing standards and timelines for service delivery. To enable our customers with convenient access to connect with us effortlessly across our digital platforms, branches, call center, and email. At any time in the policy journey, our policyholders can count on us for timely, transparent, and consistent support. From digital convenience to personal assistance, our service channels are designed to make every interaction simple, responsive, and a seamless experience and further address any issues that may arise.

Our Vision:

One of the most successful and admired life insurance company, which means that we are the one of the most trusted company, the easiest to deal with, offer the best value for money and set the standards in the industry. "The most obvious choice for all".

Our Values:

Every member of the HDFC Life team is committed to the following core values:

- E** Excellence
- P** People Engagement
- I** Integrity
- C** Collaboration
- C** Customer Centricity

Service Standards

At HDFC Life, we are committed and ensure all prospects and policyholders are treated in a fair, honest and respectful way at every stage of their policy with us. We deliver value through leading digitization initiatives across complete value chain. The principles guiding this commitment are:

- 2.1** Customers can be confident that as an insurer we emphasize on culture, fairness and transparency
- 2.2** Our products are thoughtfully designed to offer need-based solutions that support each customer's goals.
- 2.3** Clear, updated, and complete information is provided before, during, and after sale, including premium, charges, risks, exclusions, and limitations
- 2.4** Sales guidance is provided with due consideration to suitability and the customer's specific needs.
- 2.5** We ensure there are no barriers for service requests, complaints, or claims.
- 2.6** Leveraging technology to service customers quickly, efficiently, and conveniently in a secure manner
- 2.7** Ensure seamless onboarding, renewal, servicing of policies, grievance redressal and claim settlement process
- 2.8** Fairness in addressing grievances and merit

Easy Access to Information:

- ✔ Detailed information about products and services is available on the Company’s webpage and portals
- ✔ The Company also provides informative brochures about products
- ✔ The Company also publishes insurance awareness content to educate their customers about insurance terminologies ensuring they make informed decisions about their insurance needs

Customers can also access any of the channels at their convenience

Contact Chanel	Details	Availability
Buy Policy Online	1800-266-9777	All days, 9 am to 9 pm IST
Access MyAccount	myaccount.hdfclife.com/login	Anytime
Chat on WhatsApp	+91-82918 90569	Anytime
Call us	022-68446530	Mon to Sat, 10 am to 7 pm IST
Email us	service@hdfclife.com	Anytime
Contact details for NRI	+91-89166 94100 nriservice@hdfclife.com	Mon to Sat, 10 am to 9 pm IST Anytime
Claims Support	claimshelp@hdfclife.com	Anytime
Senior Citizen Health Claim Support	seniorcitizenhealth@hdfclife.com	Anytime

Customers can also visit any of our HDFC Life branches for any queries or concerns about their policy.

For any **Grievance-related matters**, customers may reach out through any of our channels which includes Call Center, Email, Website or Branches or write to the Company’s registered communication address. Every grievance is treated with fairness, given due priority and addressed through a transparent resolution process.

For Escalations: The Company has designated officers to deal with grievances at every place of business, and an internal escalation matrix is stated in case grievances are not addressed to the satisfaction of the complainant. The details of the grievance redressal mechanism is prominently displayed on our website, which can be accessed at the link: <https://www.hdfclife.com/customer-service/grievance-redressal>

Claims

Standing by you when it matters most

At HDFC Life, claims settlement is the fulfilment of our promise to you. We handle every claim with sensitivity, and fairness, supported by convenient access through our Priority Service Desks at branches and digital self-service channels. Claimants are kept informed at every stage, from registration and requirements through to the final decision.

Service Turn Around Time (TAT) and Standards

A) Policy Issuance

Service Activity	Maximum TAT (Calendar Days)
Processing of Insurance Proposal and seeking further requirements for consideration of proposal	7
Decision on proposal from the date of receipt of proposal or from the date of receipt of additional requirement (whichever is later)	7
Providing copy of the policy along with proposal form	15

B) Servicing

Service Activity	Maximum TAT (Calendar Days)
Post Policy Service Requests concerning mistakes/corrections in the Policy document	7
Free Look Cancellation & Refund from the date of receipt of request	7
From the date of request for the service specified: • Change of Address (KYC Norms to be complied) • Registration/Change of nomination assignment • Inclusion of new member in case of Group Policy • Alteration in original policy conditions (where applicable) • Policy Loan • Unit / Index Linked Insurance Policy Switch, Top-up, and other related Services. • Decision on Policy Revival after receipt of all requirements. • Issue of Premium Payment Certificates (PPC) • Issue of Duplicate Policy	7
Settlement of Maturity claims/survival benefits / Annuity and Pension Payments	On due date
Surrender or Partial withdrawal of policy	7
Death claims settlements (not requiring investigations)	15
Early death claims requiring investigations – decision & payment	45
Premium Due Intimation, Policy payments information (Survival, Maturity benefits)	One month before the due date

C) Health

Service Activity	Maximum TAT (Calendar Days)
Acceptance of cashless claims by TPA / company to Hospital and communicate to them	1 hour
TPA's offer of settlement to the Insurer / Hospital after submission of document	3 hours
Settlement of Claims (other than Cashless)	15

D) Grievance

Service Activity	Maximum TAT (Calendar Days)
Grievance acknowledgement	Immediately
Action on Complaint & Intimation of Decision to the complainant* If complaint is NOT resolved by the Insurer, communicate the details to the Policyholder of options including referring to Insurance Ombudsman complaint / Consumer Court. *The policyholder can 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.	14



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