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Insurance Claim Rejection Appeal (Ombudsman)

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This guide explains what the tool produces, how to use the output, and what to watch for. The actual output (draft/report) is generated on the tool page.

Background

Drafts an appeal against a rejected or short-settled insurance claim — life, motor, property, travel or other general insurance — analysing the rejection ground against the policy terms and building the rebuttal for the insurer grievance cell and then the Insurance Ombudsman (Bima Bharosa), with the evidence and the compensation basis. For a health or PM-JAY claim, use the Health-Insurance Claim tool instead.

Purpose of this tool & output

Appeal a rejected or short-settled insurance claim — life, motor, property or general — to the insurer grievance cell and the Insurance Ombudsman

How the output is used

Use the rebuttal and the evidence index to submit the representation to the insurer grievance or nodal officer first, and then, if unresolved, the Insurance Ombudsman complaint for the claim amount with interest.

Who receives it

The insurer grievance or nodal officer first, then the Insurance Ombudsman (Bima Bharosa) for the policy-holder region.

How to submit / file it

Submit the representation to the insurer grievance cell, and after the wait or a rejection, file the ombudsman complaint with the policy, the rejection letter, the rebuttal and the evidence, within the ombudsman time and value limits.

Who should vet it

An insurance-grievance advisor or a lawyer where a life-death repudiation or a large sum is contested; many rejections turn on materiality the representation can settle.

Important cautions

The rebuttal must meet the exact ground (a non-material or unconnected non-disclosure, a wrongly-applied exclusion, or an under-assessment), and the ombudsman has time and pecuniary limits and requires the prior insurer complaint. This is assistance, not legal advice.

Companion documents

No related documents are listed on the portal for this tool.