

IRDAI Ombudsman Complaint Builder

Insurance

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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

Builds an Insurance Ombudsman complaint (after insurer grievance failure) — eligibility, a full complaint with facts and relief sought, documents and the filing process. Use it as the free, policyholder-friendly next step after a rejected grievance. To escalate a TPA first, use the TPA Escalation Letter.

Purpose of this tool & output

Build an Insurance Ombudsman complaint

How the output is used

Use the builder to file an Insurance Ombudsman complaint after the insurer grievance route is exhausted.

Who receives it

The Insurance Ombudsman of your jurisdiction.

How to submit / file it

File after the insurer reply or 30 days, within the prescribed time limit, with the policy, denial and correspondence (via the CIO/Bima Bharosa route).

Who should vet it

An insurance advisor/lawyer, to confirm eligibility and framing.

Important cautions

AI-generated draft; the Ombudsman decision process is free and policyholder-friendly.

Companion documents

- Claim Denial Appeal Letter
- Mediclaim Rejection Analyzer
- Pre-Authorization Denial Appeal
- TPA Escalation Letter
- Claim Documentation Checklist
- Reimbursement Claim Builder

This is AI-assisted guidance. Verify with a qualified professional before any binding decision. Fees, authorities and processes vary by state and change over time — confirm with your state authority.

