Health Insurance Grievance Letter

A formal grievance to your insurer's Grievance Redressal Officer about a rejected, delayed or short-paid claim, citing the IRDAI resolution timeline.

HOW TO USE THIS TEMPLATE

- Replace every [bracketed] field with your own details.
- Keep the tone factual. Quote the exact reason and clause from your rejection letter.
- Send it by email to the address in your policy document and keep the sent copy.
- Attach the enclosures listed at the end and refer to them by number.

DATE [DD Month YYYY]

TO The Grievance Redressal Officer
[Insurance Company Name]
[Address from your policy document]
[City, State, PIN]
(Copy: Head of Customer Service)

GRIEVANCE - Claim [Rejection / Delay / Short Payment] - Policy No: [ ] - Claim No: [ ]

Dear Sir / Madam,

I wish to register a formal grievance regarding my health insurance claim **[claim number]** under policy **[number]**.

What happened

Hospitalisation at **[hospital]** from **[admission date]** to **[discharge date]**. Claim filed on **[date]** for ₹**[amount]**. On **[date]** the insurer **[rejected the claim / paid only ₹(amount) / has not responded]**, citing **[reason and clause, if given]**.

Why I am aggrieved

[Set out each point of disagreement, tied to a policy clause, an enclosed document, or an IRDAI rule. Include the 60-month moratorium if your policy is older than five years.]

WHAT I AM ASKING FOR

I request that the insurer [settle the full claim of ₹(amount) / release the withheld balance of ₹(amount) / decide the claim] and respond to this grievance within the timeline IRDAI sets, which is about 15 days. Please also confirm that any rejection was approved by the Claims Review Committee and provide its reasoning.

If this grievance is not resolved satisfactorily within 15 days, I will escalate to IRDAI through the Bima Bharosa portal (bimabharosa.irdai.gov.in) and to the Insurance Ombudsman.

Yours faithfully,

[Signature]
[Your Name]
[Address] - [City, State, PIN]
[Phone] | [Email]

Enclosures

1. Copy of the claim rejection / repudiation letter dated [date]
2. Copy of the policy schedule and wording, with the relevant clauses marked
3. Discharge summary, itemised hospital bill and payment receipts
4. Investigation reports, prescriptions and other medical records
5. Copy of everything submitted with the original claim
6. All prior correspondence with the insurer or TPA, in date order

> **ClaimBhai note**
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> Send to the Grievance Redressal Officer's published email. Keep the acknowledgement (due within 3 working days) and the grievance reference number - you will need it at every later stage.