

Policyholder's Charter

Our Commitment to Policyholders

At MBSL Insurance Company Limited ("MBSL Insurance"), we are committed to providing our policyholders with fair, transparent, efficient and professional insurance services. We aim to build lasting relationships with our policyholders by maintaining high standards of service, acting with integrity and providing clear and timely communication throughout the insurance journey.

As an insurance company operating in Sri Lanka, MBSL Insurance is committed to conducting its business in accordance with applicable laws, regulations and directions issued by the Insurance Regulatory Commission of Sri Lanka (IRCSL) and other applicable regulatory requirements.

This Policyholder's Charter sets out our commitment to the standards of service that policyholders can expect from MBSL Insurance. It is intended to promote transparency, consistency and accountability in our dealings with policyholders.

Our Commitment

Fairness and Transparency

We will provide clear and understandable information about our insurance products, terms, conditions, exclusions, premiums, charges and claims processes, subject to the applicable policy terms and regulatory requirements.

Customer-Focused Service

We will seek to provide responsive, courteous and professional service and address policyholder enquiries, requests and concerns within established service standards.

Timely Communication

We will communicate important information to policyholders in a timely manner and keep them appropriately informed regarding their policy, requests and claims.

Fair Claims Handling

We will handle claims fairly and efficiently in accordance with the terms and conditions of the relevant policy and applicable regulatory requirements.

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Complaints and Grievances

We will provide accessible channels for policyholders to raise complaints or grievances and will seek to resolve them fairly, consistently and within the applicable service standards.

Confidentiality and Protection of Information

We will handle policyholder information responsibly and protect personal and confidential information in accordance with applicable laws, regulations and MBSL Insurance policies and procedures.

Policy Servicing Benchmarks

At MBSL Insurance, we are committed to providing timely and responsive services to our policyholders. The following service standards indicate the expected turnaround times for key policy servicing activities, subject to receipt of all required information and documentation.

A. Policy and Underwriting Services

No.	Service	Service Standard
1	Individual quotation – within treaty limits	Within 1 working day of receiving all required information
2	Individual quotation – requiring Facultative/ Co-Insurance support	Within 5 working days of receiving all required information
3	Portfolio quotation – within treaty limits	Within 3 working days of receiving all required information
4	Portfolio quotation – requiring Facultative/ Co-Insurance support	Within 5 working days of receiving all required information
5	Group Medical Insurance quotation	Within 2 working days of receiving all necessary details
6	New policy – Retail/Simple (within treaty limits)	Within the applicable number of working days, subject to receiving all required documentation
7	New policy – Multiple Location / Large Policies	Within 3 working days, subject to receiving all required documentation
8	New Group Medical Insurance policy	Within 3 working days, subject to receiving all required documentation
9	Simple policy endorsement	Within 1 working day
10	Complex endorsement – Multiple Locations / Large Policies	Within 2 working days
11	Renewal notice	45 days prior to renewal
12	Standard cancellation	Within 1 working day, subject to receiving all required documentation

Note: The above service standards are subject to receipt of all required information, documentation and applicable approvals. Where a matter requires additional verification, investigation, survey, Loss Adjuster assessment, co-insurance/facultative support or other third-party input, the applicable service timeline may be affected.

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B. Other Claims Services

No.	Service	Service Standard
1	On-site inspections	Motor Engineer inspections shall be conducted island-wide within one day of claim notification, wherever practicable.
2	Initial claim assessment and provision	- Based on the Motor Engineer's inspection comments, photographs and other available information, the initial loss provision shall be estimated and the claim shall be recorded in the Claim System on the same day. - Depending on the nature, value and complexity of the claim, Risk Engineers, Risk Accountants, the Government Analyst's Department or Investigation Officers shall be appointed as required.
3	Initial claim document request	All required claim documents shall be requested from the insured by email or formal letter, depending on the circumstances of the claim, within seven days of the inspection, following review of the Loss Adjuster's preliminary report, where applicable.
4	Follow-up for outstanding documents	- First reminder: 21 days after the initial document request. - Second reminder: 21 days after the first reminder. - Third reminder: 21 days after the second reminder. - Final reminder and file closure notice: 14 days after the third reminder. - Official claim file closure: 7 days after the final notice, if the documents remain outstanding.
5	Claim documentation not received	If the required documents are not received within the specified period, the claim file shall be officially closed in accordance with the MBSL Claim Procedure. The entire document follow-up process, including the initial document request, will be completed within 90 days .
6	Assessment of straightforward claims	Claims that do not require external loss adjustment shall be assessed internally by the Non-Motor Claims Department, and the assessment and recommendation shall be completed within one week of receiving all required claim documents.
7	Final loss adjustment – large and complex claims	Upon receipt of all required claim documents, the complete claim file shall be referred to the appointed Loss Adjuster for final loss assessment. The final Loss Adjuster's report shall be obtained within one to two weeks , depending on the complexity of the claim and the availability of the required information.
8	Communication of claim decisions	Approved claims: A settlement offer letter and Discharge Voucher shall be issued to the insured. Rejected claims: A formal claim repudiation/rejection letter shall be issued to the insured, clearly stating the reasons for rejection and the relevant policy terms and conditions.
9	Claim settlement and payment	Upon receipt and verification of all required settlement documents, including the duly signed Discharge Voucher, final bills, salvage-related documents and No Objection Certificates/Letters, where applicable, payment shall be processed within two working days .

Note: The above service standards are subject to receipt of all required information, documentation, and applicable approvals. Where a matter requires additional verification, investigation, survey, Loss Adjuster assessment, co-insurance/facultative support or other third-party input, the applicable service timeline may be affected.

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C. Medical Claims

No.	Service	Service Standard
1	OPD and Cash Grant Claims	- Upon receipt and verification of all required supporting documents, OPD and cash grant claims shall be assessed and processed within 2 working days. - This includes reimbursement claims for outpatient medical expenses and cash grant claims under applicable policy benefits.
2	Cashless Hospitalisation Claims	- Upon receipt of the complete set of required hospital documents through Medilink, cashless hospitalisation claims shall be reviewed and processed within 1 week. - This applies to all admissible hospitalisation claims, subject to the terms and conditions of the policy and the availability of complete and accurate documentation.
3	Claim Communication	- Approved medical claims: The settlement details will be communicated to the insured through the applicable channel (e.g. email, letter or Medilink). - Rejected medical claims: A formal rejection letter will be issued, clearly stating the reasons for rejection and the relevant policy terms and conditions. - All claim decisions and related correspondence will be recorded in the claim system.
4	Payment Processing	- Upon approval of the claim and completion of all internal processing, payment will be released in accordance with the Company's standard payment process. - The mode of payment will be as per the policyholder's instruction and applicable Company procedures.

Note: The above service standards are subject to receipt of all required information, documentation, and applicable approvals. Where a matter requires additional verification, investigation, survey, Loss Adjuster assessment, co-insurance/facultative support or other third-party input, the applicable service timeline may be affected.

Policyholder Rights and Responsibilities

Policyholder Rights

MBSL Insurance is committed to ensuring that every policyholder is treated fairly, respectfully and transparently. Policyholders have the right to:

- Receive clear and accurate information about insurance products, policy terms, conditions, exclusions, premiums and applicable charges.
- Receive appropriate assistance and guidance in understanding their insurance policy and related services.
- Receive services within the applicable service standards communicated by MBSL Insurance, subject to receipt of required information and documentation.
- Receive fair and transparent treatment throughout the policy lifecycle, including during underwriting, policy servicing and claims handling.
- Be informed of the progress of their claims and any additional information or documentation required.
- Receive reasons for a declined, repudiated or otherwise unfavorable claim decision, where applicable.

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- Raise a complaint or grievance and have it acknowledged, investigated and addressed fairly.
- Have their personal and confidential information handled appropriately and protected in accordance with applicable requirements.
- Receive information on available channels for escalation where a complaint or concern has not been satisfactorily resolved.

Policyholder Responsibilities

To enable MBSL Insurance to provide timely and effective service, policyholders are expected to:

- Provide accurate and complete information when applying for insurance and throughout the policy period.
- Submit required documents and information promptly to support underwriting, policy servicing and claims processing.
- Pay premiums and applicable charges on time and comply with the terms and conditions of the policy.
- Notify MBSL Insurance promptly of any loss, claim or material change relevant to the policy and cooperate with the claims process when required.

Complaints and Grievance Handling

At MBSL Insurance, we are committed to handling policyholder complaints fairly, objectively, transparently and impartially.

No.	Complaint Handling Stage	Service Standard
1	Acknowledgement of complaint	Within 1 working day of registration
2	Resolution by relevant Department / Department Head	Within 48 hours from acknowledgement
3	Resolution requiring higher management / panel decision	Within 7 working days from acknowledgement
4	Overall complaint resolution	MBSL will seek to resolve the complaint within 14 days from receipt of the complaint.

Where additional time is required due to the complexity of the complaint or the need for additional information or investigation, the policyholder will be informed of the delay, the reason where applicable, and the indicative timeframe for resolution.

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How to Make a Complaint

At MBSL Insurance, we are committed to addressing policyholder complaints and grievances fairly, transparently and promptly. Policyholders may submit a complaint through the available complaint channels, including telephone, email, post, by visiting an MBSL Insurance branch or office, or through an authorized representative. Complaints may be submitted in Sinhala, Tamil or English, and MBSL Insurance will communicate with the complainant in the language in which the complaint was made.

For detailed information on how to lodge a complaint, the complaint handling process, escalation and applicable contact details, please refer to the MBSL Insurance Policyholder Complaints Handling Procedure: <https://www.mbslinsurance.lk/policyholder-complaints-handling-procedure.php>

Charter Review

This Policyholder's Charter will be reviewed periodically, and at least once every three years, or earlier where necessary to reflect changes in applicable regulatory requirements, business practices, products, services or policyholder expectations.