CHAPTER – 5

FINDINGS AND CONCLUSIONS

5.1 Chapter Overview

Now, this chapter deals with the ‘findings’, that is, what the researcher has gathered or observed about the system in context to the subject, from the research through data collection and analysis. Based on the hypothesis derived by analysing and interpreting the collected data and her findings, the researcher has also drawn out her conclusions for the same in this chapter.

The researcher has arrived at conclusions based on the hypothesis developed in the previous chapter (Research Methodology) by applying non parametric test chi-square, Mann Whitney and Kruskal Wallis. To lend a touch of continuity, the findings and conclusions are listed in context to the variables they are connected to.

As the study progressed, the researcher has observed certain inherent traits, peculiar to the Indian society responsible for the state that is today. The roots of these are a few drawbacks which plague India as a whole and specifically the Consumer Protection Act’s redressal system. It can be generalised as:

- **Over population** – due to which, most of the citizens are exhausted by the daily chores itself and neither have the time nor the will to take appropriate caution and/or action for a better future. People do not study the terms and conditions while buying the mediclaim policy which leads to problems at the time of claiming the policy money. Moreover due to pressure of the daily work they are reluctant to seek redress from the Forum.
Illiteracy – as is a know, it is one of the main culprits hindering growth in general and the effective implementation of Consumer Protection Act in cases of mediclaim consumers. Some people are cautious in understanding the terms and conditions of the policy documents while buying the policy but their education level restraints them from grasping the fine print. This also restricts them when a complaint is to be filed as they think that a lot of time and money gets involved and they will be at the mercy of the advocates.

Conservative nature – the researcher has observed that most of the households are conservative and contended in nature in matters of approaching courts. They believe that the Consumer Forum is also a Court for judicial proceedings and due to this they just accept the decision of dishonour of claim by the insurance company and do not exert their right to redressal. They are more laid back as compared to people from other developed countries and do not wish to go into the hassles of complaining, hearing and so on.

This chapter is largely divided into two parts:

- Findings, and
- Conclusions

The findings and conclusions are enumerated and expounded hereunder.

5.2. Findings

5.2.1 Demographic

1. India, being a typically patriarchal society, 80.6% of the respondents was male whereas 19.4% were female. Men being considered the head of the family, it is males who buy more mediclaim policy. Tendency of buying mediclaim themselves is very less amongst women as they are usually covered as dependents under the family policy purchased by the father/husband.
2. Indian man is more family oriented, hence, 85.5% of the respondents were married and 5.5% were unmarried, while 9.1% were others. Observed that family man opts more for mediclaim as he is more concerned about the good health of his family as a whole. Moreover, a single man may be earning well enough to cover his own medical expenses, but a man with a family in most cases is the only earning individual and has to plan for medical costs of as many members as his family comprises of, and he may not be earning enough for that. Hence the mediclaim coverage.

3. It is well laid down that an educated person is better placed. Educational qualification has an impact on buying a mediclaim policy. From the whole lot, almost half were graduates & 13.2% post-graduates. Undergraduates and uneducated count was very less amongst the mediclaim insured. Thus, it is the educated mass which prefers to be insured by mediclaim as they are more influenced by media and other mediums of awareness.

4. Occupational status also is one of the factors influencing the decision to buy a mediclaim policy. Service people usually tend to have a feeling of insecurity as the long term growth is absent in most such cases. They worry more about their well-being and old age. Thus, those in service go in more for mediclaim, seconded by the business class. Only a meagre 7.1% were housewives, again indicating that the ratio of male to female among the policy holders is very low.

5. Due to absence of strict monitoring on private companies, and regular scams surfacing, general public is always apprehensive about investing with private companies. Hence 64.5% of the respondents had opted for The New India Assurance Co. Ltd. Private insurance companies tend to lose out on this front.

6. The tendency of Indians is to equate their outflow in ratio to their earnings. They do not calculate the quantum of insurance or savings based on future earning and probability of contingencies. Hence the
amount of policy coverage varied from a small Rs. 6500 to a substantial Rs. 900000. The psychological barrier of a lakh of rupees got reflected here, and a majority had a policy amount of Rs. 100000.

7. Individual prefers to hold a mediclaim policy jointly with their family members rather than individually. Majority are jointly insured with their spouse and children and some with their parents, even if other family members held mediclaim policy separately. The reason for this has been discussed earlier in point number two above, but it is also the influence of the Indian culture to give an umbrella to his loved ones that makes him do so. One more reason for this was the saving instinct of an average Indian, a family policy offers discount on premium of supported family members.

8. Majority of the respondents were insured for a period of 1-5 years, while others for a period of 5-10 years. Some were covered for a period of more than 10 years. This implies that publicity and agents’ efforts are bearing fruit and people are moving in the right direction. The consciousness has increased due to their influence.

9. There is no association between gender and time period of being insured or buying the policy jointly or severely. As discussed in the earlier points, the insured is predominantly male oriented and that too, a family man. Due to this when the male head of the family buys a mediclaim policy, his immediate family, that is, in some cases his spouse & children and in other cases parents are covered with him. So in most cases, as long as the male has been insured the female of the family is also insured under mediclaim.

10. As the media and especially the agent plays a very important role in influencing a person in buying a mediclaim policy, there is hardly a case when an individual has purchased a mediclaim policy on his own discretion without being influenced by any outer source. This is applicable to both, educated and less educated or uneducated. Thus educational qualification has no relation with the time period of being
insured as decision of buying a mediclaim policy is highly influenced by other forces than education.

11. Marital status does affect the time period of being insured.

5.2.2 Awareness of Mediclaim Policy

1. Insurance is a subject matter of solicitation – IRDA’s tag line, and rightly so. Most of the respondents, 69% to be precise, are influenced by the agents to buy a policy. The agent plays a vital influence on this decision. Friends and relatives were the other factors that influenced the decision making. The role of the insurance company itself or the media in influencing an individual to buy a policy is very negligible.

2. Not just in buying a mediclaim policy, but in deciding the company from which the policy is to be purchased, agents play a major role. 59% of the people had decided on the insurance company based on agent’s guidance. Reputation of the company is the second criteria for selecting a company. Thus, the insured, instead of his own discretion, relies more on the agent while buying a policy from a particular company in many of the cases.

3. Insurance coverage is a contract between the individual and the insurance company. The terms and conditions attached to the policy document are very important in the performance of that contract. It has been observed that the insured are not careful in studying the terms and conditions while purchasing the policy. A majority, 61.6% had not studied the terms and conditions, which is one reason why there are disputes at the time of claiming. Insured’s personal involvement and knowledge is very less. Literacy level plays a vital role in this as, from the insured who had not studied the terms and conditions, most of them must have felt that they will not understand even if they read it, so why read.

4. Gender has a relation with studying the terms and conditions of the mediclaim policy. Compared to females, there are more males who had
studied and discussed the policy terms and conditions. Doing service or being in business exposes the males more to external risks compared to females, most of whom are housewives. This could be the reason why the male study the terms and conditions of the policy while buying it.

5. More educated tend to be more informed. Education level has an association with the studying the policy document. As compared to uneducated or under-graduates, graduates and post-graduates were more careful in reading the terms and conditions while buying the policy.

5.2.3 Claims and Settlements

1. The range of the times claims are made is very wide and ranges from once to seven times. A majority i.e. 56.8% have claimed only once whereas 18.4% have claimed twice. Thus mostly the claim has been made only once. This does not clearly indicate the tendency of the respondents as the researcher assumes that, if there had been a medical expense, the insured would have claimed it. Chances are the need did not arise.

2. It is a general penchant that giving is more difficult than receiving. Like they say in Gujarati “levana be ne apvano ek”, meaning whilst receiving we use both hands but whilst giving only one – we take more than what we give. Regarding the response of the insurance company when the claim was made, for 68% it was negative while 32% got a positive response. Only 32% of the claims were honoured. If the response is to be adjudged company wise, Bajaj Allianz ranks highest in giving a positive response, while the highest rate of negative response was received from Oriental Insurance Company. This, to an extent contradicts the people’s choice of a government company over a private company. As regards honouring the claims, only 33% claims were honoured fully, 66% were dishonoured either partly or fully, while 1% claims were still in process. The rate of dishonoured claims is almost
double that of honoured claims. The rate of negative settlement is very high.

3. The time period for settlement of claims varied from a period to 1 to 3 months to more than 6 months also. 36% of the claims were settled within a period of three months, 26% between 3 to 6 months and 35% were settled after a period of six months. Thus the spread is almost equal, but collectively 64% of the claims had taken more than 3 months time.

4. The claims were dishonoured either partly or fully on a wide array of reasons the two main grounds for dishonour of claims are – pre-existing diseases and non-compliance of doctors / hospitals. This is possibly because the policy document is not studied at the time of coverage. Moreover, due to financial constraints, people go to small hospitals to save money, forgetting that this might adversely affect their claims.

5. One positive point on the part of the insurance company at the time of claim was whether it is male or female, the response of the company is the same when the claim is made.

6. Settlement of claim and time duration for settlement of claim is the same for both male and female. Gender is not associated with claim settlement and time duration of settlement of claim.

7. As seen earlier, the male being the head of the family, is usually the decision maker and the wife’s / mother’s mediclaim is just an add-on coverage. Hence, gender is in no way associated with filing of a complaint when the claim is partly/fully dishonoured by the insurance company.

8. Educational qualification and claiming of policy amount are directly associated with one another. Compared to uneducated respondents, the number of educated respondents making a claim is much higher. They obviously are more alert and systematic in documentation.

9. There was no difference in the company’s response on the basis of occupational status and marital status when the claim is made.
5.2.4 Awareness of Consumer Redressal

Lack of awareness of the Consumer Protection Act and the redressal procedure is crucial ingredient for effective implementation of the Act in context to mediclaim consumers. It was found that the actual beneficiary, the consumer is not much aware of the policy, the claim procedure and the redressal procedure as well. This has given rise to unsatisfactory redressal system.

1. When the claim was dishonoured, 65% of the insured approached the Consumer Organisation/Forum for redressal. This indicates there is an awakening and that more and more consumers are opting for redressal.

2. 62% of the respondents were aware of the Consumer Protection Act, but their knowledge was not a practical one. They were just conscious about its existence but were not aware of the actual implementation. As discussed earlier, the law makers and organisation have to educate the consumers practically.

3. As regards awareness of consumer welfare organisations / Consumer Forum working for consumer welfare, 65% said they were aware. But again, their awareness was restricted only to their presence and not about their operations.

4. The consumers got their knowledge about the Consumer Protection Act / consumer welfare organisation from varied sources. The main sources being the lawyers, television, radio and news papers / magazines. Once again the knowledge was inadequate and not extensive.

5. Out of those who had filed a complaint, 32.9% were aware about the procedure of filing a complaint. But out of them, for a majority it meant approaching and appointing a lawyer to file a complaint on their behalf. Hardly an instance when the representation at the hearing is done by the complainant himself.

6. There are various reasons for not filing a complaint with the Forum against a dishonoured claim, the main being unaware of the redressal system.
7. Though the Act provides facility to file the complaint in the Forum on our own, a minimal 2% of the respondents only filed their complaints themselves. A staggering 94% appointed a lawyer to file a complaint and appear before the Forum on their behalf. This is because of lack of familiarity with the procedure.

8. Gender and level of awareness of the Consumer Protection Act are associated.

9. Education has an influence on one’s awareness level. Out of those who were aware about filing of complaint with the Consumer Forum, 84% were educated.

10. Occupational status has an association with awareness of the respondent regarding the Consumer Protection Act.

5.2.5 Implementation

1. The main measure of the effectiveness of any procedure is the back log of work. The ratio of complaints pending in the Forum as against complaints disposed is very high, implying that the implementation of Consumer Protection Act at the Forum is not done effectively.

2. Regarding satisfaction with the proceeding of the forum, the proportion of those who are satisfied is more than those who are unsatisfied. But this is not indicative of the effectiveness of the implementation of the law. For the respondents, it means just getting a favourable order from the forum. They are not aware of the proceeding in the true sense. Moreover, in almost all the cases, the complainants are represented by the lawyer and he himself does not have firsthand experience about the Forum.

3. The various reasons for dissatisfaction (justifiably so) with the proceeding of the forum are:
   - Time consuming
   - Expensive
   - Too many adjournments
• Delayed redressal and,
• Lack of proper information – transparency.

4. The prescribed time frame under the Act for disposal of a complaint is 90 days, but very few complaints are disposed within the period. Many complaints took a period of 3 to 6 months for disposal, and even more than 5 years in a few cases. Time taken for disposal of complaints in majority of the cases is between 1 to 2 years seconded by the disposal period between 2 to 5 years.

5. Out of the complaints filed, in 89% of the cases, the order of the Forum was in favour of the consumer. It has been observed that orders are mostly given on humanitarian grounds rather than judiciously.

6. From the respondents whose complaints were disposed, 92% were obviously satisfied with the order of the Forum, because, as stated above a great majority of the orders are favourable. This satisfaction is not true. The complainants are happy with the favourable order and do not take into consideration the time and money that has gone into it. The reason for this is their lack of information about the Consumer Protection Act.

7. As for representation at the forum, gender has no association with it. Whether male or female, in almost all the cases, a professional lawyer was appointed by the insured to represent the complainant at the hearings. Only 2% respondents had filed the complained them self and appeared before the Forum at the hearings.

8. Similarly, there is no association between gender and awareness about the procedure of filing a complaint in the forum.

9. In both, males and females, the satisfaction level with the proceedings of the forum is same. They seem to be equally satisfied.

10. Filing of complaint with the forum on the dishonour of a claim is associated with educational qualification of the insured. The educated mass is more in for redressal as compared to the lesser educated.
11. Like in the above point, the awareness about filing a complaint is also associated with the educational qualification of the respondents. Knowledge about the filing of complaint is evidently more in the educated segment of the insured respondents.

12. Those in service are more aware about, and prone to seek redressal under the Consumer Protection Act as compared to others. Thus it has been observed that occupational status is associated with awareness level regarding the Act.

5.2.6 Infrastructural

1. The infrastructure provided at the Forum is either inadequate or is improper. There is no separate building to facilitate unhindered operation of the Forum. Neither is a proper library provided. The area seems unruly and cramped up.

2. A few electronic gadgets and office equipments like computers have been installed, but there is an absence of appropriate staff. The equipments sit idle, unutilised. Mostly all the work is being done manually and the records preserved physically.

3. In the Main Forum during the years 2004 to 2008, the post of the President was vacant for majority of the time. During the year 2004-05, the post of the President (full time) was occupied only for eight months, while 2006-07 the appointment was not made for the whole year. In the year 2008, the Forum had a President only for four months. During the time period when the full time appointment is not made, Presidents are given charge of the Forum and they attend to it twice or thrice a week.

4. The Additional Forum at Surat was started in 2005 and during the six months of its operation during that year, the President was appointed only for three months. The chair was unoccupied for half the time. During the year 2006, the appointment lasted only four months, but in 2007 and 2008, there was a full time President throughout the year.
5. In both, the Main and the Additional Forum, not just the President, even the post of Members remained vacant for most of the time. At times, there was only one member in place of the required two.

6. Various other supportive posts like sachiv, steno, clerk, bailiff, peon and the driver are also not regularly filled up.

7. The working of the Forum is irregular due to the absence of the President and the complaints are not disposed off within the stipulated time period and the complaints keep piling up.

8. Clerical and non-clerical staff and the public lack discipline.

9. Due to insufficient staff, the functioning of the Forum is not smooth. Moreover, the data and records are not maintained properly.

10. Computerised data is not available.

11. Decorum and discipline of judiciary is not enforced.

12. Due to the slow pace of the proceeding and disposal of complaints, expenses and lawyer’s fee increases. Ultimately it becomes expensive and the purpose of cheap redressal is not served.

13. Due to overall vacancies on different posts, improper and inadequate infrastructure, purpose of speedy redressal to consumers is defeated.

14. Decisions are pronounced more on humanitarian grounds rather than judicious.

15. The aggrieved, the real beneficiaries are not benefitted in the true sense.

16. Dispute redressal agency and its whole system are too technical and not customer friendly.

17. Orders of the Forum are not adequately implemented and executed.

5.3 Implication of the Study

On the basis of the through study done of available literature and the opinions of experts, four parameters were evolved to measure the effective implementation of Consumer Protection Act with regards to mediclaim complaints.
The parameters were:

- Awareness level of consumer
- Speedy Redressal
- Cheap Redressal
- Filing of complaint

The data collected through the questionnaire reveals that there is apathy amongst mediclaim consumers. It is observed that many are aware of the entity, but the awareness level is limited to the extent of being aware of the existence of the consumer organizations and the Consumer Protection Act, but there is absence of in-depth awareness i.e. they are not interested to know the actual procedure, operation, and implication and took the matter lightly.

The object of the Act - ‘speedy redressal’ is also not achieved. The time limit prescribed under the Act for disposal of complaints is 90 days, which is hardly met in very few cases. In majority of the cases the complaints are disposed after prescribed time period and in certain cases it even extends to 5 years.

Again there are number of adjournments and hence the procedure keeps on prolonging and an individual cannot attend the proceeding every time leaving aside his routine tasks and duties. Another major factor is a complainant is a layman having no legal background and cannot withstand against the lawyer appointed by the insurance company and hence it becomes inevitable to appoint a lawyer and ends up paying high fees to the lawyers. Moreover, as the proceedings keep on prolonging, the fees go on increasing ultimately defeating the object of cheap redressal and also that of speedy redressal.

As far as filing of complaint is concerned more and more consumers are filing the complaint, but not being aware of the procedure, hardly any of them file a complaint on their own. Almost all complainants appoint a lawyer who will
file a complaint and appear in the hearings on their behalf. This is suggesting that the Consumer Protection Act has not achieved its objectives.

Thus, largely speaking the mediclaim consumers are not update with the Act and its proceedings, the procedure and hearings are prolonged over a long period of time and are also costly and lastly most of the consumers file a complaint through a lawyer. All these factors defeat the very purpose of the Act - to provide speedy – cheap redressal to the aggrieved mediclaim consumers.

5.4 Conclusions
Looking at all the above, it is concluded that:
1. Compared to females, more number of males is prone to buying mediclaim policy. Females are usually covered under the family policy.
2. Marital status does influence the decision of buying mediclaim policy. Considering the marital responsibilities, married men opt more for mediclaim policy in comparison to an unmarried person.
3. The educated mass knows the benefits of medical insurance and prefers to be insured under mediclaim. Education thus plays a role in buying of mediclaim policy.
4. Due to the limited income and resources, those in service go in more for mediclaim. Thus occupational status is one of the factors influencing the decision to buy a mediclaim policy.
5. People prefer to buy mediclaim policy from government companies instead of private companies.
6. There is an inclination towards buying a policy jointly with other family members rather than buying individually. This may be due to the incentive of ‘family discount’ allowed by the insurance companies.
7. One positive trend observed during the study is that the consciousness of buying the mediclaim policy has increased among the people.
8. There is no association of time period of being insured with gender or educational qualification, but marital status does affect the time period of being insured.

9. Agents play a vital role in one’s decision to buy a mediclaim policy. The decision on the value of insurance as well as the selection of insurance company is influenced by the agent.

10. Though the terms and conditions of the mediclaim policy play an important role in the honour or dishonour of the claim majority of the insured do not carefully study the terms and conditions of the policy.

11. Gender and educational qualification has relation with studying the terms and conditions of the mediclaim policy.

12. The rate of dishonoured claims is almost double that of honoured claims. The rate of negative settlement is very high.

13. Claim settlement is not speedy. On an average the insurance company takes more than 3 months to settle the claim.

14. Claims are dishonoured on various grounds, but the major reason for dishonour of claim is pre existing disease and non compliance of doctor/hospital.

15. Claim settlement and time duration for settlement is not associated with the gender. Whether male or female, the insurance companies take their own time to settle the claim.

16. Marital status and educational qualification influences the decision to file a complaint on dishonour of claim.

17. There is an awakening among the consumers and more and more consumers are opting for redressal.

18. Though there is an awakening among the consumers, the awareness level is low. Consumers are just aware of the existence of the redressal agencies but are not aware of its actual functioning.

19. For majority of the complainants awareness of procedure for filing a complaint meant approaching a lawyer and appointing him on their behalf. Though there is a provision for filing complaining and
representing it personally. There is hardly any instance where the complainant has not appointed a lawyer.

20. The main reason of not filing the complaint in the forum that has surfaced from the research is unawareness on the part of the aggrieved consumer of redressal system.

21. Educational qualification and occupational status are definitely associated with respondent’s awareness about CPA and various organizations working for consumer welfare.

22. The ratio of pending complaints in the Forums as against the complaints disposed off by the Forums is very high.

23. The main consideration for the complainants for satisfaction with the proceedings of the forum is getting a favourable order. Other factors like time taken, numbers of adjournments, lawyer’s fees are not considered. They take pride in the feeling of having taken up the matter against the insurance company.

24. Time taken, expenses incurred i.e. legal fees, number of adjournment, delayed redressal, lack of transparency are also the different reasons of dissatisfaction with the proceeding of the forum.

25. The time period of 90 days for disposal of complaints is not met. Very few complaints are disposed within this time period thus defeating the provision of speedy redressal.

26. Gender is not associated with awareness of filing a complaint in the forum, representation made at the forum and satisfaction level for the order received from the forum.

27. Educational qualification and occupational status influence the awareness of filing a complaint. The educated are more prone to approach the Forum.

28. There is lack of proper infrastructure in the forum. There is no separate building nor a proper library provided.

29. Though computers are installed, due to absence of computer operators they lie idle and the work is done manually.
30. Permanent appointment of President is not made. Many times the President is given additional charge due to which the forum operates twice or thrice a week thus is not fully operational.

31. Not only at the post of President, but even the post of members remain vacant many times.

32. In absence of President and/or Members, the forum administrative staff remains idle which amounts to wastage of man & money power.

33. There is lack of discipline among clerical and non clerical staff and the public the decorum is not maintained.

34. The various posts for administrative work are not regularly filled up. Due to inadequate staff the smooth functioning of the forum is hindered.

35. The data and records are not properly maintained in the forum. Computerized data is not available

36. Payment of high lawyer’s fees defeats the objectives of cheap redressal

37. The forums orders are sometimes not immediately complied with by the insurance company and the complainant has to file a petition.

38. The redressal agency is too technical for layman to proceed on one’s own and thus reliance on a lawyer becomes inevitable.

39. The basic objective of speedy and cheap redressal is not achieved.

To sum up, whether it is buying of a policy or deciding upon the company whose policy is to be purchased, the agent’s influence/guidance plays a very important role. As the policies are purchased under the advice/guidance of the agent, the insured at the time of buying the policy are not cautious to study the terms and conditions of the policy, which later on creates a problem at the time of claim. Insured’s personal awareness is very less.

When the claim is made the insurer’s response is negative in majority of the cases. Again the claims are not settled immediately. There is substantial delay in settlement of claim. More than three months are taken to settle the claim. In certain cases the claims are settled even after the period of 6 months. The ratio
of claim dishonoured is almost double than that honoured. The main reasons for dishonour of claim is pre-existing disease or non-compliance of hospital/doctor with the standard laid down by the insurance company.

The consumers are not aware of the act in its real sense. They are only aware of its existence and know that going to Forum would help them enforce their rights but are not aware of the functioning, procedure and implication in its true sense. Majority are approaching the Forum but still hardly anybody approaches on their own. They depend upon the lawyer. This is because of lack of awareness.

Though the act has provided for speedy redressal, the complaints are not disposed within the time limit specified and speedy redressal is not availed. Also the provision of filing complaint on one’s own is also not availed by many. The reason behind this is lack of knowledge of act and lack of consumer awareness. Again, the procedure is lengthy as there are too many adjournments, so it is not possible for an individual to remain present on each hearing. Over and above that the insurance company appoint lawyers to represent them and an individual complainant, cannot withstand against the arguments and cross-examination made by them and so it becomes inevitable for him to appoint a lawyer which ultimately becomes expensive and thus defeats the object of cheap remedy.

Usually the order given by the Forum is in favour of the consumer. Hence the consumers are satisfied with the Forum’s order. They are only concerned with obtaining a favourable order and recover the claim money irrespective of the long time duration and the lawyers’ fees. Though the orders are favourable looking to other matters we can say that implementation is not effective because the redressal is neither speedy nor cheaper. Again the Insurance companies argue that Forum mostly sides the consumer and the order is more on humanitarian grounds. They do not take into consideration the terms and
conditions of the contract of insurance between the insurance company and the insured and thus according to them it is not just.

Infrastructure provided for the functioning of the forum is not proper and is inadequate. The staff is inadequate and other equipments are not sufficient. The space provided is insufficient. Retired judges are appointed as Presidents hence there is limited liability. Again Presidents are not immediately appointed and hence the Presidents post remains vacant for a considerable time leading to delay in functioning of the Forum. The staff appointed is insufficient and some are appointed from the revenue department, who are not aware of the court’s procedure. Due to this the efficiency decreases, and the data and records are also not properly maintained. All these lead to delayed disposal of complaints leading to failure in achieving the aim of speedy and cheaper redressal.