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* **IN THE HIGH COURT OF DELHI AT NEW DELHI**

\+ **W.P.(C) 15753/2025 and CM APPL. 909/2026**

DEVANAND SHUKLA .....Petitioner

Through: Petitioner in person.

versus

CENTRAL VIGILANCE COMMISSION & ORS.

.....Respondents

Through: Mr. Piyush Beriwal with Ms. Ruchita Srivastava, Ms. Neha and Mr. Dev Aaseri, Advocates for R1.
Mr. Abhishek Nanda, Ms Hrishika Rawat and Ms Yashika Singh Advocates for R-4.

CORAM:
HON'BLE MR. JUSTICE PURUSHAINDRA KUMAR KAURAV

O R D E R

% 13.01.2026

1. The petitioner in the instant petition prays for the following relief:-

> *"a. Issue a writ of mandamus or any other appropriate writ, order, or direction, directing Respondent No. 1 to forthwith assume direct control and supervision over the Petitioner's vigilance complaints namely Complaint Nos. 112564/2025, 112565/2025, and 112566/2025 and to immediately commence an independent and impartial inquiry therein;*
>
> *b. Pass such other order(s) or direction(s) as this Hon'ble Court may deem fit and proper the interest of justice."*

2. Looking at the nature of the controversy and the fact that the petitioner, who is suffering with 40% permanent locomotor disability, was appearing in person, the Court *vide* order dated 04.11.2025 appointed Mr. Udit Gupta, Advocate as *Amicus Curiae.*

3. Today, when the matter is called out, Mr. Gupta has submitted a note in relation to the controversy and the issues involved herein.

4. The facts would reflect that the petitioner had availed a loan linked with insurance coverage between June, 2024 to August, 2024. The petitioner appears to have met with a serious accident on 05.12.2024 resulting in 40% permanent locomotor disability, as reflected in the UDID Certificate dated 20.02.2025, which was updated on 28.05.2025. The grievance and the claim of the petitioner essentially relates to a *lis* against insurance companies namely, Acko General Insurance, Care Health Insurance and SBI General Insurance.

5. The petitioner submits that his claim of insurance has wrongly been rejected. There has been a grave illegality and irregularity by various officials in handling the petitioner's grievance. The petitioner, therefore, claims to have approached CPGRAMS portal, BIMA Bharosa Portal, Ombudsman office amongst various other authorities.

6. The nature of the complaints and the details have been succinctly captured by Mr. Gupta in his note, which are extracted as under:-

Complaint Number	Grievance	Action on Complaint
112564/2025 (Annexure P1 @ 30) Complaint Date 19.06.2025 Complainee and Designation Department of Financial Services	Issues related to insurance fraud, regulatory inaction and improper disposal of grievances	12.11.2025: case closed due to inadequate information (Document 2 of the Note @ Page 27)

Secretary and Director		
112565/2025 (Annexure P2 @ 69) Complaint Date 20.06.2025 Complainee and Designation Insurance Regulatory and Development Agency Assistant General Manager	Fraudulent disposal of CPGRAMS Appeals (Centralized Public Grievance Redress and Monitoring System)	04.09.2025: CVC forwarded the complaint to Central Vigilance Officer, Department of Financial Services (Annexure P5 @ 110) 10.10.2025: Central Vigilance Officer, Department of Financial Services forwarded the complaint to Administrative/ Concerned Authorities, (B.O. III), DFS (Document 3 of the Note @ Page 28) 08.12.2025: Complaint Open
112566/2025 (Annexure P3 @ 92) Complaint Date 20.06.2025 Complainee and Designation Reserve Bank of India	Violation of multiple regulatory and statutory duties	25.07.2025: CVC forwarded the complaint to Central Vigilance Officer, Reserve Bank of India (Annexure P6 @111) 07.08.2025: Central Vigilance Officer, Reserve Bank of India forwarded the complaint to Chief General Manager, Consumer Education and Protection Department, Reserve Bank of India (Annexure P7 @112) 25.09.2025: Complaint closed under a non-appealable clause

		(Annexure P9 @116)

7. Mr. Gupta, therefore, points out that the governing provisions of Insurance Act, 1938 and Insurance Regulatory and Development Authority Act, 1999 and the Rules framed thereunder, seem to have been violated in dealing with the petitioner's grievance. He also points out that if the petitioner approaches the Central Vigilance Commission, which is constituted under the Central Vigilance Commission Act, 2003, the grievance of the petitioner should be taken to its logical conclusion.

8. Mr. Gupta, precisely pointes out that are following rules and regulations, which would essentially govern the petitioner's case:-

> *"a. Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests and Allied Matters of Insurers) Regulations, 2024 notified on 01.04.2024.*
>
> *b. Master Circular on Protection of Policyholders' Interests, 2024 dated 05.09.2024*
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> *c. Master Circular on IRDAI (Insurance Products) Regulations, 2024- Health Insurance dated 29.05.2024*
>
> *d. Guidelines on Standard Personal Accident Insurance Product dated 25.02.2021*
>
> *e. The Insurance Ombudsman Rules, 2017*
>
> *f. Central Vigilance Commission Act, 2003.*
>
> *g. Complaint Handling Policy dated 01.07.2019 of CVC."*

9. The grievance and representation of the petitioner has also been captured in the following paragraph, which is extracted as under:-

INSURANCE COMPANY	PARTIAL ACCEPTANCE/ REJECTION	OMBUDSMAND PROCESS
Acko General	20.12.2024	06.01.2025: Grievance raised: ONL-PUN-G-056-2425-00321 11.06.2025: Documents

		sought for Mediation 01.07.2025: Complaint registered:PUN-G-056-2526-0118 January, 2026: Hearing Pending
Care Health	16.03.2025	24.03.2025: Grievance raised: ONL-PUN-G-037-2425-00409 11.06.2025: Complaint Registered: PUN-G-037-2526-0077 01.07.2025: Consent for Mediation January 2026: Hearing Pending.

10. Mr. Gupta, therefore, with the help of the Insurance Ombudsman Rules, 2017 points out that various duties and functions of Insurance Ombudsman are prescribed and any delay in settlement of claims, partial or total repudiation of claims, misrepresentation of the policy terms and conditions etc., are all such issues which can be adequately looked into by the Ombudsman. He also points out from Annexure P-8 that a complaint of the petitioner has duly been registered with the Ombudsman and there does not seem to be any order passed by the Ombudsman.

11. Under these circumstances, the Court deems it appropriate to issue following directions:-

(i) Let the petitioner to approach jurisdictional Insurance Ombudsman in a fresh application specifically pointing out the pendency of his earlier application and the grievance which subsists against the Insurance companies;

(ii) Let the aforesaid exercise be carried out within a period of thirty (30)

days from today;

(iii) On receipt of the complaint of the petitioner, let the same be dealt with in accordance with law with due expedition by affording an opportunity of hearing to all necessary parties;

(iv) Let a final decision on the petitioner's complaint be taken by the Insurance Ombudsman within a period of three months from date of its receipt.

12. With the aforesaid observations, the instant petition stands disposed of along with all pending applications.

PURUSHAINDRA KUMAR KAURAV, J

JANUARY 13, 2026
Nc/amg