

April 11, 2008

## **Implementation of Business Improvement Plan**

Tokio Marine & Nichido Fire Insurance Co., Ltd. (the “Company”; President: Shuzo Sumi) is to announce the progress of the Business Improvement Plan, which it submitted to the Financial Services Agency on April 13, 2007 and the resulting improvements in the Company’s business, every three months.

Today, the Company is reporting on the progress of the plan and the resulting improvements during the three-month period after the previous announcement (on January 13, 2008).

The Company, which just completed the first year of its efforts toward the improvements in its business after the submission of the plan, implemented almost all of the improvement measures and confirmed improvements resulting from much of the measures.

The Company intends to further enhance the effectiveness of the improvement measures through its continuous efforts in the PDCA cycle (plan-do-check-act cycle) while properly operating its business.

### **I. Improvement and Strengthening of Governance**

#### **1. Quality Improvement Committee Meetings**

The Quality Improvement Committee is in charge of promoting appropriate business practices. In order to improve the quality of our business operations from the consumer’s perspective, the Quality Improvement Committee appointed two members to the Committee [to represent consumers] in July 2007. In accordance with the framework set out in the Business Improvement Plan, the fourth Quality Improvement Committee meeting was held on February 5, 2008. At that meeting members had full discussions on topics including a new qualification system for salespersons; clarification of responsibilities of agents and measures for improving products taking into account customers’ opinions (“Business Improvement Cycle”).

#### **2. Compliance Committee Meetings**

The Compliance Committee is responsible for inspecting, monitoring and making proposals relating to various measures taken by the Company from an external and objective viewpoint. Under its chairperson, who is a member from outside the Company, the Committee is striving to display its checking ability, including confirmation of the progress

on the Business Improvement Plan. In accordance with the framework set out in the Business Improvement Plan, seven Compliance Committee meetings have been held, such as regular committee meetings and meetings based on handed-round discussions. The latest Compliance Committee meeting was held on February 4, 2008. At that meeting, participants engaged in candid discussions regarding basic policies for compliance for FY2008, the scheme of agent system and other topics.

### **3. Establishment of Safety Quality Standard**

Establishment of safety quality standard is aimed at making the quality of products and services provided by the Company meet our customers' expectations. To that end, we have established a specific safety quality standard, as a target we should achieve, for each area of our operations related to customers, from explanation of insurance policies and the underwriting of insurance policies to the payment of insurance claims in the event of an accident. We will review processes such as individual business procedures to realize the safety quality standard, so that we will be able to achieve what we have promised to customers and what customers reasonably expect from us at all our offices at all times, and have the standard maintained at all times by all our employees.

In July 2007, we formulated a Safety Quality Guidebook for employees that stipulates the safety quality standard and the standard business procedures, and since then we have informed all our employees of the standard using this guidebook and monitored the workability of it.

We revised the guidebook in November 2007 based on the results of that monitoring, and at the same time started to expand the use of the guidebook to cover all our agents. Specifically, we implement safety quality training for all our agents, in principle, while we endeavor to clarify and improve issues through dialogues with each agent for the standardization of business processes, which currently vary from agent to agent.

In order to realize safety quality standards, we have to tackle with various issues. Therefore, for example, we have begun discussions for the review and improvement of products, business process, IT system and others based on the safety quality standard. Also, we established the implementation schedule relating to specific improvements and reflected it in the IT system development plan.

### **4. Establishment of an Effective Internal Audit System**

In order to establish an effective internal audit system, we increased the number of our internal audit staff from 76 to 100 in August 2007. Under the new framework, we have enhanced internal audit on the Claims Service Department and improved our system for

addressing the issues pointed out by internal auditing. We have also increased the internal audits of our agents. Through such efforts, we are doing our utmost to realize internal audit from the standpoint of checking for new issues. We continued to exchange opinions with outside experts in order to improve the function of our internal audit, and also sought to improve the skills of our internal audit staff through enhanced training programs.

#### **5. Enhancement of the Function to Monitor the Operating Division**

We further enhanced the function to monitor the operating division by assigning "on-site inspection of the Claims Service Department" which has been carried out by the Claim Payments Administration Department as well as the Compliance Department entirely to the Compliance Department (the "Inspection by the Compliance Department"), and continuously making the Internal Audit Department carry out reviews as before (the "Review by the Internal Audit Department").

The Inspection by the Compliance Department checks the status of various matters of the Claims Service Departments, in particular, the progress of business process and compliance to various standards and regulations. The Compliance Department displays its checking function by making proposals on the matters requiring improvements found during the Inspection by the Compliance Department to the Claim Payments Administration Department, for the implementation of improvement measures.

There are 23 Claims Service Departments and the Inspection by the Compliance Department was carried out at 22 Departments in fiscal 2007.

#### **6. Review of Fire Insurance and Automobile Insurance Products**

(1) Fire insurance

We discontinued selling such products as residential fire insurance and comprehensive residential insurance policies, and have begun selling only property insurance product for individual customers in the category of fire insurance policies for individuals, in an effort to make them easier to understand for customers. Also, we simplified merchandise by concurrently discontinuing sales of building function recovery coverage, incidental special clauses with traffic accident coverage, etc.

(Implemented starting with policies whose insurance period starts in February 2008)

(2) Automobile insurance

We will, in principle, reorganize the existing three types of automobile insurance products into two types: total assist for individual customers and TAP for corporate customers. We will also simplify products through consolidation of incidental special

clauses, including special clause with similar rent-a-car coverage, and integrate rating schemes.

In addition, we will revise an "Important Notice" and brochures in an effort to make them easier to understand for customers.

(Planned to be implemented starting with policies whose insurance period starts in July 2008)

(3) Drastic renovation of product, business process and IT system”

We will carry out “drastic renovation of product, business process and IT system” in conjunction with the review of each product.

We will fully innovate the business infrastructure, including rebuilding of the product framework, and significantly improve the quality of our business operations by realizing simple and easy-to-understand products, conforming to security compliance and reinforcing measures to prevent recurrence of payment omissions of incidental insurance claims and other benefits.

(Planned to be implemented successively from May 2008)

## **II. Improvement and Strengthening of Payment Management**

### **1. Establishment of Claim Payment Management System for Third-Sector Products and Incidental Insurance Benefits**

(1) Review of the claim payments management system for third-sector products:

In August 2007, the Claim Payments Administration Department began to review the appropriateness of all payment and non-payment cases for our third-sector products.

Important observations made during the review are given as feedback to the Claim Department for the improvement of quality. Also, the inspection results are regularly announced.

(2) Strengthening of our re-examination of and our *ex-post facto* verification functions for claims payments:

The Complaint Response Committee and the Claims Service Examination Committee were placed under the control of the Voice of Customers Department in July 2007 with the intention of expanding their functions. Their activities are described in Attachment 4.

(3) Establishment of a qualification system for claim services in connection with third-sector products:

We have established a qualification system for employees who handle claim payments

relating to our third-sector products. Since the end of July 2007, only staff members who have obtained qualifications under this system have been handling claims relating to our third-sector products. As of February 2008, 1,592 staff members have obtained such qualification.

(4) Functional enhancement of Insurance Claim Advisory Desk

In order to certainly inform customers of our "Reexamination Request System" and "Insurance Claim Advisory Desk", we have described the overview of the Reexamination Request System and a toll-free number of the Insurance Claim Advisory Desk in such documents as "accident acceptance notices", "claim payment advices" and "notification in which reasons are described regarding various cases, including those where insurance benefits are not paid", and have begun sending them to customers.

(5) Implementation of comprehensive measures to prevent recurrence of non-payment in payment business processes (Attachment 1)

1) As a measure to prevent recurrence of payment omissions of insurance claims and benefits which could occur due to complicated combinations of automobile insurance policies, we established a system to prevent claims payment omissions by introducing a mechanism under which a table of all candidate combinations of insurance benefits will be indicated online upon acceptance of an accident notice, and employees in charge of business process will judge whether to approve or disapprove claims registration by referring to the table.

At the stage of claims payment, we established a new data-checking system, so that no case can be completed while insurance benefits of the aforementioned combinations and incidental insurance claims and other benefits remain unpaid.

In October 2007, we introduced a mechanism under which combinations that have a great possibility of being paid twice are checked online, so that administrative procedures do not move forward unless prescribed steps are taken.

2) With regard to automobile insurance, we established a system to automatically send "a table of insurance benefits" that will possibly be subject to payment and "description of insurance coverage" that explains various insurance benefits, along with "accident acceptance notices", to policyholders, and have begun sending them. We also introduced a mechanism to indicate the details of each type of insurance benefit in claims payment notices sent to policyholders.

We established systems to comprehensively prevent recurrence of non-payments, such as a system to send notification in which reasons are described regarding various cases, including those where policyholders withdrew claims for insurance

benefits of their own will and those where insurance benefits are not paid.

### **III. Protection of Policyholders and Increased Convenience for Policyholders**

#### **1. Third-Sector Product Salespersons Obligated to Obtain Special Sales Qualifications:**

- (1) In May 2007, we launched a Sales Qualification System for salespersons who handle third-sector products. As of March 2008, 54,603 salespersons have obtained such sales qualification.
- (2) We established a database to manage the solicitation quality (sales qualification, training history, etc.) by salesperson, and in December 2007 we started mechanically checking whether salespersons in charge have a sales qualification when insurance policies of third-sector products are booked. We will successively expand this checking system to all items.

#### **2. Thorough Implementation of Salesperson Education When New Products Are Released and on Other Occasions**

We established a system to oblige all salespersons who sell newly developed products or revised products to participate in training when those new products are developed or products are changed (making up part of the Company's original qualification system) and have begun applying it, starting with the revision of automobile insurance products in July 2008.

(Training for salespersons: Implemented from January 2008)

#### **3. Establishment of the Company's Original Sales Qualification System**

Based on the "Industry-wide Learning System for Insurance Products" that General Insurance Association of Japan plans to introduce, we will establish the Company's original sales qualification system. (Planned to be implemented successively from June, 2008)

#### **4. Customers' Opinion Responsiveness Training**

In an effort to strengthen the customers opinion response system, we have provided employees with specific in-house training organized based on rank, and training to help employees respond to customers' opinions. Since August 2007, a total of 1,715 eligible employees have taken part. In this training, trainees listen to actual customers' opinions in the monitoring room of the Voice of Customers Department. The training is organized for the following groups:

- (1) Training for newly appointed general managers;
- (2) Training for newly appointed leader-class employees;

- (3) Training for newly appointed 2nd-grade employees; training for 3rd-grade employees and training for newly appointed 4th-grade employees;
- (4) New employee introductory training for mid-career employees;
- (5) Follow-up training for new employees; and
- (6) Other.

We will provide a variety of courses to the above groups.

#### **5. Increased Transparency with Respect to Customers' Opinions**

In order to increase transparency relating to customers' opinions, starting in July of 2007, we have periodically announced the following information on our website.

- (1) The number of customers' opinions and the details of those opinions (see Attachment 2).
- (2) Examples of improvements taken in response to customers' opinions (see Attachment 3).
- (3) Activities of the Complaint Response Committee and the Claims Service Examination Committee (see Attachment 4).

### **IV. Improvement and Strengthening of Compliance**

#### **1. Functional Reinforcement of Compliance Department**

In order to improve the Compliance Department's ability to check insurance solicitation and claim payments, we increased the number of staff members in the Compliance Department by 10 between July 2007 and August 2007. With another three staff members added in January 2008, the Compliance Department is striving to show its checking capabilities: it verifies, organizes and analyzes specific issues and problems and then makes departments in charge of operations involving the issues or problems implement measures for improving them.





#### **2. Implementation of Training and Subsequent Periodic Follow-Up**

We provided compliance education at our employee training held successively since August 2007, which is organized based on rank (training for newly appointed general managers, training for newly appointed leader-class employees, training for newly appointed 4th-grade employees, training for 3rd-grade employees and training for newly appointed 2nd-grade employees) and includes Responding to and Accepting Customers' Opinions training. A total of 957 eligible employees participated in this training. Also, we held compliance

training for the second half of fiscal year 2007, in which all employees have taken part, during the three months from January through March, 2008. In addition, all leader-class employees (about 2,900 employees) participated in training under the theme of “organization management and fostering of human resources for the improvement of the quality of business operations” during fiscal year 2007.

# Business Process after Improvement Measures Based on the Business Improvement Plan (Automobile Insurance)

**We have realized sending customers notices without omission and making payments without omission in each business process from acceptance of accidents to payment of insurance claims!**

	Acceptance of accident	Initial response		Briefing Report on progress	Payment – Explanation of the details of payments		Case in which response is completed without paying claims
<b>Former business process</b>  	<b>Acceptance of accident</b>  Acceptance of accident Fax Tel Visit to the Company, etc.	<b>Sending accident acceptance notices</b>  Cases in which the results of the initial response are entered within two business days are not subject to this  <b>Confirmation of the acceptance of accident via IT system of agents</b>  Confirmation via IT system of agents	<b>Notification of payable claims</b>  Confirmation of clauses with check columns Explanation based on a checksheet	<b>Briefing – Report on progress</b>  Briefing – Report on progress  Phone Fax Visit to the Company Visit to agents E-mail, etc.	<b>Obtaining confirmations by circulating drafts → approval</b>  We double-check payable claims using a checksheet.  <b>Sending claim payment advices</b>  Amounts by recipient and simple explanation of  <b>Confirmation of payment via IT system of agents</b>  Confirmation via IT system of agents	<b>Notice to customers</b>  Oral explanations	
<b>Business process after improvement measures</b>  	<div style="text-align: center; background-color: #0070C0; color: white; padding: 2px; width: fit-content; margin: 0 auto;">March 2008</div> <b>Sending accident acceptance notices</b>  We decided to send accident acceptance notices to customers and, in principle, enclose a description of insurance coverage, which is a booklet listing claims that have a possibility of being paid.  We will also send notices to persons insured for personal accident or passenger accident insurance.	<div style="text-align: center; background-color: #0070C0; color: white; padding: 2px; width: fit-content; margin: 0 auto;">February 2008</div> <b>Notice of payable claims</b>  We have realized sending notices without omission by introducing a mechanism under which a table of all candidate combinations of insurance benefits will be in addition! online.  We will start operations of Payment Assistance in July to further enhance our system support. (Covering the products which are subject to drastic renovation)	<div style="text-align: center; background-color: #0070C0; color: white; padding: 2px; width: fit-content; margin: 0 auto;">February 2008</div> <b>Notice of payable claims</b>  We will start operations of Payment Assistance in July to further enhance our system support. (Covering the products which are subject to drastic renovation)	<div style="text-align: center; background-color: #0070C0; color: white; padding: 2px; width: fit-content; margin: 0 auto;">February 2008</div> <b>Obtaining confirmations by circulating drafts → approval</b>  we will realize claims payment without omission by establishing a new data-checking system which automatically determines the combination of payable claims.  We will start operations of Payment Assistance in July to further enhance our system support. (Covering the products which are subject to drastic renovation)	<div style="text-align: center; background-color: #0070C0; color: white; padding: 2px; width: fit-content; margin: 0 auto;">March 2008</div> <b>Sending claim payment advices</b>  We send notices indicating the particulars of the claims paid.	<div style="text-align: center; background-color: #0070C0; color: white; padding: 2px; width: fit-content; margin: 0 auto;">March 2008</div> <b>Notice to customers</b>  After oral explanation, a notice indicating the details of that explanation is automatically sent.	
<b>In the company</b>  	<div style="text-align: center; background-color: #0070C0; color: white; padding: 2px; width: fit-content; margin: 0 auto;">In addition!</div> <b>Acceptance of accident</b>  In addition to the former method, we plan to establish a direct input method that makes the most of IT system of agents.	<div style="text-align: center; background-color: #0070C0; color: white; padding: 2px; width: fit-content; margin: 0 auto;">In addition!</div> <b>Automatic notification to agencies through the agency system</b>  It has been possible for agents to confirm the acceptance of accidents using IT system of agents. With the introduction of an automatic notification system in May, the Company will automatically provide information of acceptance of accidents to agents in a timelier manner.	<div style="text-align: center; background-color: #0070C0; color: white; padding: 2px; width: fit-content; margin: 0 auto;">In addition!</div> <b>Notice of payable claims</b>  Starting from July, agents will be able to check the list of claims according to insurance coverage on the inquiry screen of IT system of agents in just the same way as we check it in-house. (Covering the products that are subject to drastic renovation.)	<div style="text-align: center; background-color: #0070C0; color: white; padding: 2px; width: fit-content; margin: 0 auto;">In addition!</div> <b>Briefing – Report on progress</b>  It has been possible to check the progress of accident claims through the IT system of agents. We will report to customers about the progress of their claims in a timely fashion by realizing interactive communications, automatically notifying agents of any progression in responses to accidents, starting from May, while giving online reports of the details confirmed by agents.	<div style="text-align: center; background-color: #0070C0; color: white; padding: 2px; width: fit-content; margin: 0 auto;">In addition!</div> <b>Automatic notification to agents through IT system of agents</b>  It has been possible for agents to confirm the payment of claims by IT system of agents. With the introduction of an automatic notification system in May, the Company will automatically provide information of the payments to agents in a timelier manner.		
<b>Agent</b>  	<div style="text-align: center; background-color: #0070C0; color: white; padding: 2px; width: fit-content; margin: 0 auto;">In addition!</div> <b>Acceptance of accident</b>  In addition to the former method, we plan to establish a direct input method that makes the most of IT system of agents.	<div style="text-align: center; background-color: #0070C0; color: white; padding: 2px; width: fit-content; margin: 0 auto;">In addition!</div> <b>Automatic notification to agencies through the agency system</b>  It has been possible for agents to confirm the acceptance of accidents using IT system of agents. With the introduction of an automatic notification system in May, the Company will automatically provide information of acceptance of accidents to agents in a timelier manner.	<div style="text-align: center; background-color: #0070C0; color: white; padding: 2px; width: fit-content; margin: 0 auto;">In addition!</div> <b>Notice of payable claims</b>  Starting from July, agents will be able to check the list of claims according to insurance coverage on the inquiry screen of IT system of agents in just the same way as we check it in-house. (Covering the products that are subject to drastic renovation.)	<div style="text-align: center; background-color: #0070C0; color: white; padding: 2px; width: fit-content; margin: 0 auto;">In addition!</div> <b>Briefing – Report on progress</b>  It has been possible to check the progress of accident claims through the IT system of agents. We will report to customers about the progress of their claims in a timely fashion by realizing interactive communications, automatically notifying agents of any progression in responses to accidents, starting from May, while giving online reports of the details confirmed by agents.	<div style="text-align: center; background-color: #0070C0; color: white; padding: 2px; width: fit-content; margin: 0 auto;">In addition!</div> <b>Automatic notification to agents through IT system of agents</b>  It has been possible for agents to confirm the payment of claims by IT system of agents. With the introduction of an automatic notification system in May, the Company will automatically provide information of the payments to agents in a timelier manner.		

## Number and Details of Customers' Opinions

(from April to December 2007)

Unit: cases

Category of customers' opinions	Typical example of opinion	April to June 2007	July to September 2007	October to December 2007	April to December 2007	Year-on-year change (%)
<b>Procedures related to insurance policies</b>						
Renewal of insurance policies	Delay in mailing of renewal notice	538	650	799	1,987	136.4%
Explanation of insurance coverage	Insufficient explanation of important matters	1,435	1,758	2,179	5,372	172.4%
Explanation of premiums		91	78	83	252	95.5%
Customer treatment on the phone or during visits		215	330	557	1,102	244.9%
Others		286	96	48	430	250.0%
Subtotal		2,565	2,912	3,666	9,143	167.5%
<b>Products and services</b>						
Products and services	Demands for improvement in products and services	251	534	1,008	1,793	536.8%
Insurance policies and pamphlets	Insurance policies and pamphlets are difficult to understand	445	567	1,287	2,299	1059.4%
Subtotal		696	1,101	2,295	4,092	742.6%
<b>Management of policies</b>						
Deficient or undelivered insurance policies	Mistakes or problems with contents of insurance policies	521	574	740	1,835	183.0%
Procedures for change in the insurance coverage	Procedures for change in the insurance coverage delays	700	861	1,412	2,973	212.4%
Account transfer	Failure of transfer	180	152	296	628	177.9%
Procedures for maturity refunds	Delay in procedures for maturity refunds	64	65	168	297	180.0%
Customer treatment on the phone or during visits		50	59	78	187	112.7%
Others		109	9	13	131	184.5%
Subtotal		1,624	1,720	2,707	6,051	191.6%
<b>Claim payment</b>						
Communication and response	Delay in communication from employees and insufficient explanation of relevant procedures	1,680	1,933	2,608	6,221	151.7%
Payment amount	Insufficient explanation of claim payment	687	670	898	2,255	142.9%
Payment or non-payment		135	117	146	398	118.5%
Customer treatment on the phone or during visits		303	309	435	1,047	136.5%
Others		120	22	44	186	46.2%
Subtotal		2,925	3,051	4,131	10,107	140.7%
<b>Personal information</b>						
Personal information		76	86	73	235	70.6%
<b>Others</b>						
Others		209	177	219	605	273.8%
Total		8,095	9,047	13,091	30,233	178.8%

Since fiscal 2006, we have actively listened to customers' opinions, analyzed them and used the results to improve our products and services on a company-wide basis. We will continue to further gather customers' opinions and improve our products and services, while disclosing this information.

**Examples of Developments and Improvements Based on Customers' Opinions**

	Customers' Opinions	Details of improvement
Indication of amount of deductible ("0") on fire insurance policy	<p>I bought property insurance for individual customers, but the amount of wind disaster deductible is not written in the insurance policy. Since the amount is not indicated in the insurance policy, it is not clear that deductible is 0 yen.</p> <p>Though I was told that the deductible is indicated only when it is set, I am not satisfied with that explanation.</p> <p>The deductible should be indicated plainly.</p> <p>(Customer's opinion)</p>	<p>We changed the indication rules, and now insurance policies state "wind disaster deductible: 0 yen" even when the amount of deductible is not set.</p> <p>(November 2007)</p>
Implementation of mutual transfer of calls between Accident Acceptance Counter (Safety 110) and Customer Center	<p>Though I meant to call the Customer Center to inform the company of a change of my address as written in my fire insurance policy, I got through to Safety 110.</p> <p>An operator at the Customer Center said to me, "Inquiries about insurance policies are accepted by the Customer Center. Would you please call the Customer Center?"</p> <p>I wonder if it is proper for a department serving as a counter of a company to give such a response even if it is not in charge of the relevant matter.</p> <p>(Customer's opinion)</p>	<p>Since previously phone calls were not forwarded between Safety 110 and the Customer Center, customers were asked to call the proper department when they called the wrong department. However, we have improved that situation based on the opinions of customers, and now calls are transferred between the two departments.</p> <p>(December 2007)</p>

<p>Simplification of materials for confirming discount on high-performance cooking stove</p>	<p>When I made an application for a discount on a high-performance cooking stove, I was told that I needed to present a certificate from an engineer's office. The engineer's office does not seem to have grasped the details. Still, is a certificate necessary? I would like you to simplify the application procedure. (Customer's opinion)</p>	<p>Previously, customers needed to provide materials (such as housing pamphlets) which show that high-performance cooking stoves are installed, or provide a certificate of the contractor. However, we have revised this procedure and introduced an Equipment Installation Application Form, so that customers can get a discount when they submit that form.  (December 2007)</p>
<p>Establishment of Request for Confirmation of the Details of Payment on Behalf of Policyholders</p>	<p>I have an installment insurance policy. Though lending of premiums had occurred for the policy, I did not recognize that fact at all. You should inform policyholders of the fact that lending has occurred and the amount of the loan. (Customer's opinion)</p>	<p>When automatic transfer lending occurs, we send Information on Payment of Premiums on Behalf of Policyholders to the relevant customer by postal mail, asking the policyholder to pay the money using the enclosed payment advice slip. After that, we inform policyholders of the amount of lending by sending them a deduction certificate or Insurance Policy Information once a year. We have changed this system and adopted a more comprehensible method. We now inform policyholders of the amount of loan once a year by sending them a Request for Confirmation of the Details of Payment on Behalf of Policyholders, which we have newly introduced.  (December 2007)</p>

## 1. Status of Implementation of Re-examination at the Complaint Response Committee and the Claims Service Examination Committee

We conducted a total of 374 examinations from January to March 2008. Based on the results of these examinations, we made payments for 26 cases and deemed 348 cases to be non-payable.

(Number of examinations)

(Unit:

case)

	April to June	July to September	October to December	January to March
FY2006	(Implemented from October 2006)		14	33
FY2007	66	293	456	374

## 2. Major examination cases

Insurance Type	Points of judgment	Outline of case and examination result
Automobile insurance (passenger accident insurance)	Grade of residual disorder	A policyholder who had had an accident while driving a car and been injured claimed insurance payments since parts of his neck and fingers remained paralyzed. We checked his medical treatment course, images, and other materials and confirmed there was a causal relationship between the accident and the residual symptoms. Accordingly, we concluded that the case should be subject to the payment of what is equivalent to a 14th grade of residual disability.
Ordinary accident insurance	Sudden and accidental external accident	The bereaved family of an insured person claimed insurance payments for the death of the insured who died of a cerebral hemorrhage at home. No external wounds were found on the insured and the physician's view indicated that the insured died of an endogenous disease. Accordingly, we concluded that the Company should be exempt from paying insurance benefits in this case.

Installment family traffic accident insurance	Drunken driving	An insured person who had caused an accident while driving and been injured claimed insurance payments. Results of investigations made it clear that the driver had drunk a considerable amount of alcohol before the accident. Accordingly, we concluded that the Company should be exempt from paying insurance benefits in this case.
--	--------------------	--