

A. Introduction

The insurance industry has been faced with challenges in claims management which has contributed to the poor image of the industry and low penetration of the insurance services. Most insurance complaints relating to claims management, suggest, that there is room for improvement in this area of client service.

The insurance with all the insurance stakeholders developed claims guidelines to enhance efficiency, transparency, disclosure of information to policyholders during the claims processing, and increase consumer satisfaction. The Authority is hereby notifying the public of the general claim process and the main documents required from the policy holder (insured) vis a vis the insurer with respect to claim settlement.

B. Pre-loss information/ claim notification

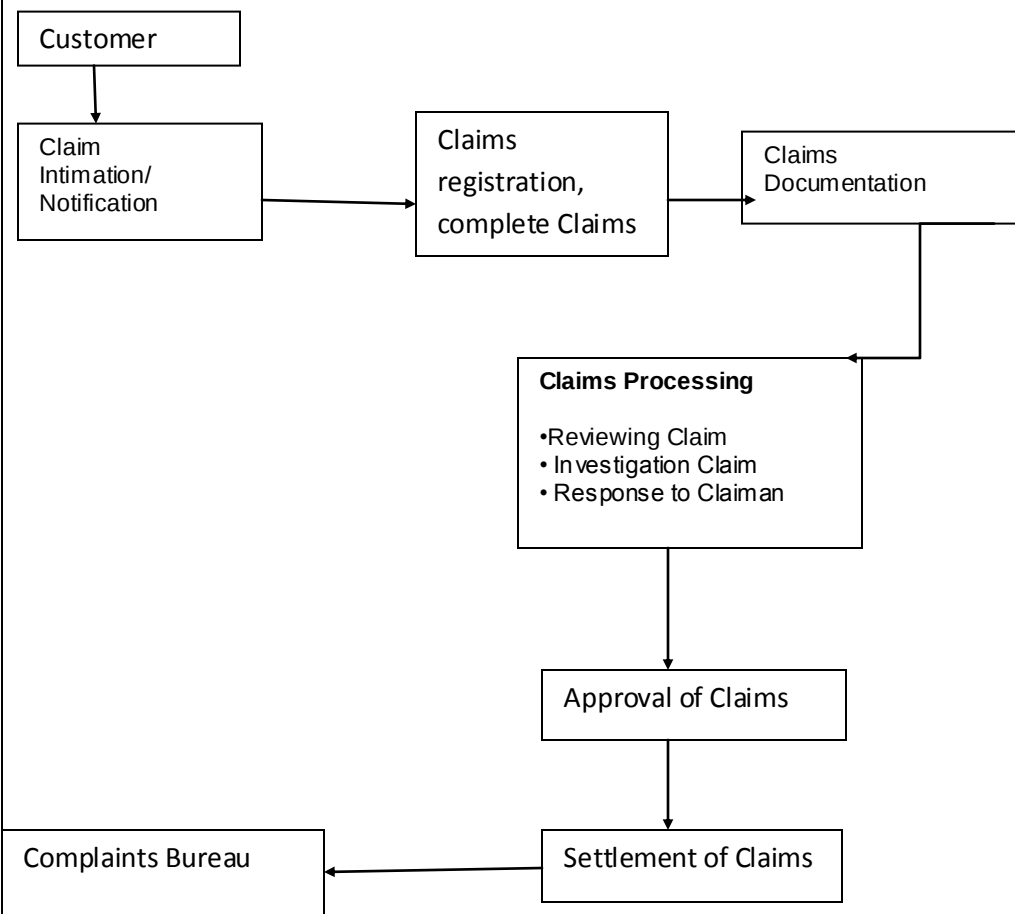
Insured

- 1) Reporting a loss or claim in a timely manner as provided for in the policy document is key. The insured/ client/policyholder have an obligation to notify the insurer of the loss as soon as it occurs. It should be emphasized that prompt reporting of the loss preserves evidence critical in determining admissibility and quantum of the claim.

Insurer

1. It is recommended that the claims officer visits the scene of loss as soon as practically possible, in any case, within 3 working days of intimation of the claim.
2. If the claim needs an external assessor/investigator, the assessor should be secured in writing immediately.
3. All documents to assist the assessor in assessing the loss should be provided as soon as they are received from the client.

D. Insurance Claims Process.



E. Documents required from the insured and insurer

1. Motor Third Party and COMESA claims;

Insured

- a. Duly completed claim form
- b. Copy of driving permit
- c. Police report /sketch plan

4. Brokers and clients to be copied in on all correspondences with assessors.
5. The insurer must document all communication with the insured as proof of receipt would be required. The insurer to provide a written reason explaining why a claim cannot be settled. This explanation to reach the Authority before expiry of applicable time limit with copies to the insured or broker.

C. The claims process and service standards for insurers

Step No.	Activity	Indicative Timelines
1.	Claim intimation	As per policy conditions
2.	Claim acknowledgement and acquisition of documents/contact with the claimant.	Within 3 working days from intimation
3	Site visit appointment of assessor/adjusters.	Within 3 working days of intimation of the claim. • 5 working days for complex claims since they require approval by IRA.
4	Making settlement offer or Communicating repudiation of claim.	5 working days from receipt of final adjustment/investigation report or where no adjustment/investigation is required, date of receiving the final supporting documents. • Discharge voucher to be submitted together with adjustment report
5	Settling claim	Up to Shs10 Million: within

- d. Copy of the log book
- e. Any Third Party demand letter unacknowledged
- f. Subrogation deed where a Third Party is responsible for the accident.
- g. Details of the Third Party and his/her vehicle.
- h. Proof of quantum of loss/Damage/injury
- i. Copy of the Yellow Card for COMESA claims.
- j. Proof of reporting (COMESA claims).

From the Claimant

- a. Official communication- lodging in a claim.
- b. Introduction letter from LC1
- c. Police report if not provided by the insured
- d. Medical report and medical bills (if any)
- e. Admission/Discharge summary (if available)
- f. Passport size photo of the claimant
- g. If fatal, copy of death certificate/postmortem report.
- h. In fatal cases to identify the claimant, the insurance company will require any of the following documents;
 - Marriage certificate
 - Birth certificate
 - Letter from the family appointing the administrator and a letter from LC1 confirming the same.
 - Where there is dispute as to the rightful claimant the insurer will require letters of administration of the deceased estate.

		10 working days after receipt of discharge voucher. • Above Shs10 M to Shs50 M: Within 15 working days after receipt of discharge voucher. • Above Shs50M: within 20 working days after receipt of discharge voucher or upon receipt of cash call payment from reinsurers whichever occurs first. Note: To avoid delays, insurers should do cash calls to reinsurers immediately on receipt of the final adjuster's report.	
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