9. Every insurer, upon recovering through subrogation, shall promptly refund to the insured the excess earlier paid to them.
10. A claim that is reported late by the claimant shall not be declined without establishing whether the reason(s) for the notification was/were justifiable or not.

For further details about Claims Management Guidelines, please visit the IRA website www.ira.go.ke.

What Happens if you are Not Satisfied with the Insurer's Claims Settlement Decision?

1. Upon receipt of the final unsatisfactory declinature from the insurer, the claimant may make a formal complaint to IRA for the advice and intervention
2. The claimant may seek Alternative Dispute Resolution (ADR) based on the specific policy clause on dispute resolution.
3. The claimant may seek legal redress as a matter of last resort.

"Crops & livestock are among many possessions exposed to risks such as loss or damage. Such treasured possessions can be insured to mitigate financial loss."

Insurance Regulatory Authority
Bima Bora kwa Taifa
IRA

Insurance Regulatory Authority
Zep-Re Place, 7th Floor
Upper Hill, Longonot Road, off Kilimanjaro Avenue

P.O. Box 43505 GPO 00100, Nairobi Kenya
Tel: +254-20-4996000
Mobile: +254 - 719 047000
Email:commins@ira.go.ke

Help Desk
Toll-free Line: +254 - 0800724499
Email: customercare@ira.go.ke
complaints@ira.go.ke
ethics@ira.go.ke

Insurance Fraud Investigation Unit
Hotline: +254 - 707598455, +254 - 786595455
Email: ifiu@ira.go.ke

Policyholders Compensation Fund
Tel: +254-20-4996238
Email: info@pcf.co.ke

IRAKenyaPage @ira_kenya

www.ira.go.ke

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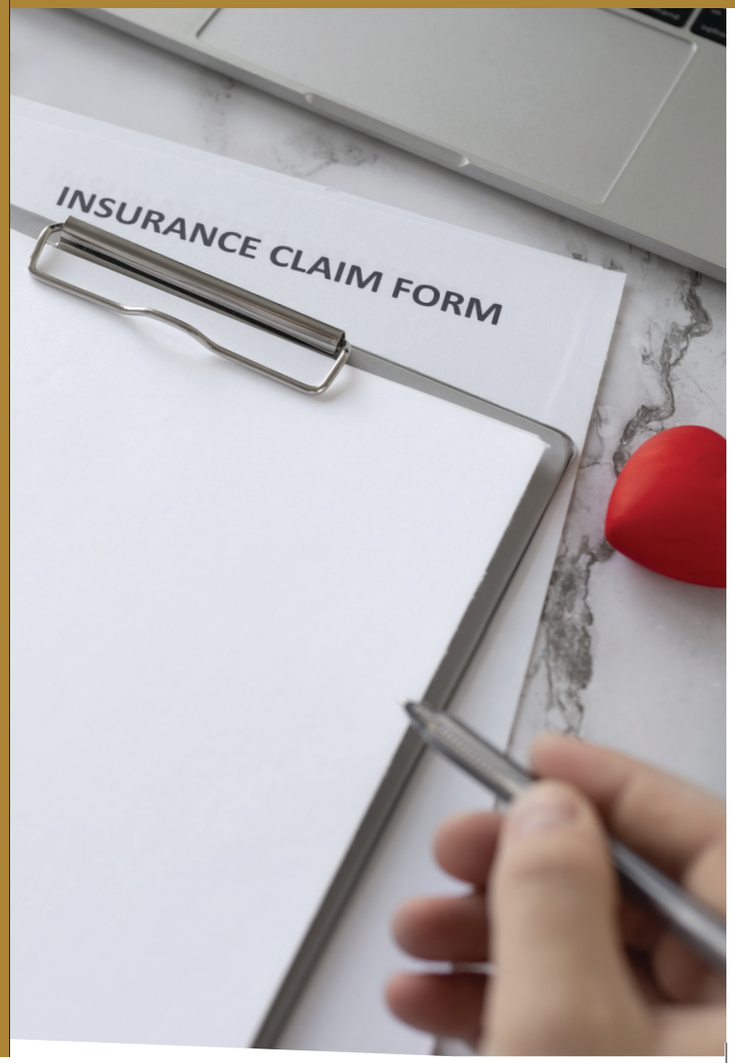
IRA

A GUIDE TO INSURANCE CLAIMS



A GUIDE TO INSURANCE CLAIMS

What Constitutes an Insurance Claim?

An insurance claim arises when an insured event such as fire, accident, theft, sickness, occurs resulting in a financial loss to the insured, or, in case of life assurance, death of the person insured or maturity of the policy. A claim will also arise out of liability of the insured to third parties. A third party is a person not connected with the insurance contract. These events will only translate to insurance claims if they were covered by the policy in question.

Who Can Make an Insurance Claim?

The policyholder, their beneficiaries, if named in the policy or any person authorized by court of law to be the official legal representative of the policyholder's estate can claim under an insurance policy. A third party can only benefit from an insurance policy through the policy holder and not directly. If it happens that the policy was used to secure a loan or mortgage or used as a guarantee for any purpose, then the person or company to whom the policy is assigned has the right to claim under it.

What are Your Obligations when making a Claim?

Obligations are those requirements a policy holder must fulfill in order for the insurer to process a claim. It is important for the person making a claim to follow the terms and conditions contained in the policy through reading and understanding the policy and where not satisfied to make enquiries from either the insurer, agent, broker, medical insurance provider, or from the IRA. This is because failure to follow the terms and conditions contained in the policy may lead to delay in processing the claim. Below is a summary of some of your obligations:

1. Report the occurrence as soon as possible or as may be required in the policy to the insurance company using any means possible but ensure to follow it up in writing;
2. When asked to complete a claim form by the insurer, complete it truthfully and as correctly as possible so as to enable the insurer understand the circumstances of the loss;
3. Produce all the necessary documents relating to the claim as requested by the insurer. Such documents include the policy document, receipts for expenses e.g. hospitalization and motor vehicle towing charges, death certificates, identification documents in life assurance, among others;
4. Cooperate with the insurer when they are investigating or verifying the claim by providing all the requested information surrounding the claim;
5. Understand that you may be required to surrender your rights to the damaged property to the insurer, provided that you have been fully compensated;

Upon receipt of the investigation report, the insurer shall, within seven (7) days, make an offer to pay or decline the claim and provide reasons for declining to pay;

What are the Rights of the Person Making a Claim?

A person making a claim has certain rights regarding the insurance policy. The IRA has made these rights clearer by issuing Guidelines on Claims Management for the Insurance Industry.

The Guidelines, issued in June 2012, are aimed at making insurers settle claims promptly and in a fair manner. The Guidelines have made it clear to insurance companies that a person making a claim has the following rights:

1. To be informed about the procedures, formalities and time frames for claims settlement as contained in the insurer's manual on claims handling.
2. To be provided with an appropriate claim form(s) and a list of specific documents that may be required when filing a claim and any additional information necessary in dealing with the claim;Insurance Industry.
3. If a claim is admissible, the insurer shall settle it expeditiously;
4. Where further investigation is necessary to determine whether the claim is payable, the insurer shall notify the claimant accordingly and where a service provider is appointed to investigate the claim, the claimant should be made aware of the action being taken;
5. Upon receipt of the investigation report, the insurer shall, within seven (7) days, make an offer to pay or decline the claim and provide reasons for declining to pay;
6. Where assessment of a claim has been carried out, a copy of the assessment report shall be released to the claimant upon request;
7. Where the insurer is not responsible for any part of the claim, the insurer shall promptly notify the claimant of this fact and explain the reason(s) why;
8. If the amount offered for settlement by the insurer is different from the amount requested by the claimant, the insurer shall explain the reason for the difference to the claimant;