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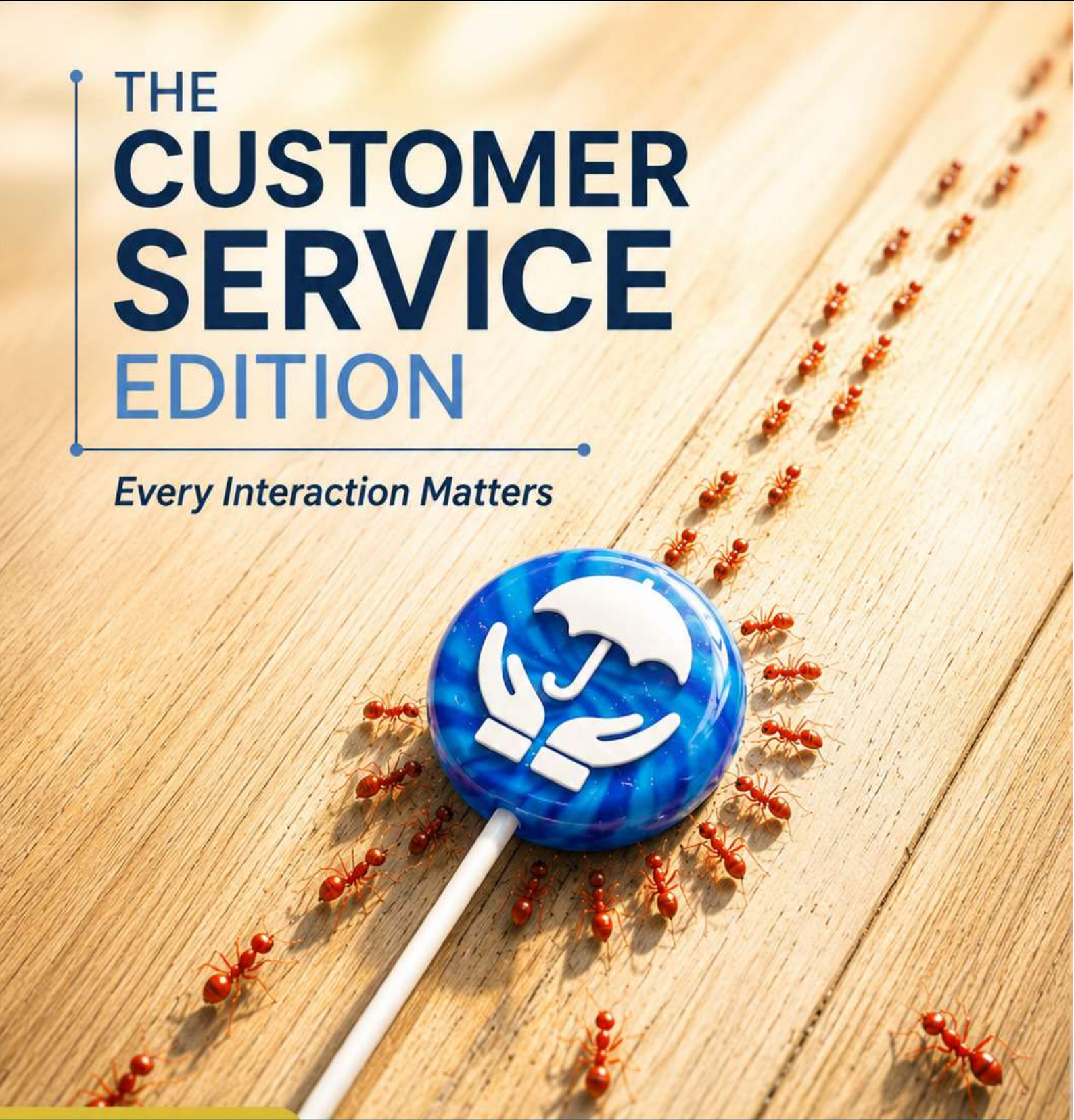
AKI
ASSOCIATION
OF KENYA INSURERS

JOURNAL OF THE ASSOCIATION OF KENYA INSURERS

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THE CUSTOMER SERVICE EDITION

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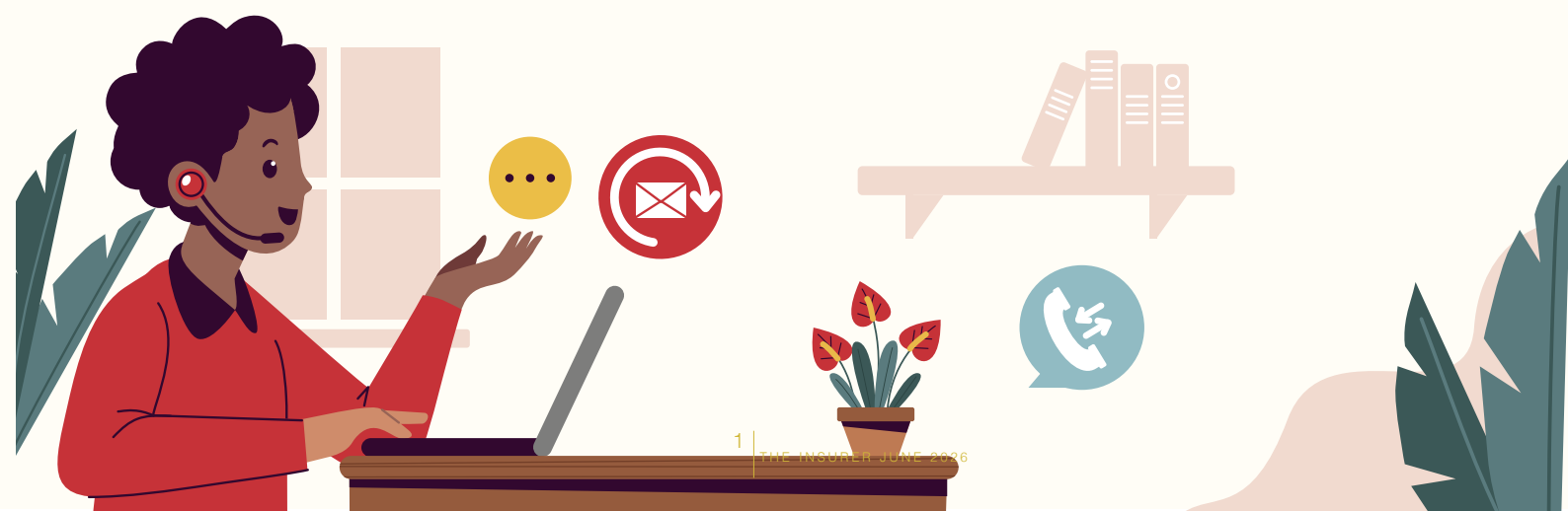
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Editor's Note

I hate to admit but I am one of those people.

I am one of those people who think customer service is simply a call center that exists to answer my call. And send me those annoying texts during Customer Service Week.

If you are like me, this edition of the AKI Journal will be eye opening. If you are better than me, then you already understand the strategic value of not just customer service but customer experience. Whatever stage of appreciation you are in, you will find this edition enjoyable because of the variety of ideas and perspectives that lie ahead.

The most uncertain and anxious moments of our lives are the ones where we wonder whether the trust we have placed in others will be repaid or wasted. If you think about it, this is the entire experience of an insured person.

This reality makes insurance a deeply emotional business. The product is trust and like elsewhere in life, trust requires open communication and the delivery of a promise.

Poor customer experience aggravates the anxiety and uncertainty of the insured while thoughtful management of customer experience alleviates the uncertainty, reinforces trust and boosts loyalty.

Don't take my word for it, after all until quite recently I was one of those people who didn't get it.

To properly understand customer experience you require an appreciation of how it has evolved to become the driver of value it is today. Hamida Rajab provides an invaluable primer in our first piece.

From there we explore the science behind customer satisfaction, the metrics that show what CX delivers to the business and delve into how data can augment CX and actually keep customers from leaving your business.

We also discuss the role of leadership in building a customer first culture, and speak to George Kuria, CEO Sanlam Allianz General Insurance Kenya, a business currently in the midst of a complex integration process.

But most importantly we mark an important milestone for Kenya's insurance industry a common customer service charter, a shared set of standards that will help all insurers big and small, to serve their customers better.

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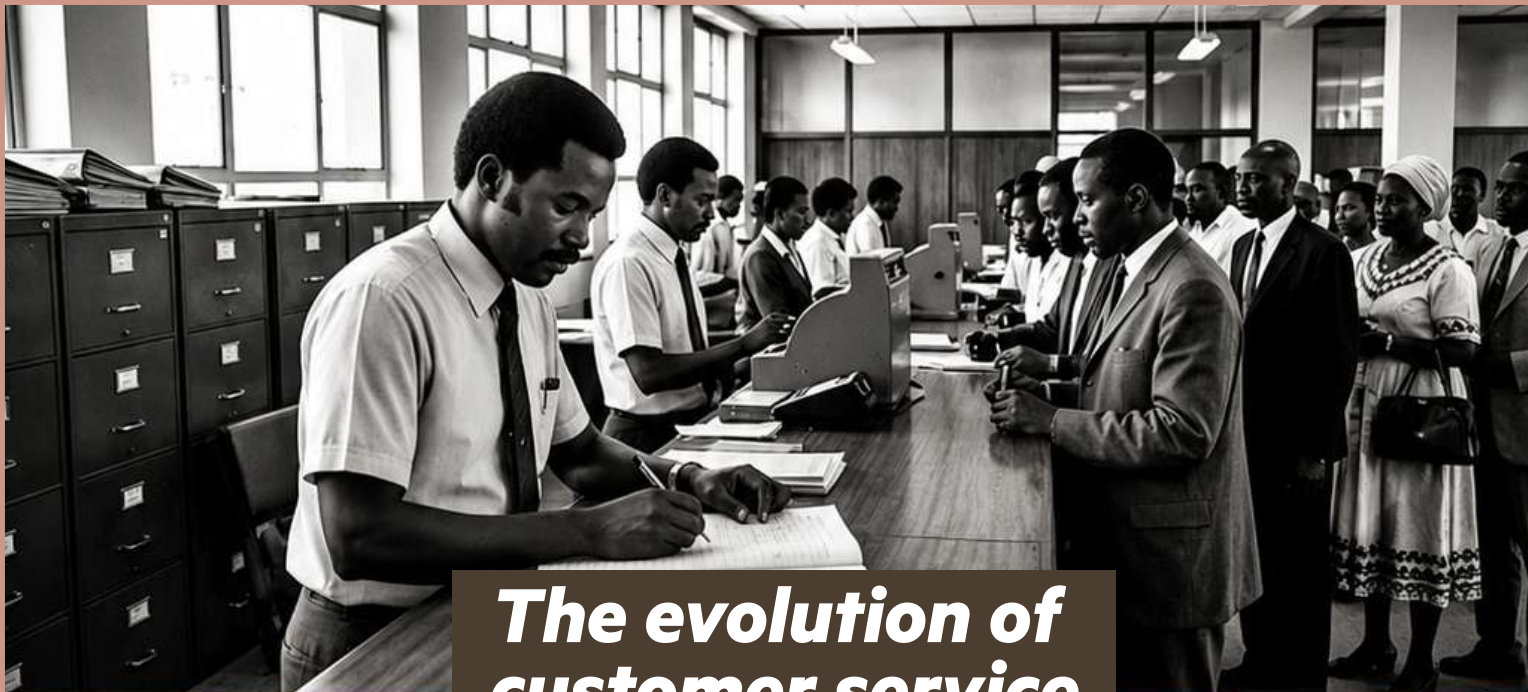
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The evolution of customer service

By Hamida Rajab



Customers experience insurance in one moment of truth. It may begin with a motor accident, a hospital admission, or a policy question during a busy workday. In that moment, when the customer reaches out to their insurer they are not thinking about operations, systems, or internal handoffs. They are asking a simple question: In this moment, in this situation: Will this company show up for me?

This 'moment of truth' is the reason customer service has evolved so dramatically. What was once seen as a back-office support function now drives trust, loyalty, and growth.

For years, many organizations treated customer service as the team that answered complaints after the real business had happened. Today, that view is too narrow. It is important to distinguish four concepts often used interchangeably.

Customer experience; the full perception created across the customer journey, from awareness and purchase to claims, renewal, and advocacy.

Customer service; the direct support an organization provides when the customer needs help, reassurance, or resolution.

Customer delight; the unexpected extra: the proactive update or empathetic claims handler who removes anxiety.

Customer excellence; the systematic discipline that makes positive outcomes repeatable across channels, products, and teams. These are different concepts, but they converge on one goal: the customer's confidence that the organization will be supportive when it matters most.

There are valuable lessons from industries where the competitive advantage of a player is customer experience. Aviation teaches the importance of real-time communication when plans change. Travelers forgive disruption more easily when informed early, updated often, and given options. Hospitality reminds us that service is emotional before it is transactional. Retail shows the power of convenience, speed, and personalization. Technology companies have raised the bar by training customers to expect intuitive self-service, instant response, and continuity across channels. Customers now carry these elevated expectations into insurance. They do not compare service from insurers only with other insurers; they compare them with the best service they have received anywhere.

The customer excellence journey in insurance has progressed through distinct phases. First, the branch-and-back-office era which was characterized by reactive paper-based service. Then came the call center, which brought structure, scale, and measurable service levels. For the first time, organizations could track response times, escalations, and resolution rates. However, call centers often prioritized internal efficiency, making customers have to repeat information to multiple agents.

The next phase was multichannel service: email, SMS, websites, branches, and social media. This widened access, but many channels operated in silos, leaving customers repeating their story from one touchpoint to another. Today, the real benchmark is omni-channel service: one customer, one context, and multiple connected touchpoints.

True omni-channel service is not differentiated by the number of channels but the continuity between them. A customer should be able to start a claim on WhatsApp, upload documents on a

portal, speak to an agent by phone, and receive updates by SMS without starting again each time. This continuity turns service into confidence. While data, automation, and artificial intelligence are accelerating this shift, technology alone is insufficient. Leading organizations blend digital efficiency with human judgment, empathy, and accountability. This modern service enhances speed, cost, and scale, but the core strategy lies in combining digital efficiency with human trust.

Customer service is no longer a cost it is a growth engine. Better experiences improve retention, increase cross-sell opportunities, reduce complaints, and lower the cost of rework.

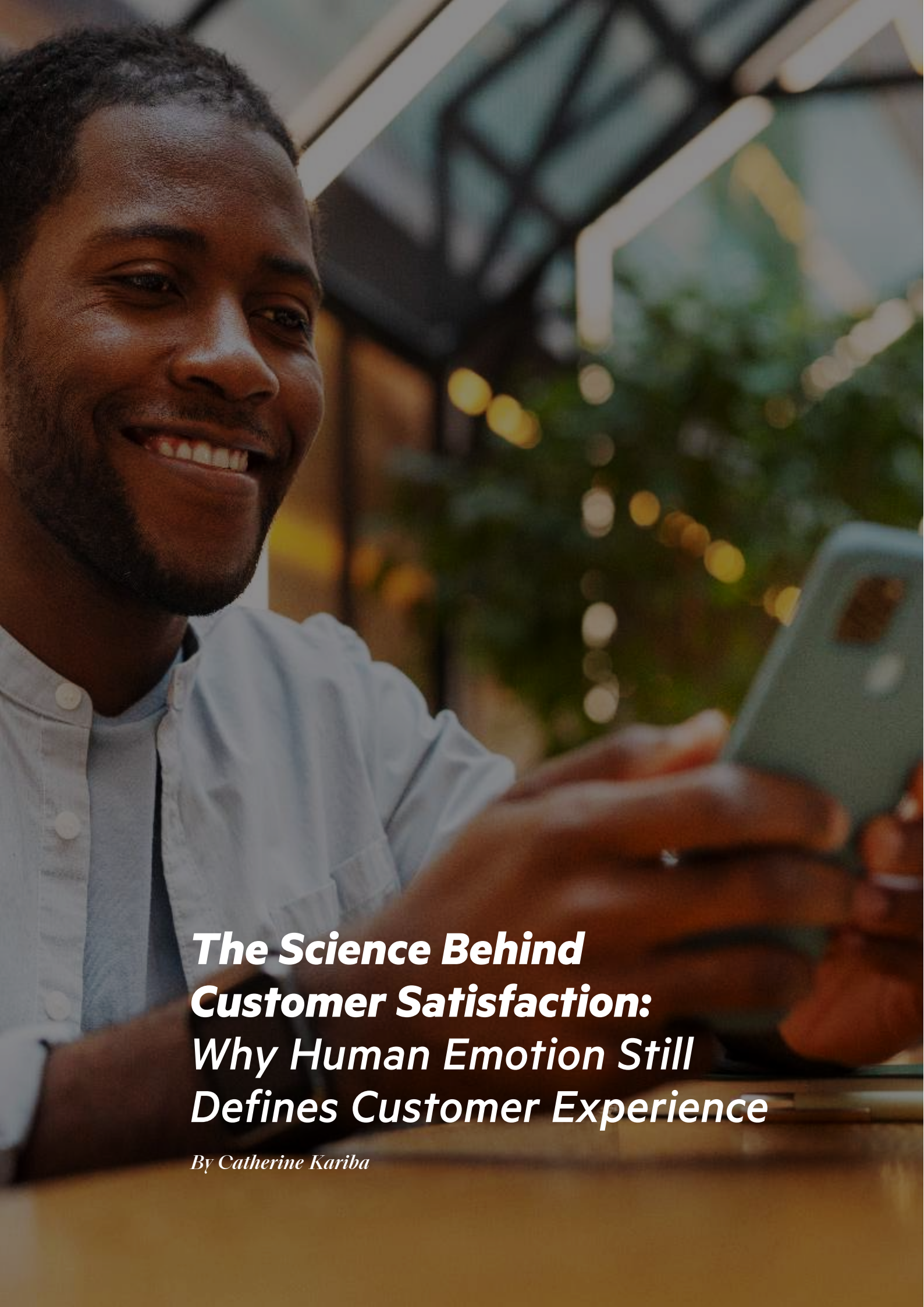
In insurance, where products can feel invisible until a claim happens, service becomes the brand.

It is often the clearest proof of value. When customers get fast answers, simple processes, and transparent communication, they stay longer and speak more positively about the company. Service excellence is integral to strategy.

For insurers in Kenya the opportunity is clear. We must redesign around life events, not internal structures. We must prioritize teaching empathy as seriously as we train for compliance. We must use data to personalize, not to overwhelm. Most importantly, we must remember that every policy is a promise, and every service interaction either strengthens or weakens belief in that promise.

The evolution of customer service is therefore not a story about a shift from phone calls to chatbots. It is the story of business becoming more human, more connected, and more accountable. Insurers poised for success in the coming decade will need to view service as a growth system: one that improves retention, strengthens reputation, supports distribution, expands confidence in the value of insurance itself, and makes customers feel that in their most uncertain moments, they chose the right partner. Customer service is no longer the end of the value chain. It is where growth begins.

The writer is the Head- Customer Excellence at Jubilee Life Insurance Limited

A close-up photograph of a young Black man with a short beard, smiling warmly while looking at a smartphone. He is wearing a light blue button-down shirt. The background is a blurred indoor setting, likely a cafe or office, with warm lighting and a glass ceiling structure. The overall mood is positive and engaged.

***The Science Behind
Customer Satisfaction:
Why Human Emotion Still
Defines Customer Experience***

By Catherine Kariba

In a busy medical insurance contact center in Nairobi, Angela adjusts her headset and glances at the blinking queue on her screen. Twenty-three waiting customers. Time 8:15 a.m.

Outside, the city is already alive with noise — matatus hooting, people rushing to work, vendors calling out from the roadside. Angela has already been awake for three hours, walked 30 minutes and taken two buses.

But none of that mattered.

“Good morning, this is Angela. How may I assist you today?”

On the other end was a man whose wife had been admitted to hospital overnight. His voice was tense, impatient, frightened.

“The hospital says the approval is delayed. My wife is in pain. Nobody is helping us.”

Angela quickly checked the system. The case was still pending review from another department. Technically, it was not her fault. According to procedure, she could ask the customer to wait.

But she paused.

Because, she could hear fear.

For years, insurance companies believed customer satisfaction came from products, pricing, and processes. Yet Angela understood something many organizations were only beginning to realize, insurance is emotional. People do not buy insurance because they expect sickness, accidents, or loss. They buy it because they want peace of mind.

And peace of mind is deeply human.

Angela lowered her voice calmly.

“I understand this is stressful, sir. Let me personally follow this up for you right now.”

The customer went silent for a moment. Not because the issue had been resolved yet, but because someone had finally acknowledged his emotions.

That small moment matters more than most companies realize.

Human beings are wired to respond emotionally before they do so logically. The brain constantly predicts outcomes based on promises, communication, and previous experiences. When customers feel ignored, confused, or uncertain, stress levels rise. Trust begins to break. But when they receive reassurance, empathy, and clarity, the brain responds differently. Anxiety reduces. Confidence increases.

In customer experience, this is the science behind satisfaction. Angela understood this instinctively. A claim approved with rancor or poor communication can still leave a customer frustrated. But a difficult situation handled with compassion can create loyalty for years.

A few desks away sat her supervisor, Mr. Otieno, known across the office for chasing numbers more than people.

“Reduce call handling time,” he would constantly say.

“Stick to the script.”

“Move faster.”

The irony was painful.

In African markets especially, human connection matters deeply. Customers value respect, warmth, and responsiveness. They can forgive delays more easily than coldness. They remember kindness longer than policy wording.

As the day continued, Angela received another call. This time from an elderly woman confused about her policy limits.

“No one explained these things to me,” the woman said softly. “I thought insurance was supposed to help people.”

Angela explained the terms slowly and clearly, avoiding complicated jargon. By the end of the call, the customer sighed with relief.

“Thank you, my daughter,” she said. “I understand.”

Again, the issue was not just transactional. It was emotional.

Customer expectations have changed dramatically over the years. In the 1990s, customers tolerated delays because communication was limited. Today, customers compare insurers to banks, airlines, mobile apps, and e-commerce platforms. They expect speed, transparency, personalization, and immediate feedback.

But despite all the technology shaping modern business, one truth remains unchanged: people still want reassurance.

Technology can automate processes. Artificial intelligence can speed up responses. Digital platforms can improve convenience. But trust is still built emotionally.

That evening, as Angela removed her headset after her final call, she reflected on something many executives often overlook.

Customer satisfaction is not created by systems alone.

- It is created in human moments.
- A calm voice during panic.
- A clear explanation during confusion.
- A follow-up call when someone feels forgotten.
- An employee choosing empathy over scripts.

Insurance companies that understand this will build stronger trust in the future. Those that focus only on processes while neglecting emotional experience risk becoming disconnected from the very people they serve.

At its core, customer experience is about reducing fear, restoring confidence, and reminding customers that in uncertain moments, they are not alone.

Parting Shot:

The future of Customer Experience Excellence is:

- Designing emotionally intelligent experiences.
- Reducing customer anxiety.
- Empowering Employees.
- Simplifying customer journeys.
- Building trust through consistency.

The writer is a Customer Experience, Data and Behavioral Strategy Expert



***Building Trust,
Delivering Value;
A Customer Service
Charter for Kenya's
Insurance Industry***

By AKI



For years, the insurance industry has co-existed with two stubborn truths: one, insurance is often sold rather than sought, and two a fragile public trust and a limited understanding that continues to hinder penetration.

At the heart of both challenges is one defining figure, the customer. Insurance is a promise: a commitment to stand with people and businesses when uncertainty becomes reality. That promise is only as strong as the experience that surrounds it.

Imagine an industry that consistently does what it says it will do, an industry that delivers not only cover, but clarity, responsiveness and peace of mind at every touchpoint.

Becoming that industry is the ambition behind the Customer Service Charter Framework developed by the Association of Kenya Insurers (AKI) in collaboration with customer service leaders across member companies.

The charter is built on five pillars: accessibility, transparency, efficiency, issue resolution and fair claims handling. It sets out a commitment to service, what customers can expect, and outlines the shared responsibility- what all insurers must do to bring the promise of insurance to life.

The true test of this framework is not in its language, but in its practical impact across the industry.

Its value lies in every query answered promptly, every complaint handled fairly, and every claim settled with empathy and integrity.

And because meaningful progress must be measurable, AKI will track performance through customer feedback and industry reporting, creating a practical path for continuous improvement across the market

This charter can become more than a benchmark for service delivery and a catalyst for cultural change. It can shift insurance from a product people purchase reluctantly to a promise they value, trust and willingly choose.

Insurance industry customer service charter

We are committed to delivering professional and fair services throughout the insurance journey.

Pillar	Accessible & Convenient Insurance	Product Transparency	Efficient Service	Issue Resolution	Fast & Fair Claims Handling
We promise	Ease of Engagement	Trustworthiness	Satisfaction	Fairness & Closure	Peace of Mind
Description	<p>Provide easy access through all our channels for purchases, enquiries, and feedback</p> <p>Minimize waiting times and offer simple self-service options</p> <p>Offer flexible & secure payment options.</p> <p>Ensure smooth & consistent experience across our channels.</p>	<p>Give advice based on your needs and personal situation.</p> <p>Clearly explain what each product offers, the risks and who it is suitable for.</p> <p>Only add optional benefits if you clearly agree to them.</p> <p>Provide the same clear information across all channels, with extra care for vulnerable customers.</p>	<p>Issue, update, renew and refund policies quickly and accurately.</p> <p>Keep you informed with timely updates.</p> <p>Enable online self-service to let you manage your policy easily throughout its lifetime</p>	<p>Acknowledge your complaint within 24 hours.</p> <p>Keep you updated on our progress.</p> <p>Resolve your issue on the first contact whenever possible.</p> <p>Handle all queries and complaints fairly, with clear steps for escalation if needed.</p> <p>Fix problems at the root cause to prevent them from happening again.</p>	<p>Acknowledge your claim within 24 hours.</p> <p>Assign a dedicated claims handler to support you.</p> <p>Provide clear requirements and minimize paperwork</p> <p>Offer practical support from the moment you notify us.</p> <p>Keep you updated on the progress of your claim.</p> <p>Carefully apply fraud checks while ensuring fair outcomes.</p> <p>Explain clearly how to appeal if your claim is declined.</p>
Customer Obligations	<p>Provide accurate and complete information</p> <p>Utilize provided channels for engagement and feedback</p>	<p>Read and understand product details shared</p> <p>Acknowledge and agree to optional benefits</p>	<p>Opt for online self-service for policy management.</p> <p>Provide necessary information promptly for policy matters</p> <p>Inform us of any changes that affect your policy</p>	<p>Report complaints promptly with detailed information via any of the provided</p>	<p>File claims promptly with required documentation.</p> <p>Submit required documents promptly</p> <p>Use provided channels for follow-ups</p>



***Building a Customer
First Culture: Why CX is
an executive function***

By Joseph Choge

In many boardrooms today, customer experience is spoken about with enthusiasm, but often remains an initiative rather than a way of life. A true customer first culture is not a department, a scorecard, or a campaign. It is a deeply embedded philosophy that shapes how decisions are made, how people behave, and how value is created over time.

The case for a customer first culture in the insurance sector is both moral and commercial. Insurance exists to provide peace of mind in moments of uncertainty. When customers feel misunderstood, delayed, or treated as transactions rather than people, the very purpose of the industry is weakened. On the other hand, when customers feel heard, supported, and respected, trust grows and with it, long term sustainability.

Leadership sets the tone

A customer first culture begins with leaders who do more than endorse customer experience in speeches—leaders who model it in decisions and priorities. This means asking different questions at the executive table. It means looking beyond revenues and costs to consistently ask how decisions will impact the customer journey. Leaders must champion the customer's voice. This includes regular engagement with real customer feedback, frontline staff, and demonstrating that insights are acted upon. What leaders pay attention to, culture follows.

Aligning purpose and operations

Many organizations have strong, beautifully worded purpose statements, but in reality these statements and day to day operations are worlds apart. A customer first culture requires that purpose is translated into clear behaviors and processes.

This means simplifying products, clarifying communication, and removing friction from key journeys such as onboarding, claims, and service requests. In insurance, the claims moment is the ultimate test. Organizations that design claims processes with empathy and speed will stand apart.

Empowering frontline teams

Frontline employees are the face of the organization. They shape customer perceptions in every interaction. However, they can only deliver great experiences if they are empowered to do so.

Empowerment means giving employees the authority, tools, and confidence to resolve issues without unnecessary escalation. It also means creating a safe environment where employees can share feedback and suggest improvements based on what they hear from customers every day.

Organizations that invest in their people and treat them as internal customers often see a direct impact on external customer satisfaction.

Using data with purpose

Data plays a critical role in building a customer first culture, but it must be used wisely. The goal is not collecting feedback, it is acting on it.

Leading organizations move beyond measuring satisfaction to understanding customer journey end to end. They identify pain points, prioritize improvements, and track whether changes lead to better outcomes. Importantly, they show customers that their voices matter.

Balancing technology and human touch

Digital transformation continues to reshape the insurance landscape. While technology offers efficiency and convenience, it should not come at the expense of human connection.

A customer first culture recognizes that different moments require different approaches. Routine transactions may be best handled digitally, while complex or emotional situations call for empathy and human engagement. The goal is to create a seamless blend where technology enhances rather than replaces the human experience.

Building accountability

Culture is sustained through accountability. This means embedding customer metrics into performance management, incentives, and governance structures. It also requires transparency in reporting both successes and areas for improvement.

Boards and executive teams must treat customer outcomes with the same rigor as financial results. When customer experience is consistently measured and discussed at the highest levels, it signals its importance across the organization.

A long-term commitment

Building a customer first culture is not a one-time effort. It is a continuous journey that requires persistence, humility, and a willingness to change. Legacy systems and entrenched ways of working will present challenges, but the rewards for pushing on are significant.

Organizations that truly put customers at the center build stronger relationships, earn deeper trust, and create resilience in an increasingly competitive environment.

The question is no longer whether customer experience matters. The question is whether we are prepared to lead the cultural shift required to make it real.

The writer is the Chairman Institute of Customer Experience and Managing Director, New KCC

***In a Social
Media-Driven World,
Complaint Handling
Can Make or Break a
Reputation***

ByCarolyn Nekesa

Until very recently, anyone wishing to complain about a company's service, particularly when dealing with a large corporation, had very limited options. One could either drop a letter into a complaint box or somehow find a way of getting the grievance published in a newspaper. The latter was generally more effective because it placed the issue directly in the public domain, increasing the likelihood that a senior executive would take notice. For most people, however, the complaint box was the only available avenue, an opaque process that offered little assurance that concerns would reach the right people or receive a timely response.

Then came social media and this fundamentally altered the balance of power between consumers and corporations. It gave ordinary people an unprecedented ability to publicly share their experiences and place complaints directly before companies, regulators, journalists and potential customers. Complaint resolution processes that once took weeks or months can now happen in minutes. A dissatisfied customer no longer needs access to a newspaper editor because a smartphone and an internet connection are often enough.

Meanwhile, as reputational risks grew, companies became more responsive. Today, many organizations monitor their social media channels around the clock because they understand that a delayed response can quickly escalate into a public relations crisis. A single post can attract thousands of views within hours, while a viral complaint can shape public perceptions of a brand long before the company has had an opportunity to present its side of the story.

Few industries are more exposed to this reality than insurance.

Insurance companies routinely deal with customers who are under stress following accidents, illnesses, fires, thefts, floods or other losses. In such situations, emotions are naturally heightened. As such, when a claim is delayed or rejected, policyholders often feel frustrated and, in some cases, betrayed. And although insurers often have legitimate grounds for their decisions based on policy terms and conditions, their technical explanations rarely fit into a social media post. What reaches the public is the often simplified narrative along the lines of *"I paid premiums for years and my insurer refused to help when I needed them most."*

Unfortunately, in the court of public opinion, that narrative spreads quite rapidly. All it takes is one influential individual with a substantial following to share their experience in a manner that favours their perspective. Whether or not important context is missing, the story can quickly reach hundreds of thousands of people. For observers who are not familiar with the details of the claim, the perception of unfair treatment often becomes the reality. This is why claims handling must be treated as a reputation management function as well. Poor claims handling can become a significant reputational liability.

Delayed communication, inconsistent explanations, unresolved disputes and a lack of empathy during difficult moments often generate more customer resentment than the actual claim outcome.

Delayed communication, inconsistent explanations, unresolved disputes and a lack of empathy during difficult moments often generate more customer resentment than the actual claim outcome.

In many cases, customers are more willing to accept an unfavourable decision if they believe they have been treated fairly or informed clearly throughout the process.

Conversely, a poorly managed claims experience can create lasting damage that extends far beyond a single policyholder. Negative reviews and public complaints remain online indefinitely, influencing prospective customers long after the original dispute has been resolved. As such, in a highly competitive market where trust is the industry's most valuable asset, reputational damage can ultimately be costlier than the claim itself.

There's also an opportunity hidden within this challenge.

Forward-looking insurers are beginning to recognize that public complaints and negative reviews can become trust-building opportunities. A complaint that is promptly handled demonstrates accountability. It shows potential customers that the company is willing to engage and seek solutions when problems arise. In fact, consumers often pay close attention not to the complaint itself, but to how a company responds. Silence, defensiveness or dismissiveness often validate the complainant's narrative and deepen public scepticism.

As such, the most effective organizations treat complaints as valuable feedback. They use recurring grievances to identify weaknesses and invest in faster dispute resolution mechanisms. Most importantly, they recognize that every customer interaction has the potential to either strengthen or weaken trust.

The writer is the General Manager- Marketing at Minet Kenya

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***When an insurer falls
we must protect
customers***

By Patrick Alushula

In the insurance sector, statutory management is an intervention meant to stabilize troubled underwriters and protect policyholders. However, in practice, it often exposes the very customers it claims to shield.

The recent placement of three insurers— Trident Insurance Company, KUSCCO Mutual Assurance Limited, and Corporate Insurance Company— under statutory management has once again highlighted the persistent gap between regulatory intent and the adequacy of consumer protection mechanisms.

Under Kenya's current statutory management process the immediate impact on customers is disruption, calling into question the promise of insurance as a haven of continuity and certainty. When an insurer is placed under statutory management, customer covers are automatically invalidated, leaving them to seek alternative protection, as they wait for a lengthy compensation process.

Typically, policyholders have little visibility into an insurer's financial health. And so they continue to pay premiums, trusting that the company is solvent and able to meet its obligations. The reality is struggling insurers' continue collecting premiums while exposing customers to mounting risk.

Insurance penetration in Kenya remains below 3%, partly on low trust levels. Events such as statutory management and the disruption that follows only serves to hurt the confidence of customers in the sector. Insurance is a trust-based business and the industry must avoid any event that raises doubts about whether paying premiums guarantees coverage. Such reputational damage compounds public mistrust towards insurance.

The Insurance Regulatory Authority must work closely with insurers on how best to handle insurers in distress because while premature disclosure can trigger panic, delayed or opaque communication shifts the burden unfairly onto consumers. The Policyholders Compensation Fund is a noble arrangement and one that many African economies like Nigeria have copied. However, compensation timelines must change drastically to ensure affected policyholders are not penalized for failures beyond their control.

Kenya should also consider the introduction of a temporary validity window during which existing policies remain recognized even after an insurer is placed under statutory management. This would give customers a reasonable period to secure alternative cover without being penalized.

Such a measure would go a long way in aligning regulatory action with consumer protection rather than immediately rendering the policies invalid as is the case currently.

For example, in the USA, insurance policies are not automatically cancelled when an insurer enters statutory management. Instead, appointed receivers often continue operating the company while exploring recovery or facilitating the transfer of policies to stronger carriers. Crucially, state guaranty associations step in to protect policyholders from sudden coverage gaps.

Such statutory bodies effectively assume the obligations of the failed insurer, including investigating claims, making coverage determinations, and settling valid claims even when the original carrier lacks the financial capacity to do so. This delivers a more orderly transition that prioritizes continuity of cover and minimizes disruption to policyholders.

Financial distress rarely occurs overnight. It is usually the result of sustained undercapitalization, weak underwriting discipline, or poor risk management. Gobbling up premiums until statutory management happens is a breach of the implicit contract with policyholders.

Insurers must become proactive in strengthening their capital positions through options such as retained earnings, fresh equity, or strategic partnerships.

In a market that has more than 50 insurers, mergers and acquisitions are a legitimate pathway to stability. Smaller insurers that are unable or unwilling to build adequate capital buffers should consider consolidation before their financial position deteriorates to the point of regulatory takeover.

A consolidated industry, with stronger balance sheets, is ultimately better placed to honour claims, boost customer trust and increase returns to capital owners. In the banking sector we have seen consolidation save customers from disruption.

Insurers must also pay closer attention to risk-based capital frameworks. Aligning capital requirements with the actual risk profile will provide early signals of vulnerability and incentivize prudent risk-taking. However, the success of this will depend on genuine engagement between insurers and regulators.

Statutory management must become a less painful process for consumers, instead it should manage insurer distress in a manner that preserves confidence in the insurance promise. This means shifting from reactive intervention to proactive protection, especially given that not many firms recover from statutory management.

In times of crisis, the customer cannot carry the heaviest burden if insurance is to fulfil its role as a cornerstone of financial security.

—The author is an award-winning journalist at Nation Media Group, specialising in insurance, banking, and sustainability.



The Next Decade of CX in Insurance: Building for Human Assurance

By Peter Mwangi

Why does insurance still feel like it belongs to a world that no longer exists?

A local business owner in Nairobi does not wake up thinking about risk models, loss ratios, or AI systems. They wake up thinking about whether their shop will survive the next flood, and if something goes wrong, whether their life will simply pause or fall apart.

That is the challenge for the next decade of customer experience in insurance. It is not about the systems we build, but about whether insurance is felt, in real life, when everything is on the line.

For a long time, we have spoken about our industry in complicated, technical terms. But customers do not live in that world. They live in urgency, uncertainty, and one simple question: "What happens to me if things go wrong?"

Today, life happens in real time. We have instant payments, instant communication, and instant decisions. Yet, insurance often still feels like it belongs to a slower, older world. As we look toward the next ten years, how do we bridge that gap?

The Foundations of Trust in the Next Decade

To define the next decade of CX, we must anchor our innovation in five basic promises. These are the foundations of how we will build trust between now and 2035.

- 1. Make it easy to reach-** Insurance should be easy to reach and easy to understand. Customers should not struggle to find protection or navigate complicated forms. Whether it is on a phone or through a trusted agent, protection should be designed for everyone. If people cannot reach it easily, it doesn't exist for them.
- 2. Be clear about what you are selling-** Trust dies in confusion. A customer should never need a translator to understand their own policy. They must know exactly what is covered, what is not, and why the price is what it is.
- 3 Respect the customer's time-** Speed is not a luxury; it is a basic requirement. Whether someone is buying a policy or asking a question, the experience should be smooth and direct. We should remove the "process" so the customer only experiences the "solution."
- 4. Take ownership when things go wrong** Problems are a part of life. What matters is how we respond. If something goes wrong, we must acknowledge it, take ownership, and fix it quickly. In our industry, silence is never neutral; silence is how we lose trust forever.
- 5. Make claims fast and fair** The claim is the moment of truth. When a customer reaches out, they are not asking for a process; they are asking for help. We must reduce the paperwork, remove the waiting, and pay what is due as quickly as possible. Automation can handle the easy parts, but human fairness must always lead the way.

The New Reality of CX

The next decade will be defined by three shifts that are already starting to happen:

- **Real-time visibility:** Dashcams, video-based claims, and telematics allow us to understand events instantly. This is not about technology for the sake of it; it is about reducing suffering in the moments that matter most.
- **Emotionally intelligent service:** Risk is not just data on a screen; it is a burnt shop, a hospital bill, or a broken motorcycle that a family relies on for their daily meal. We must respond with

humanity, not just calculations.

- **Human-in-the-loop automation:** We are moving into a world where insurance can predict more. But we must be careful. There are moments—a death in the family or a traumatic accident—where a human connection is irreplaceable. The most resilient insurers of the next decade will be those who know exactly when to let a person help.

What We Are Really Building

We are not just digitizing insurance for the next decade. We are building a foundation of trust. Every quick payment, every clear policy, every fair decision, and every resolved complaint either builds that trust or breaks it.

Innovation is useless if it drifts away from its purpose. At the end of the day, the next decade of insurance will not be judged by how clever our systems are. It will be judged by a simple test: Did it show up when it mattered?

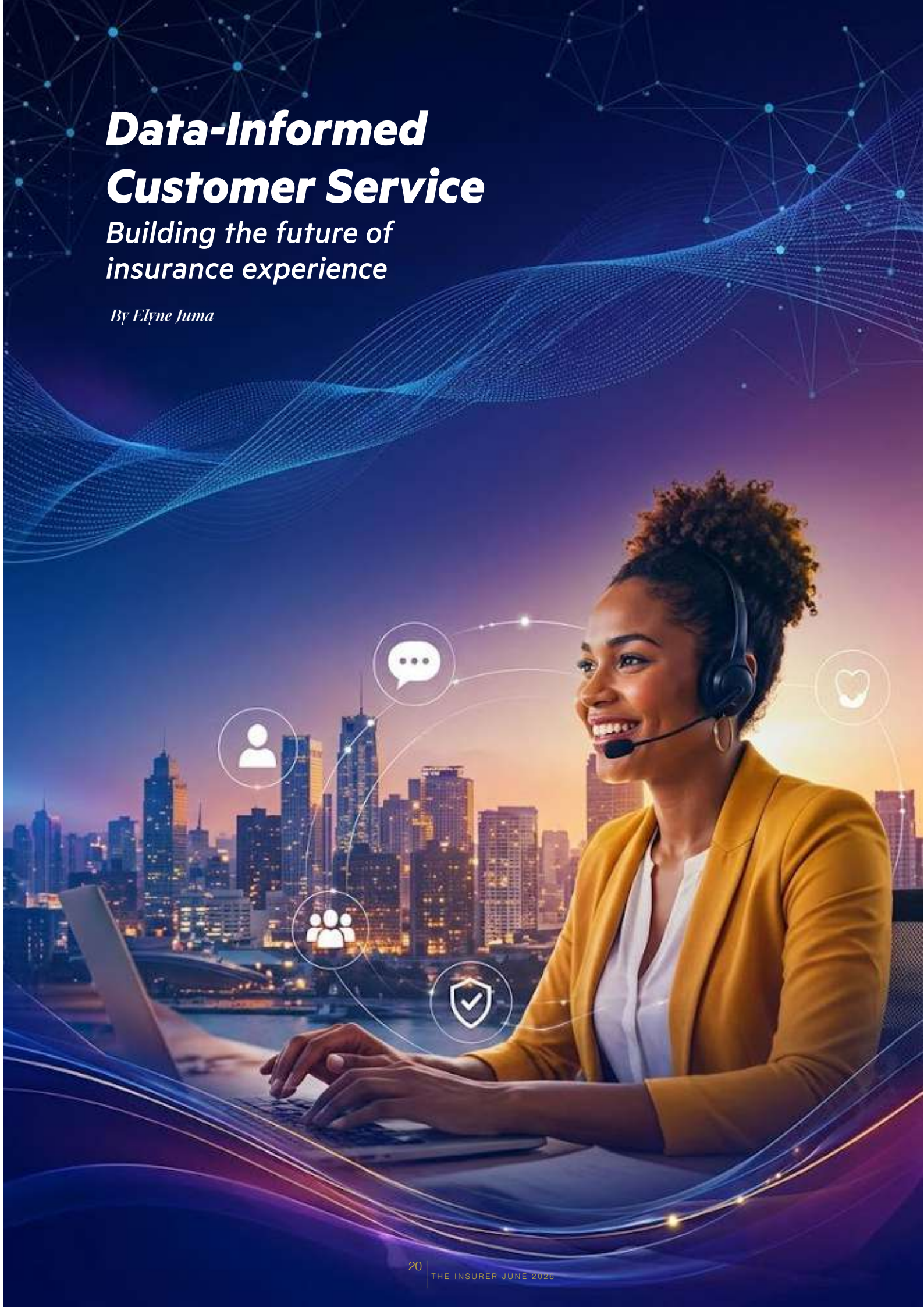
That is the standard. And that is the work in front of us today.

The writer is the Research Officer at the Association of Kenya Insurers

Data-Informed Customer Service

*Building the future of
insurance experience*

By Elyne Juma



How is your organization using data to enhance Customer Experience?

Customer experience (CX) has become a key differentiator for insurance companies. With many companies offering similar products to a more informed and demanding customer base; how insurers engage, serve and retain customers is what sets them apart. This means data informed customer service is no longer optional- It is the foundation of sustainable insurance growth.

I once worked with a client whose delayed claim had worn down their patience. Instead of issuing a scripted response, we paused to analyse the full picture. The data revealed a pattern: this delay wasn't new to him. That insight alone changed everything. We dug deeper and found that because of their age, the client required personalized interventions to ensure a smooth experience. We made the changes, and what could have ended in frustration became a moment of reassurance. Later, the client told us they felt "seen" for the first time. This shows that data carries meaning and if used well, can turn customer service into a moment of impactful trust and relationship building.

Is Your Customer Data Telling the Full Story?

We define customer data as the structured and unstructured information collected about policyholders across their journey with an organization from on-boarding to renewal and claims. At the on-boarding stage, Know Your Customer (KYC) data forms the basis of understanding the customer. This data can be collected using online or physical insurance proposal forms for specific policies. This includes personal data, contact details, demographic information, and risk details.

KYC data also plays a strategic role in CX. Accurate and complete KYC helps insurers to understand who their customers are, what risks they present, and how best to communicate with them. Incorrect KYC data leads to policy errors, claim delays, repeated customer requests, and dissatisfaction. It's therefore important to invest in standardized and secure KYC processes to enhance customer experience.

Throughout their lives clients will accumulate claims history and service interaction data. The real question is how this information is stored, connected, and used to enhance future service? This information also comes in handy when clients are purchasing additional covers and moving insurance companies

Can Excellent Customer Experience Exist Without Integrated Data?

The opportunity to break system silos is a game changer for insurance companies. When insurers integrate data across prospecting, underwriting, claims, and customer service, they create a seamless and connected customer journey. Data integration enables speed and consistency that allows customers to experience the insurer as one unified, customer-centric organization.

When data is integrated, insurers can analyse their client's information effectively and use that to make decisions. For instance a client who consistently pays premiums on time and has a clean claims history may attract lower rates than one with a high claims history.

Customers enjoy a smooth experience when their information flows effortlessly across touch-points. Internally, this unified approach strengthens operational efficiency and makes decision-making across the organization easy .

What If Your Data Could Prevent Churn?

When Atieno bought her first health insurance policy, the process felt simple. Her KYC details were captured accurately, and she received clear communication from day one. A few months later, when she visited a hospital, the care team already understood her cover benefits and preferred contact channel. Her claim was processed smoothly because the underwriting data, the medical history, and service records were all fully connected.

Over time, we noticed delayed premium payments and fewer interactions. Instead of waiting for her cover to lapse, the service team reached out with a personalized message and flexible payment options. These interactions nudged her to renew her policy with confidence and not pressure.

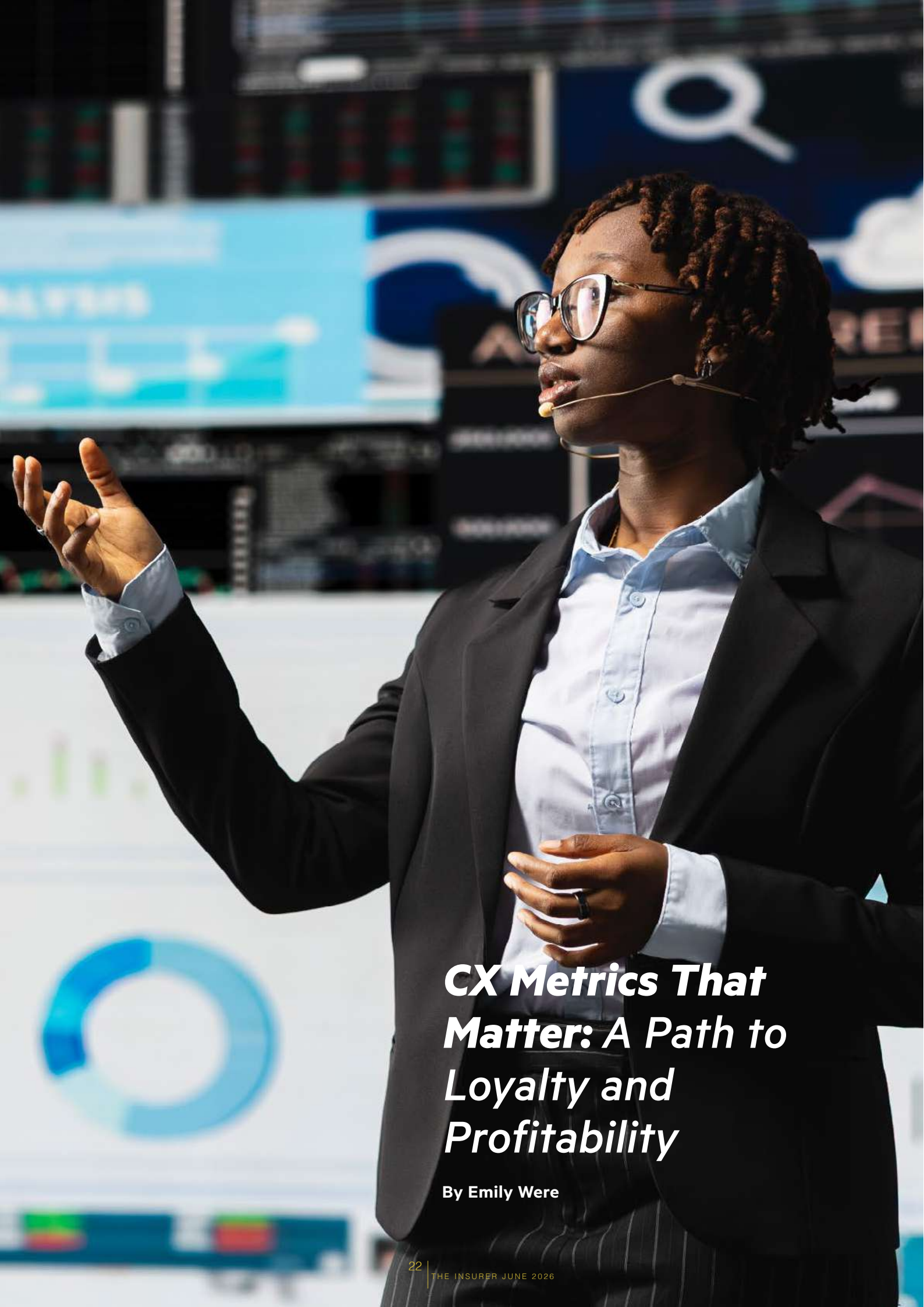
Behind the scenes, data worked quietly to prevent churn turning routine transactions into a meaningful relationship.

Beyond the Numbers

Behind every data point is a person. As insurers collect and deploy more data, customers want assurance that their information is handled with care. Strong data governance and transparent communications build confidence, trust and strengthens the insurers reputation.

The future of customer service in insurance is data informed. Insurers who treat data as a strategic CX asset will meet rising customer expectations and build enduring relationships.

The writer is a data and insurance professional. She is currently the Bancassurance Coordinator at AAR Insurance



CX Metrics That Matter: A Path to Loyalty and Profitability

By Emily Were

In the insurance industry, customer experience (CX) is no longer a soft metric—it is a tangible measure of retention, profitability, and long-term trust. Customers expect seamless digital interactions, empathetic claims handling, and proactive communication. Insurers who fail to measure and act on CX risk losing customers to more agile competitors. The question is not whether to measure CX, but which metrics truly matter, and how to interpret them in ways that drive business outcomes.

The Essential CX KPIs for Insurers

Three metrics dominate the CX landscape: *Net Promoter Score (NPS)*, *Customer Effort Score (CES)*, and Customer Satisfaction (CSAT). Each offers a different lens on customer loyalty and experience.

Net Promoter Score (NPS) asks customers how likely they are to recommend their insurer. It is a proxy for loyalty and advocacy. In insurance, where trust is paramount, NPS reveals whether policyholders feel confident enough to endorse their provider. Ipsos' Customer Satisfaction Index Insurance Study shows that the industry NPS for the insurance sector remains below other financial services, underscoring the challenge insurers' face in building emotional attachment.

Customer Effort Score (CES) on the other hand measures how easy it is for customers to resolve issues. For insurers, this is particularly critical for claims handling. Filing a claim is often a stressful moment; if customers perceive the process as high effort, they are more likely to lapse or switch providers. A low CES signals that the insurer is supportive and efficient when it matters most.

Similarly, Customer Satisfaction (CSAT) evaluates satisfaction with specific touchpoints, such as call centers, mobile apps, or policy updates. Ipsos research highlights that ease of experience and emotional connection are increasingly important drivers of satisfaction. Our studies have shown that a high CSAT at digital touchpoints often translates into stronger renewal rates.

Beyond these, insurers should also track Customer Retention Rate (CRR) and Customer Lifetime Value (CLV). CRR reflects the percentage of policyholders renewing policies, while CLV estimates the total revenue from a customer over time. Ipsos' CX Global Insights 2025 found that emotionally attached customers deliver higher CLV and are more likely to recommend their insurer, making these metrics indispensable.

Interpreting Metrics in an Insurance Context

Metrics alone are meaningless without context. For insurers, interpretation requires understanding the unique dynamics of the industry.

NPS as a churn predictor: A low NPS does not just mean fewer referrals- it signals dissatisfaction with claims handling, pricing, or communication. Insurers can use NPS to identify at-risk customers and intervene before they lapse.

CES as a claim's barometer: Claims are the "moment of truth", a high CES indicates friction, which erodes trust. Conversely, a low CES suggests that customers feel supported during stressful times, reinforcing loyalty.

CSAT as a digital benchmark: With more customers engaging through apps and websites, CSAT at digital touchpoints is a leading indicator of renewal. Poor digital satisfaction often correlates with higher churn.

Retention and CLV as profitability levers: Interpreting CRR alongside CLV helps insurers understand whether short-term satisfaction translates into long-term profitability. A customer who renews consistently and has high CLV is far more valuable than one who is satisfied in the moment but lapses after a year.

Practical Examples: Linking CX to Retention and Profitability

The power of CX metrics lies in their ability to drive tangible business outcomes. Several practical examples illustrate this link: **Claims Experience:** Ipsos case studies show that insurers who reduced claims resolution time improved both NPS and retention. One global insurer cut reporting delays from three weeks to 48 hours, enabling faster CX insights and boosting loyalty. Customers who experienced quick, empathetic claims handling were significantly more likely to renew.

Digital Transformation: Simplifying policy updates via mobile apps reduces CES. Customers who perceive low effort are more likely to renew policies, directly improving CRR. For example, an insurer that introduced a "one-click policy change" feature saw a measurable increase in digital CSAT and renewal rates.

Emotional Attachment: Ipsos' CX Global Insights 2025 found that 70% of customers choose brands they trust to deliver good experiences, and emotionally attached customers are more active promoters. For insurers, investing in empathetic communication during claims- such as proactive updates and personalized support- can elevate NPS and CLV.

Profitability Impact: Ipsos data shows that even a 1% reduction in poor CX can yield millions in additional sales. For insurers, this translates into fewer churned policies and higher renewal rates. By focusing on CX metrics, insurers can directly link customer experience improvements to financial performance.

Conclusion

For insurers, the CX metrics that matter most are NPS, CES, CSAT, CRR, and CLV. Ipsos research underscores that emotional connection and ease of experience are critical levers. By interpreting these KPIs in context, especially around claims and renewals- insurers can transform CX measurement into a strategic asset. The result is not just happier customers, but higher retention, stronger profitability, and long-term trust.

In a sector built on promises, CX metrics are the compass that guides insurers toward loyalty and growth. Those who measure wisely and act decisively will not only survive but thrive in the evolving insurance landscape.

The author is a Senior Research Manager at Ipsos in Kenya

George Kuria: The Team Builder

Mr. George Kuria, CEO,
Sanlam Allianz General
Insurance -Kenya



George Kuria is gregarious to a fault; he likes life simple and will talk about most things under the sun except how bad his golf has become. Underneath the easygoing exterior there is a method to his leadership, a focus on building teams through clear communication and giving them the freedom to work. He strongly believes that senior managers must identify and develop future leaders now.



How did you get here? In terms of the journey.

It is an interesting story. I have a mentor I have looked up to throughout my career. His leadership style appealed to me because he throws you into the deep end early which forces you to become a solution provider very quickly.

I met him many years ago as a high school rugby player when I had no clue what insurance was. When I joined University, I wasn't accepted for finance or accounting, and so I studied insurance. In my final year, I became the Chairman of the Insurance Students Association. As chairman, you get invited for the annual Insurance Institute conference and it turns out my mentor was an official at the Institute and was at the conference. We met and he asked me to go to his office on Monday. And that was how I joined Alico, no interview, no CV.

Let's talk about the early roles?

I started in Underwriting at Alico. Then, when I moved to Heritage Insurance where I worked in business development. Then, a few years in broking at Aon Minet. After that, it was general management.

Do you think the variety of roles helps you in your current role today?

I believe so. Because underwriting gives you an understanding of the essence of our business. So, you have a sense of what's going on. Business Development gives you a sense of the market. Broking was very interesting because you can see what underwriters are doing right and wrong but you are in the face of the customer daily.

What has shaped you the most as a business leader?

I think the first thing is looking up to the right people. My first boss was a great mentor. I think having a person you can emulate is a good thing and if they mentor you, it is even better. Some of the lessons I learnt; do the right things, treat people well and use your head all the time. Incidentally I also had to understand the P&L of the department as part of induction. Today, I come across line managers who cannot relate what they do on a day-to-day to a business outcome, which is really a leadership failure.

Something that also helped me was the experience of working in different organizations which gives you different perspectives. For example, Alico was a very structured multinational. When I went to Heritage, it was a local company that was more entrepreneurial but also gave more rounded experience; so just the ability to integrate different perspectives as I grew made a massive difference.

What's the role of CX in insurance?

CX is vital. In insurance we sell a promise. The point is it's intangible and often it's not cheap. So, business comes down to trust: how you treat a person when they are buying something intangible is certainly going to be at the core of business. And when we get it wrong, it's very painful to the user.

The merger of Sanlam and Allianz is a recent development, how is that going from a CX perspective?

It's not easy. We must integrate systems, and different cultures which takes lots of work. The business has shifted from two mid-size companies into a large organization. So, everything just increases exponentially. But part of the reason we are toiling is because we set very high standards for ourselves. We are a top 10 player now; we want to offer a high quality of service in a really short time in spite of all the changes we need to make.

What is the role of a leader in building a customer first culture?

Communication is vital and more so in our case. You have to just talk, communicate, because in an integration, there are people who are used to you and there are other people who are getting used to you. And sometimes people may feel like you are favouring one side, whilst in actual it's a socialization issue.

The integration process is stressful even to the people at the frontline. So, you have to work together, agree on the vision and fix any issues that arise. You have to eliminate ambiguity as much as possible, literally draw things if you must, process them out so that everybody is on the same page.

You must then define the prioritization of activities, there are mission critical deliverables and others can wait.

And finally, treat people fairly because you will have your issues. You need to give people time to adapt. Obviously with time, if they don't, then that is a different discussion. But also reward the people who adapt quickly.

Does it matter when a CEO personally champions customer service?

Greatly! You must be at the forefront but not just with speeches but with actions. Obviously from a performance perspective, if things go wrong, you will be the first person on the chopping board. You are the one the regulator will call when there is a complaint.

What does championing customer service look like at the executive level?

It's a combination of things. It could include getting your hands dirty. For example, today I was at our assessment center with the team there just trying to think through why some things are not working and it is good because we are all together. At the executive level, it is also around crafting the vision and ensuring that there is accountability across the business. And then monitoring to ensure everything remains on track.

What's the hardest part about delivering high standards of CX in today's environment?

Well, first we exist in a very fast-paced environment. And people's expectations are very high. Customers are used to a certain level of quality. Because they are not just experiencing insurance, they're experiencing different industries like banking and others.

Secondly, we need to admit that we have a complex product. Banking from the customer perspective is easier, there's X money in my bank, I want to withdraw or take a loan, it's simple. When you've got a motor insurance policy, it has many sections and explaining may require a lot of long discussions.

And finally, systems. When you have legacy systems, how quickly do you move to respond? Businesses are growing quickly, but probably the systems haven't kept up. So, the staff member who is handling CX must go through various hoops for them to be able to then offer that service.

Leading Through the Sanlam Allianz Merger

When you're integrating two businesses, how big does the headache get? And what can you do to make sure everybody is aligned?

It is a big challenge. Bringing together two businesses means blending different cultures, systems and ways of working, and in that uncertainty, people naturally wonder what it all means for them. Some are adjusting to new colleagues, others are finding and flexing their place in a larger structure, and many are learning to do familiar work in unfamiliar ways.

The leadership task here is not simply operational. It is about creating clarity, keeping people aligned and making sure the team can move forward together.

That is why the work began long before the formal merger. Many months went into planning, breaking the integration into workstreams across underwriting, claims, finance and the rest of the business.

Project managers were then tasked with identifying issues early so that by the time approval came through, the business already had a clear view of the work ahead. Planning makes a huge difference.

Proper integration will take about three years. But throughout the process, the principles remain the same: focus on building a strong team, communicating constantly, removing ambiguity, treating people fairly, and giving teams the freedom and confidence to execute.

Looking forward, what gives you the most confidence about the future of Kenya's insurance industry?

The industry has been growing steadily. So, in a sense there is appreciation. I think people appreciate that risk exists and therefore there is a place for insurance. The industry is collectively working to build a good reputation and get things working. For example, the development of a standardized customer service charter that AKI is leading will help us to raise standards.

And then, of course, the market exists. We have a huge population here, growing more educated, more knowledgeable, who will also want to find ways of dealing with the risks that they face.

What does general insurance need to do differently to make it simpler, more valuable, and more trusted?

One is obviously to make sure that we deliver a good experience that customers experience our products in a painless way. This means fixing our systems, improving our people, training them better, making the products easier to understand. That must be a continuous exercise.

And then educating people to actually appreciate risk and to understand that insurance can come through for them. It's always very interesting when you talk to people and they are like, I didn't know I could get this or that insured.

There is a lot of work being done by the regulator, by the insurance association just to try and push that. It's not easy work, but I don't think we should stop educating people.

What change do you think can decisively unlock growth in the industry?

I would say the mindset about risk; getting people to appreciate that risk exists, that I can be in the middle of it and that insurance can come through for you.

Take the simplest product, say, funeral insurance. In other growth markets, the uptake is extremely high. But in Kenya, we still default to mchangos yet this is something that can be easily insured. You see people driving cars without insurance, we see estates going underwater and people lose years of investment. Yet, there is insurance that can respond in the event of a problem. I think changing the mindset can help us shift the dial.

What's the most underrated challenge in the insurance sector?

I think getting people to love insurance as a career. At this moment, I think attracting really good people and keeping them is not easy. There are many insurers, and as good people develop, there's a lot of pressure for them to keep moving around.

I think that's one of the hardest things in a market with many insurers. Not too many people who are taking their career seriously; developing themselves. We tend to focus more on the operational aspects and we are all perpetually busy resolving transactional issues – and losing focus on strategy and the customer. When you consider this carefully the root goes back to how we develop people as they grow in the career

It's probably the most difficult task.

And because of the complexity of the product, then of course that has a big impact on how you deliver what you're doing.

Are you mentoring? And what do you look for in a mentee?

Yes, I am mentoring people and I totally enjoy it.

I enjoy working with people with a proper growth attitude, somebody who's willing to put in the hard work and actively develop themselves. I always encourage my mentees to take a longer time horizon. Don't think about what will happen next year or in two years' time. Life doesn't work that way. Those are the kind of people that you need to be around.

What is your leadership philosophy.

It's a blend - develop people and give them the freedom to work. My biggest role is to build a team. That's what I try to do; making sure that they have the right mindsets. Making sure that there are no barriers. Making sure they're clear about the vision. Then give them the freedom to execute. And be the guy who is just watching for helps provide check and balances and sounding board for then team.

How do you handle office politics?

What I have learned over time is clear job descriptions, clear KPIs, and measuring that regularly and open feedback. Having the deliverables clearly communicated and documented is where many fail, but when this is done well, it becomes less of issue. And the politicians start losing their audience.

But when there's lack of clarity, unclear KPIs and JDs, the rewards and the consequences are not clear, then it becomes a big problem

Outside the office. Who are you? What are you like?

I take life easy. When I get out of the office, I focus less on work and focus more on spending time with friends and in nature, taking care of myself a lot more deliberately – mentally, spiritually and physically. Netflix is my newest friend.

As my career progresses, I spend more time thinking and developing what's next. God willing in the next few years, I must pass on the baton. I want to be ready.

So deliberately slowing down. Have you started to think about what comes next?

I am thinking of teaching- passing on the ideas and lessons I have picked up over the years and helping younger professionals avoid the mistakes I've made. I want to play a role in the community, maybe join a board of my villages' schools

I am also consciously trying to develop my retirement friends now. My friends in retirement will not necessarily be the people I have been working with. You must think about these things early, otherwise I don't want my phone to stop ringing and I need to check whether it is still working (chuckles).



“
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A photograph of a woman and a young girl sitting together, looking at a smartphone. The woman is on the left, wearing a colorful patterned top, and the girl is on the right, wearing a green and white checkered school uniform. They are both smiling. In the foreground, there is a white mug with a floral design and some papers on a table. The background shows a rustic setting with a blue door and a wall.

Lessons from Turaco's Experience in Microinsurance: *Customer Experience, Inclusivity, Empathy and Scale*

By Beatrice Ndungu

When Joyce Muthoka was hospitalized after developing severe flu complications, she worried about more than just her health.

Joyce was worried about whether her daughter would be able to return to school for her national examinations. She worried about the small business that would remain closed while she recovered and stressed over the income her family was losing.

Insurance at the Point of Need

This is the reality for millions of low-income communities across Africa, the very communities least likely to have insurance protection.

According to the World Bank, unexpected shocks push more than 26 million people into poverty every year. For financial institutions, these personal crises often translate into loan defaults and customer drop-offs.

Thankfully for Joyce, a credit solution she had taken from Vision Fund came with embedded health insurance from Turaco and her worries never materialized.

When she needed support most, the claims process was simple, communication was clear, and the payout was sent quickly via M-Pesa, helping her family through a difficult moment.

Claims as the Moment of Truth

For underserved customers, insurance is not experienced through policy documents but in moments of vulnerability, especially timely claims.

In our experience, customer experience is not a support function, it is a critical part of the product itself. Reducing turnaround time on claims is a consequential customer experience differentiator in microfinance and at Turaco, claims are typically paid within three days, and some are settled in a matter of hours.

When we minimize paperwork, simplify verification requirements, enable digital claims submissions, and keep customers informed throughout, we reduce friction during critical moments.

Empathy at Design

Traditional insurance has long been criticized for complex onboarding, complicated policy documents, and out of reach premiums.

Designing insurance products starts with understanding the lived realities of the customer. Many customers earn irregular daily or weekly incomes with informal businesses being highly prone to disruptions.

For many, the challenge is not a lack of understanding, but an inability to access insurance in ways that fit with how they live, earn, save, and transact. Inclusive insurance then calls for designing simple and fast products easily accessible at the point of need.

Scale Through Trusted Partners

Personalization in design creates the right product but scale is a different ballgame. The design has to also be reachable to customers through products they already use and trust.

This means working with partners; fintechs, banks, microfinance institutions, and other businesses that already serve low-income communities at scale. By embedding insurance into products such as loans, savings accounts, smartphones, and mobile wallets, protection becomes part of customers' everyday financial lives rather than a separate product they must actively purchase.

The impact is undeniable. More than 75% of the 5 million people covered by Turaco are accessing insurance for the very first time in their lives, with women accounting for more than half of these first-time users. Without this coverage, 60% of customers say they would have relied on savings or sold an asset to cover medical and related expenses, while 25% would have had to borrow money during a health emergency.

Accessible Channels

Accessibility is a defining part of the product experience. We have invested heavily in customer care infrastructure that is easily reachable across the six countries we operate in, including multilingual teams familiar with local languages and contexts.

Policies can be purchased through USSD and personalized support is delivered through voice calls and SMS. Claims are initiated through automated WhatsApp services, the devices and platforms that customers use daily.

The Next Phase of Microinsurance

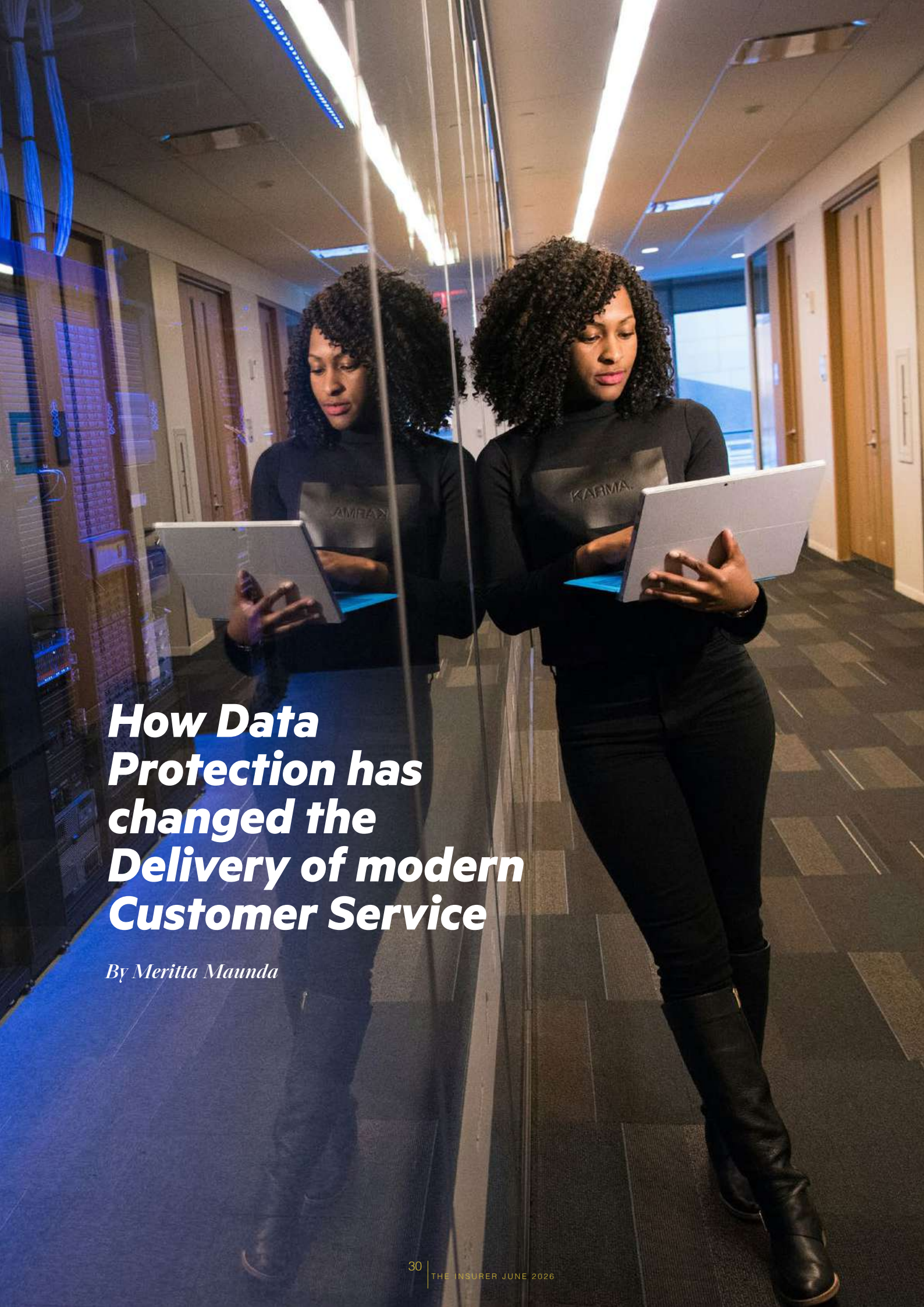
Seven years post-launch, we have insured over 5 million lives across Kenya, Uganda, Ghana, Nigeria, Zambia, and recently entered into Asia through Pakistan.

Insurers must build protection into the financial systems customers already use every day.

As digital distribution, AI-enabled workflows, mobile money, and embedded finance continue to evolve, the opportunity is no longer about expanding insurance protection, but building products and experiences that are simple, trusted, and accessible at scale.

The writer is an Actuarial Associate at Turaco

Note: Turaco won the Innovation of the Year Award at the African Insurance Awards hosted by Africa Re in Cairo, Egypt on 7th June 2026. Their innovative product, AsaLifecare in partnership with Asa Microfinance, uses the microfinance infrastructure as a point of access for insurance by embedding the policy directly into a customer's financial journey.



**How Data
Protection has
changed the
Delivery of modern
Customer Service**

By Meritta Maunda

Customer service in the insurance industry has changed significantly over the years. Once a highly manual and transactional process, it is now largely digital, personalized, and data driven. Today, you can purchase insurance online, upload documents through a mobile application, receive policy documents instantly, and track claims in real time through digital platforms.

However, as insurers increasingly rely on customer data to deliver seamless services, data protection has become central to how customer service is designed and delivered.

Insurance companies process large volumes of personal and sensitive personal data, including identification documents, financial records, health information, location data, and behavioural patterns. This information enables insurers to personalize products, automate processes, improve claims handling, and enhance customer engagement. At the same time, it creates significant privacy and compliance obligations under the Data Protection Act, 2019.

Customers expect insurers to handle their information responsibly, transparently, and securely.

Customer Service Has Become Data-Driven

Modern insurance customer service heavily depends on data and this has transformed customer expectations. Customers expect insurers to understand their needs and provide tailored solutions quickly and efficiently.

However, this increased personalization has also created serious concerns around privacy. Customers often question how their information is collected, who it is shared with, and whether they genuinely consented to its use. Unsolicited marketing messages from affiliated companies is a recurring and visible concern. Data protection laws have forced insurers to rethink how customer service operates.

As data controllers and, in some cases, data processors, insurers are legally required to process personal data lawfully, fairly, transparently, and securely. This has significantly changed customer-facing processes such as onboarding, claims handling, marketing communication, and digital interactions.

Insurers must now clearly explain why customer data is being collected, how it will be used, who it may be shared with, and the rights customers have over their information.

Customer service teams have become frontline compliance functions. Call center agents, relationship managers, and digital support teams now require privacy awareness training alongside customer service skills.

The focus is no longer simply on collecting customer information, but on collecting only what is necessary and using it responsibly.

Personalization Must Now Be Balanced with Privacy

One of the biggest changes caused by data protection is the need to balance personalization with privacy.

Customers appreciate personalized experiences such as tailored insurance products, proactive reminders, and simplified digital journeys. However, they also expect their personal information to remain confidential and protected.

Insurers must answer important questions such as whether consent was properly obtained or whether third parties are handling customer information securely. This has led to the rise of “privacy-aware personalization,” where the aim is to improve customer experience without compromising customer trust. Responsible personalization focuses on transparen

cy, ethical data use, and customer choice rather than excessive profiling or intrusive monitoring.

Digital Customer Service Has Introduced New Risks

Many insurers now rely on mobile applications, WhatsApp support, online claims portals and AI-powered systems. While these technologies enhance efficiency, they also increase cybersecurity and privacy risks.

For example, sensitive medical records uploaded through unsecured systems could expose customers to data breaches and identity theft. To address these risks, insurers are now required to implement controls such as secure communication channels, data encryption, multi-factor authentication, conduct data protection impact assessments (DPIAs) and even have continuous cybersecurity testing.

Customers Now Have Greater Control

Data protection has empowered customers by giving them greater control over their personal information.

Customers now have the right to access their data, correct inaccurate information, withdraw consent, object to certain processing activities and even request deletion of information in some circumstances. This has forced insurers to establish structured internal processes for handling customer privacy requests efficiently and within legal timelines.

Customer service teams must therefore work closely with compliance, legal, and IT departments to ensure these rights are respected.

Trust Is Becoming a Competitive Advantage

Perhaps the biggest impact of data protection on customer service is the growing importance of trust. Customers are increasingly choosing organizations they believe will handle their information responsibly. In today’s digital environment, privacy is no longer viewed as only a legal requirement, it is part of the overall customer experience.

Insurers that combine technology, compliance, transparency, and ethical data practices are more likely to build long-term customer loyalty and confidence.

Data protection has fundamentally changed customer service in the insurance industry. Customer service is no longer measured only by efficiency and personalization, but also by how responsibly customer information is handled.

As insurers continue adopting AI, predictive analytics, and digital platforms, the connection between privacy and customer experience will continue to grow. The future of insurance customer service lies in balancing innovation with ethics, personalization with privacy, and operational efficiency with regulatory accountability.

In Kenya’s evolving regulatory landscape, data protection is now an essential part of excellent customer service itself.

The writer is the Compliance Manager at First Assurance Company Limited

Should the 'S' in ESG Stand for Service?

By Rosemary Wahome



/a/ for apple.

/e/ for egg.

/g/ for girl.

/s/ for sun.

As children, that's how we learnt the relationship between letters and words. But as we grew older, we learnt that these same letters can be associated with other words. Bigger words. Impactful words. In the alphabet of Sustainability, the S stands for Social. The people and groups that are affected or can affect your business. It is about the relationships we have with stakeholders and how we engage with them. It is about people, community and collaboration.

Service to the Customer

When it comes to the notion of service, our default understanding is how the business treats its customers. Customer is king. The customer is always right. These adages inform our expectations of businesses as customers.

Imagine you buy a comprehensive car insurance policy. Two weeks later, you get into a minor accident on a rainy Monday morning. You call the helpline, frantic. A customer service representative picks up on the second ring, speaks to you calmly, organizes a breakdown truck and reassures you that your claim is being processed immediately. This is customer service.

If we examine customer service through an Environmental, Social, and Governance (ESG) lens we realize it is the social pillar in action. A business that truly embraces ESG has the customers' (best) interest at the heart of their operations. It is more than interaction when need arises; it's about products that are easy to understand with transparently priced premiums that are marketed honestly with no hidden costs and complex fine print. When customer service is ethical, fair treatment is directly linked to ESG reporting. It proves that the business doesn't just want the customer's money, it actually values their peace of mind.

Service to the wider Stakeholder Ecosystem

To the customers, businesses have an obvious duty to deliver quality goods and services. However, the social aspect of ESG extends to more than just the customers. It covers all the stakeholders of the business including the employees, the Board of Directors, the suppliers, the Government, industry regulators, shareholders, the media and the public.

What service does the business owe to these other stakeholders then?

To the employees, the business must uphold labour rights ensuring fair remuneration that meets or surpasses industry standards. The safety and well-being of the employees is met through design and adherence to safety standards in the business and provision of healthcare services, preventive and curative. The business must also allow for unionization of employees and collective bargaining. Additionally, the business must protect the employees from discrimination on the basis of sex, tribe, age, religious belief, political affiliation or any other aspect. The service here is a protection of sorts.

Service to the government and industry regulators is about operating a business that is legal, complies with rules and regulations and meets obligations.

For suppliers, service means honouring their contracts, making prompt payments and supporting them to deliver exceptional services and products.

The Ultimate Payoff: Long-Term Resilience

When service becomes the heartbeat of your ESG strategy, something incredible happens: your business builds long-term resilience.

Excellent customer experience builds trust, and trust is the ultimate currency in the insurance industry. When a crisis hits, companies with a deep reservoir of customer goodwill and strong stakeholder relationships bounce back faster. Ethical service keeps customers loyal, minimizes regulatory friction, reduces employee turnover and attracts high-integrity investors.

By treating service as a core social duty rather than a mere operational requirement, insurance companies can transform ESG from a complex compliance burden into a powerful, living business strategy. It reminds us that at the end of the day, sustainability isn't about the data points in a report, it is about the people we serve.

The writer is the Founder and CEO at Beyond Profit Kenya Limited.



***Are Women Wired for
Empathy? Gender
Perspectives in CX
Leadership***

By Ms. Wavi Mungala

With more than twenty years in customer experience and communications, I have learnt that the most important forces shaping customer experience do not appear on a dashboard. Behind every metric sits something fundamentally human: the need to feel seen, heard and understood.

This is why empathy matters so much in customer experience leadership. For years, it was treated as something soft or assumed to be part of the work rather than recognized as a strategic capability. Yet as organizations compete on trust, loyalty and emotional connection, empathy is increasingly becoming a business capability, not just a personal trait.

That leads to an important question: Are women more wired for empathy, and does that give them an advantage in customer experience leadership?

I have worked with exceptional leaders, both men and women, whose ability to listen, understand, connect and respond created extraordinary outcomes for customers and employees alike. At the same time, many of the qualities most associated with effective customer experience leadership - active listening, collaboration, emotional awareness and relationship-building - are qualities society has traditionally encouraged and rewarded in women.

My view is that women often demonstrate leadership behaviours that align closely with empathy-driven leadership, but the real lesson is not that empathy belongs to women. It is that empathy is one of the most important leadership capabilities in customer experience, and organizations should value and develop it intentionally.

Whether those qualities are innate or learned is a debate for psychologists. What is clear, however, is that they matter deeply in customer experience.

The customer experience profession itself offers an interesting perspective. Data from the ICX Kenya membership base indicates that 68% of members are women compared to 32% men. While this does not suggest that women are inherently better customer experience professionals, it does show the significant role women play in shaping a discipline built around understanding people.

The connection between empathy, employee experience and customer experience is also reflected in the findings of the 2024 ICX Survey. An overwhelming 95% of respondents acknowledged a direct relationship between employee experience and customer experience, yet only 43% believed their organizations were actively investing in employee experience initiatives.

That gap is revealing. Many organizations understand the importance of people, but far fewer act on it. Organizations that fail to listen to employees will struggle to listen effectively to customers. When employees feel unseen, unheard or undervalued, those experiences eventually find their way into customer interactions.

Empathy also plays a critical role in collaboration. According to the 2025 ICX Survey, siloed operations and organizational complexity remain some of the greatest barriers to customer experience success. Customers experience organizations as a single journey, yet internally many organizations continue to operate in disconnected functions with competing priorities.

Research has consistently shown that women often adopt more collaborative leadership styles, encouraging participation, information sharing and collective problem-solving. These approaches are particularly valuable in customer experience because customer outcomes rarely sit within a single department. Delivering a seamless experience requires people across functions to work together around a shared purpose, and empathy helps make that possible by creating understanding, trust and alignment. As we move deeper into the era of Intelligent CX, the importance

of empathy may become even more pronounced. The 2025 ICX Survey found that 82% of organizations report readiness to embrace Intelligent CX initiatives. Technology will transform how organizations engage customers, predict behaviour and personalize experiences. What it cannot do on its own is understand context, emotion and human complexity in the way people can.

The future of customer experience will not be defined by a choice between technology and empathy. It will be defined by our ability to combine both.

So, are women more wired for empathy?

The evidence suggests that many women do demonstrate leadership behaviours that align closely with empathy-driven leadership. Whether this is the result of biology, socialization or lived experience is a debate for others. What is not debatable is the value these qualities bring to customer experience leadership. That is why this conversation matters. Not because empathy belongs to women, but because empathy deserves to be recognized, cultivated and rewarded as a leadership capability.

In a world increasingly shaped by automation and artificial intelligence, our ability to understand one another may prove to be the ultimate competitive advantage. The future of customer experience will not be defined by a choice between technology and empathy, but by our ability to combine both.

The writer is the Group Head of Marketing and Communications at CIC Insurance Group and a Director at the Institute of Customer Experience (ICX) Kenya.

Customers may forget what you said, but they rarely forget how you made them feel. The question is no longer whether empathy matters in customer service—but whether organizations can afford to operate without it.

Insurance solutions
that protect
what matters



***Inclusion As A Driver Of
Growth: Building Accessible
And Customer-centric
Insurance Services.***

By Lemmyson Mwamutu

We're here
to help

In an industry where trust, accessibility and reliability are central, disability inclusion becomes a competitive advantage rather than merely a compliance obligation.

As the sector grapples with digital innovation, ESG expectations, evolving customer needs and emerging regulatory frameworks, inclusion is no longer a social responsibility concern but a strategic business imperative.

The Persons with Disabilities Act, 2025 is a key driver of this shift as it strengthens expectations on accessibility, non-discrimination and equal participation across both public and private sectors. While the Act provides an important legal framework, the real opportunity lies in how insurance institutions translate these principles into customer experience, workforce inclusion, product innovation and institutional culture.

Despite the insurance sector's critical role in financial protection and economic stability, persons with disabilities continue to face barriers in accessing insurance services and employment opportunities. These barriers include inaccessible digital platforms, limited communication support such as sign language interpretation and captioning, non-inclusive documentation and physical accessibility challenges within service centres. Inclusive recruitment and workplace integration also remain inconsistent across parts of the sector.

These gaps increasingly represent strategic risks affecting customer trust, market expansion, regulatory compliance and institutional competitiveness. As the insurance industry continues to grow, exclusion from services and employment opportunities risks leaving behind a significant segment of the population.

Consequently, it is vital to view disability inclusion as a core business driver. Inclusive insurance systems enable institutions to reach underserved markets, strengthen customer loyalty and improve service delivery. Accessible communication systems, simplified processes and inclusive customer engagement contribute to improved customer satisfaction and long-term retention.

From an ESG perspective, disability inclusion strengthens the social dimension of sustainability by advancing equity, ethical business practice and inclusive employment. Increasingly, investors, regulators and development partners are prioritizing institutions that demonstrate measurable inclusion outcomes and responsible governance practices.

To achieve meaningful inclusion, insurance institutions should embed accessibility and inclusion across key operational areas.

First, customer experience systems should be fully accessible across both digital and physical touchpoints. This includes screen reader compatible systems, accessible policy documentation, simplified communication formats and availability of sign language support where necessary.

Second, workforce systems should promote inclusive employment through disability sensitive recruitment, reasonable accommodation, assistive technologies and fair career progression opportunities. Inclusive workplaces not only advance equity but also strengthen innovation, productivity and organizational performance.

Third, accessibility should be integrated into infrastructure and service environments. Insurance offices, service centers and digital platforms should adopt universal design principles to ensure safe, seamless and dignified access for all users.

Finally, institutions should strengthen accountability systems through disability disaggregated data, inclusion audits and measurable accessibility indicators to support monitoring and continuous improvement.

Insurance institutions must move beyond inclusion as a standalone initiative or charitable undertaking and instead institutionalize it in governance structures, operational systems and organizational strategy.

Priority actions include conducting inclusion readiness assessments, investing in digital accessibility, strengthening staff capacity and collaborating with organizations of persons with disabilities in designing inclusive products and services.

The insurance industry in Kenya stands at an important point of transformation. The Persons with Disabilities Act, 2025 provides a strong policy foundation, but real impact depends on practical implementation across systems, services and workplaces. Insurance companies that embrace disability inclusion today will position themselves as leaders in accessible, customer centered and sustainable financial services.

Inclusion is not charity. It is strategy. It is growth

The writer is an Employer Relations and Engagement Officer at Riziki Source



EDDY KHAVAKALI

GM Medical Business,
Pacis Insurance Company Ltd

We Do Not Just Insure Lives. We Protect Them.

How Pacis Medical is redefining the insurer-client relationship through data intelligence, client-led design, and a value chain built for the future of healthcare.

The insurance industry's oldest assumption is breaking down. For decades, medical insurance across Africa operated on one logic: pool premiums, pay claims, repeat, products built in boardrooms, priced on averages, and delivered as standard schedules regardless of who was buying them. That model is not just outdated. It is structurally misaligned with the world our clients now inhabit.

Medical inflation in Kenya is projected at **13.5% in 2026, the highest in the African continent**, outpacing every other cost line in a client's operating budget. The Chronic disease burden is rising. Digital health is reshaping expectations. Clients whether corporate HR directors or cooperative chairpersons are no longer willing to pay for a product they cannot understand, measure, or influence. The question is no longer whether to change. **It is whether to lead the change or be disrupted by it.** At Pacis Insurance Company, we have chosen to lead.

From the boardroom to the client

We design products by starting with a structured diagnostic, uncovering workforce demographics, disease burden, utilisation

patterns, and long-term objectives of each organisation. Only then do we build. The result is a product anchored in understood risk: *sustainable because it was priced on evidence, trusted because the client helped shape it.*

Understanding the real value of risk.

Premium sustainability breaks down when both sides blame each other. We resolve this through clinical cost intelligence: the disease composition, cost per episode, provider utilisation patterns, and pharmaceutical spend specific to each scheme. **Not a market rate but a risk-specific rate both parties own** creating the shared data platform on which risk reduction becomes a joint project.

From insuring events to reading trends.

Traditional insurance reacts. We are building the capability to *anticipate*, using real-time longitudinal data to flag populations at risk before they become patients and deploy interventions before costs crystallise. The client's loss ratio is not a financial metric alone. **It is a health metric. Improving it is a clinical act.**

“The most valuable insurance partnerships begin long before a claim and continue long after it.”

Building products for composite needs.

A corporate employer, a faith-based institution, and a SACCO each face fundamentally different risk realities. The future does not belong to the insurer with the most products. **It belongs to the insurer with the most coherent system** where product design, clinical management, provider engagement, pharmaceutical management, and data analytics operate as an integrated value chain, not competing silos.

Strategic bulk purchasing as a competitive lever.

Individually, a 500-member scheme has limited negotiating power. Collectively, our portfolio converts that scale into negotiated tariffs, formulary compliance, and evidence-based clinical protocols that every client calibre accesses. At Pacis Insurance Company, we sell a value chain that grows stronger with every client who joins it. The future belongs to the insurer who listens first. Every conversation begins not with a product, but with a question: what does your organisation truly need from a healthcare partner, and what would it mean for your staff, your costs, your budget sustainability, if that partner genuinely understood the answer?

“Insurance that begins with listening, is built on evidence, and is sustained by shared outcomes – that is the future. And the future is already here.”

www.pacisinsurance.com





NEVER A DULL DAY IN CUSTOMER SERVICE



Working in customer service is like being a therapist, except your patients don't know they need therapy and they're always right.

CLASSIC CUSTOMER CONVERSATIONS



Customer: "Your website says '24/7 support.'"

Agent: "That's correct."



Customer: "So why did no one answer at 3 AM?"

Agent: "We were providing support to each other."



Customer: "Do you have this shirt in a different colour?"

Clerk: "Sure, what colour?"



Customer: "Same colour, but different."



Customer: "I've been transferred five times already!"

Agent: "I'm sorry about that. Let me transfer you to someone who can help."



Customer: "Your automated menu doesn't have an option for my problem."

Agent: "That's because we didn't anticipate your level of creativity."



I asked the call center agent if I could speak to someone higher up. She said, "I'm on the top floor."



My company replaced our support team with AI. Now instead of being put on hold for 20 minutes, I get the wrong answer instantly.



Customer: "My laptop won't turn on."
Tech support: "Is it plugged in?"
Customer: "I can't see. There is a blackout."
Tech: "..."
Customer: "Will you send someone over?"



How many customer service managers does it take to screw in a lightbulb?
Just one, but they need a detailed email, a follow-up call, and a satisfaction survey to make sure it's done right.



IT motto: "We can't fix stupid, but we can assign it a ticket number."



Thank you for calling customer service.
If you are calm and rational, press 1.
If you care a whiner, press 2.
If you are a hot head, press 3.

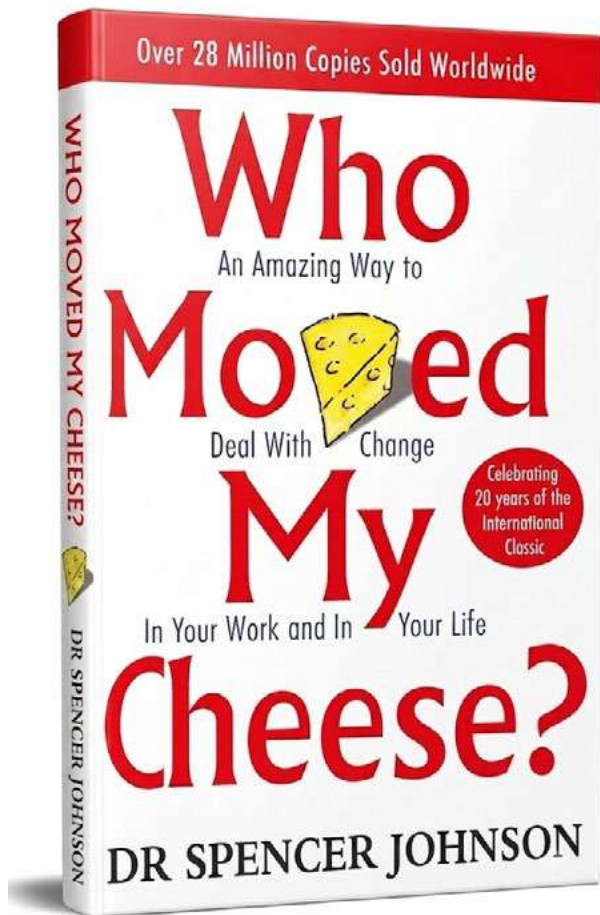


Why did the customer service team bring a ladder to the meeting?
To reach higher levels of engagement



Those who say "there is no such thing as a stupid question" have never worked in customer service.





BOOK REVIEW

An Amazing Way to Deal with Change in Your Work and In Your Life

Reviewer: Jacinta Mwangi

What would you do if you weren't afraid?

There is a particular kind of book, one that sits in your hands and quietly rearranges the way you think. 'Who Moved My Cheese?' is that kind of book.

The story follows four characters: two mice (Sniff and Scurry) and two Little People (Hem and Haw). The four live in a Maze and depend on cheese to sustain them. Finding this cheese is their daily purpose and in general the cheese stands for whatever it is we want the most in the world. For some it is money, for some it is a family and for some it is power. For me it would be an endless supply of good health. Yes, you read that right. Good health for the rest of my days.

Our four characters find an enormous supply of cheese and settle in contentedly but one day, the cheese is gone, or at least that's what they thought. The mice do not waste time on analysis or blame or self-pity instead they lace up their running shoes and set off to find new cheese in the Maze.

Hem wavers between denial and fear but Haw eventually finds the courage to move. The fable follows the story of Haw who scribbles the lessons he learns on the journey to find new cheese. Haw's journey through the Maze is what forms the emotional heart of the book.

The book also spotlights Hem's struggle. He refuses to accept that their supply of cheese had simply run out; that no one had moved their cheese and it was time to get up and find new cheese.

The story shows how the mice never let their heads fall and how they quickly adapted to change. They accept that change is inevitable.

At some point in our lives each of us had had moments where we felt like our 'Cheese' was moved. Maybe losing a job, a loved one, a relationship, the spark in our eyes. And most times we fail to wholeheartedly pursue joy or pivot to new career paths or to believe in love again, or to try out new hobbies; we had gotten used to the familiarity of the 'Cheese' we previously had before it was 'moved'.

In some seasons of our lives, we have been Hem, we've been stubborn, we have been comfortable, sometimes we have quietly hoped that if we just waited a little bit longer, things would go back to the way they were.

It's natural for people to get stuck in their ways and feel entitled to their 'Cheese' but it is important to remember that nothing under the sun is permanent and that when change calls we need to adapt very fast lest we are caught up in the whirlwind of the times. Indeed the world seems to rearrange itself faster every year.

We must agree that not every change deserves our enthusiasm and not every lost 'Cheese' is expendable but clinging to what used to work is rarely a strategy rather it is fear, and fear is a more powerful obstacle than circumstance.

Everyone is in their own Maze. The Maze you are in has far more in it than the corner you have already explored.

The ideas in this book are delivered so gently your defenses never go up. I must say, the fable does not pretend to be more than it is. So, What Would You Do If You Weren't Afraid?

The reviewer is a Risk and Compliance Analyst.



THE EDGE

HOTEL & CONVENTION CENTRE



The **Edge Convention Centre**, inspired by the African nature of hospitality is located at the Edge of the city and the Nairobi National Park. It has World class conference and hospitality facilities that will surpass your imagination.

The state of the art **Meeting Rooms** constitute of the following:

- Ballroom with a capacity of 2,100 people
- Business Lounge (open space) with a capacity of 40 people
- 7 Executive Rooms with a capacity of 21 people
- Executive Lounge with a capacity of 80 people
- Auditorium with a capacity of 140 people

Our **Food and Beverage** section has the ability to hold functions with the following capacity:

- Pan-african multi rest with a capacity of 300 people
- Private Dining with a capacity of 300 people
- Pool Restaurant with a capacity of 1,500 people
- Entrance Lounge & Bar with a capacity of 40 people

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- 3 Swimming Pools (for Children, Family and Lap pool).
- Gym, Spa & Wellness centre.

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