INSURANCE INDUSTRY'S CUSTOMER SERVICE CHARTER

Pillar 5	**FAST & FAIR CLAIMS HANDLING**
Description	• Acknowledge your claim within 24 hours. • Assign a dedicated claims handler to support you. • Provide clear requirements and minimize paperwork. • Offer practical support from the moment you notify us. • Keep you updated on the progress of your claim. • Carefully apply fraud checks while ensuring fair outcomes. • Explain clearly how to appeal if your claim is declined.
Expected Outcome	**PEACE OF MIND WHEN IT MATTERS MOST**
Service Level Target	1. 100% of claims acknowledged within 24 hours. 2. 90% of claims are settled within published timelines. 3. Year-on-year reduction in claims-related complaints

No.	Commitment	Service Level
1.1	**We will acknowledge your claim promptly and assign a dedicated handler.**	• Acknowledge all claims within 24 hours of notification. • Assign a named claims handler to support you throughout the process. • Demonstrate immediate empathy, especially for bereavement claims, with condolence communications within 24 - 48 hours.
1.2	**We will provide clear requirements and request additional information efficiently.**	• Share a clear checklist of required documents at first contact. • Request any additional documentation within 14 working days of claim acknowledgment. • Accept digital submissions where possible to minimize paperwork.

1.3	**We will offer practical support from the moment you notify us.**	• **For General Insurance Claims.** o Arrange first adjuster or handler contact within 48 hours post-notification. o Coordinate emergency services such as towing, scene management, or roadside assistance. o Guide claimants on repair networks, courtesy cars, and assessment processes. o For motor claims, ensure first adjuster or handler contact within 48 hours post-notification. o Complete damage assessments within 4 working days. o Authorize emergency repairs or courtesy cars within 3 working days. • **For Life Insurance Claims**. o Provide immediate bereavement support and guidance on next steps. o Assist beneficiaries with documentation and offer empathetic communication throughout. o Where applicable, coordinate with relevant authorities for death certificate and verification support. o For health claims, facilitate hospital admissions and cashless services within 48 hours where applicable.
1.4	**We will keep you updated on your claim's progress.**	• Provide status updates every 7 working days for unresolved claims. • Communicate key milestones and any delays promptly. • For claims requiring further investigation, continue regular updates every 7 days until resolved.

1.5	**We will settle claims quickly and fairly.**	• Resolve straightforward, fully documented claims within 21 working days. • **Life Claims:** o Process life death claims within 10 working days. o Expedite funeral/last expense claims within 48 hours. o Process maturity/partial maturity claims within 10 working days with auto-pay options. • **General Insurance Claims:** o Finalize repair payments or authorizations within 5–10 working days. o Manage write-offs and cash-in-lieu settlements within 10 working days. o Settle third-party liability claims within 21 working days. o Process health reimbursements within 90 days.
1.6	**We will balance fraud prevention with fair outcomes.**	• Apply proportionate fraud checks without delaying genuine claims. • Conduct investigations sensitively and communicate progress through regular updates. • Ensure all legitimate claims are paid in full and on time.
1.7	**We will explain clearly how to appeal if your claim is declined and provide escalation paths.**	• Provide clear written reasons if a claim is declined within 21 working days. • Explain the internal appeal process and escalation routes. • If the issue remains unresolved, guide customers to escalate to the Insurance Regulatory Authority (IRA): o Email complaints to complaints@ira.go.ke o Online portal: www.ira.go.ke o Physical address: Zep-Re Place, Longonot Road, Upper Hill, Nairobi • Inform customers about the Association of Kenya Insurers (AKI) as an industry body promoting fair practices. • Advise on external dispute resolution through the Insurance Ombudsman or the Policyholders Compensation Fund for insolvent insurer cases.

		• Ensure all rejection letters include the required appeal statement prominently.