



**TANZANIA INSURANCE REGULATORY
AUTHORITY**

**GUIDELINES ON INSURANCE CLAIMS
MANAGEMENT**

Version No. 1.0

SEPTEMBER, 2022

MAMLAKA YA USIMAMIZI WA BIMA TANZANIA

**MIONGOZO YA KUSHUGHULIKIA MADAI YA
BIMA**

Toleo Na. 1.0

SEPTEMBA, 2022

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SECTION ONE: INTRODUCTION		SEHEMU YA KWANZA: UTANGULIZI	
1.1 Authorization and Powers	These Guidelines are issued pursuant to Section 6 (2) (e) and 11 (b) of the Insurance Act Cap 394 which mandate the Authority to formulate standards in the conduct of the business of insurance which shall be observed by insurance registrants.	1.1 Idhini na Mamlaka	Miongozo hii imetolewa kwa mujibu wa Kifungu cha 6 (2) (e) na 11 (b) cha Sheria ya Bima Sura Na. 394 ambacho kinaagiza Mamlaka kuweka vigezo vya uendeshaji wa shughuli za bima ambavyo vitatakiwa kuzingatiwa na watoa huduma za bima.
1.2 Citation	These Guidelines may be cited as “ Guidelines on Insurance Claims Management, 2022 ”	1.2 Nukuu	Miongozo hii itafahamika kama “ Miongozo ya Kushughulikia Madai ya Bima, 2022 ”
1.3 Background and Rationale	1.3.1 These Guidelines seek to address the market need of improving insurance claims management services which is necessary for enhancement of public confidence on insurance services. 1.3.2 Whereas, Section 131 of the Insurance Act requires an insurer to pay claims within forty-five (45) days of date of receipt of the executed discharge, the Act has not stipulated time limits for other stages of claims management, thus occasioning unnecessary delays in Turnaround Time for processing of legitimate insurance claims	1.3 Usuli na Mantiki	1.3.1 Miongozo hii imetokana na hitaji la kuboresha mifumo ya ushughulikiaji madai ya bima kwenye soko la bima, jambo ambalo ni muhimu katika kujenga imani ya wananchi kwa huduma za bima. 1.3.2 Japokuwa Kifungu cha 131 cha Sheria ya Bima kinaitaka kampuni ya bima kulipa madai ya bima ndani ya siku arobaini na tano (45) tangu tarehe ya kusainiwa hati ya kuridhia malipo, sheria haijaweka ukomo wa hatua zingine za kushughulikia madai kabla ya kutolewa kwa hatia ya kuridhia malipo, hivyo

	1.3.3 The Guidelines are intended to establish an effective mechanism for Turnaround Time for processing and settlement of insurance claims in line with the industry best practice as stipulated under Section 131 (3) of the Act.		kusababisha uchelewashaji usio wa lazima wa kushughulikia madai halali ya bima. 1.3.3 Miongozo hii inakusudia kuweka utaratibu madhubuti wa muda wa kushughulikia madai ya bima kwa hatua mbalimbali kuanzia kutolewa kwa taarifa ya janga hadi kufanyika kwa malipo. Hii inazingatia mwenendo bora wa kushughulikia madai ya bima kulingana na Kifungu 131 (3) cha Sheria ya Bima.
1.4 Application and Scope	These Guidelines shall apply to: i. Registrants licensed by the Authority to provide insurance services; and ii. Insurance customers, beneficiaries, and other relevant stakeholders of insurance services.	1.4 Matumizi na Mawanda	Miongozo hii itawahusu: i. Taasisi zilizosajiliwa na kupewa leseni na Mamlaka kutoa huduma za bima; na ii. Wateja wa bima, wanufaika, na wadau wengine wa huduma za bima.
1.5 Purpose and Objectives	1.5.1 To establish a mechanism of regulating and supervising Turnaround Time for processing and settlement of claims. 1.5.2 To improve customer experience in terms of timeliness of processing and settlement of claims, thus maintaining their economic and social status. 1.5.3 To improve public confidence in insurance services.	1.5 Lengo na Madhumuni	1.5.1 Kuweka utaratibu wa kudhibiti na kusimamia muda wa kushughulikia na kulipa madai ya bima. 1.5.2 Kuboresha uzoefu wa wateja wa bima kwa kusimamia na kuzingatia ipasavyo muda wa uchakataji na ulipaji wa madai, hivyo kuimarisha hali zao za kiuchumi na kijamii. 1.5.3 Kuongeza imani ya umma katika huduma za bima.

1.6 Definitions and Acronyms	Act: means the Insurance Act Cap 394 Authority: means Tanzania Insurance Regulatory Authority established under the Insurance Act. Commissioner: means the Commissioner of Insurance appointed under Section 7 of the Insurance Act. Service provider: for purposes of these Guidelines a ‘service provider’ shall mean a registrant involved in claim processing. TAT: Means Turnaround Time. TZS: Means Tanzania Shillings.	1.6 Maana na Vifupisho vya maneno	Sheria: maana yake ni Sheria ya Bima Sura ya 394 Mamlaka: maana yake ni Mamlaka ya Usimamizi wa Bima Tanzania iliyoanzishwa chini ya Sheria ya Bima. Kamishna: maana yake ni Kamishna wa Bima aliyeteuliwa chini ya Kifungu Namba 7 cha Sheria ya Bima. Mtoa huduma: kwa minajili ya miongozi hii, ‘mtoa huduma’ itamaanisha taasisi iliyosajiliwa na Mamlaka na inayojihusisha na ushughulikiaji madai ya bima. TAT: inamaanisha muda wa kushughulikia madai ya bima TZS: Maana yake ni Shilingi ya Tanzania.
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SECTION TWO: MINIMUM STANDARDS FOR PROCESSING OF INSURANCE CLAIMS		SEHEMU YA PILI: VIWANGO VYA CHINI VYA USHUGHULIKIAJI WA MADAI YA BIMA	
2.1 Principles to be Observed in Claims Management	2.1.1 Insurers shall handle claims in a timely, fair and transparent manner. 2.1.2 Insurers shall have fair and transparent claims handling and claims dispute resolution policies and procedures in place. 2.1.3 Subject to these Guidelines, insurers shall maintain written documentation on their claims handling procedures, which include all steps from the	2.1 Kanuni za Kuzingatia katika Ushughulikiaji i Madai	2.1.1 Kampuni za bima zitashughulikia madai kwa wakati, haki na kwa uwazi. 2.1.2 Kampuni za bima zitaweka sera na taratibu za haki na uwazi katika kushughulikia madai na kusuluhisha migogoro. 2.1.3 Kwa kuzingatia Miongozo hii, kampuni za bima zitapaswa kuweka kwa maandishi taratibu za kushughulikia madai ambazo zitajumuisha hatua

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	claim being raised to its settlement. Such documentation may include expected timeframes for relevant steps, which might be extended in exceptional cases. 2.1.4 Claimants shall be informed about procedures, formalities and common timeframes for claims settlement. 2.1.5 Claimants shall be given information about the status of their claim in a timely and fair manner. 2.1.6 Claim-determinative factors such as depreciations, discounting, excess or negligence shall be illustrated and explained in comprehensive language to claimants. The same applies where claims are denied in whole or in part.		zote kuanzia kupokelewa kwa madai hadi kulipwa. Taratibu hizo zitajumuisha muda unaotarajiwa kutumika kwa kila hatua, ambao utaweza kuongezwa inapobidi. 2.1.4 Wadai watafahamishwa kuhusu taratibu rasmi na muda wa kawaida wa ulipaji wa madai. 2.1.5 Wadai watapewa taarifa kuhusu hatua iliyofikiwa katika ushughulikiaji wa madai yao kwa wakati na kwa haki. 2.1.6 Vigezo vya uthaminishaji madai kama vile kushuka kwa thamani, punguzo, kiasi ambacho kitachangiwa na mteja au uzembe vitaonyeshwa na kufafanuliwa kwa ufasaha. Vigezo hivyo vitatumika pale ambapo madai yatakataliwa kwa ujumla au kwa sehemu.
2.2 Role of an Insurer in Claims Management	2.2.1 An insurer shall play a major role in the implementation of these guidelines. In this regard, the insurer shall ensure the following are in place at all times: 2.2.2 An insurer shall have a secured and properly functioning system that keeps records of all reported claims.	2.2 Jukumu la Kampuni ya Bima Kwenye Kushughuli kia Madai	2.2.1 Kampuni ya bima itakuwa na jukumu la msingi katika utekelezaji wa miongozo hii. Katika hili, kampuni ya bima itahakikisha yafuatayo yanafanyika wakati wote: 2.2.2 Kampuni ya bima itakuwa na mfumo salama na unaofanya kazi ipasavyo ambao unatunza kumbukumbu za madai yote yaliyoripotiwa.

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2.2.3 An insurer shall have a claims desk. 2.2.4 An insurer shall have a toll-free number or other means of communication for reporting of insurance claims, which shall be available for use 24 hours a day/ 7 days a week. 2.2.5 An insurer shall ensure that each of its policyholders is well informed on modalities for reporting of insurance claims including regarding its claims desk and its toll-free number for reporting of claims. This information shall be given at commencement and renewal of an insurance cover. 2.2.6 An insurer shall harness claims Turnaround Time (TAT) as a key indicator towards service excellence. 2.2.7 An insurer shall establish effective policies and procedures for claims management which shall address the minimum expectations with regard to claims reporting, class assessment, claims discharge, and claims settlement. 2.2.8 An insurer shall establish a well-resourced claims department/unit with clear goals including relating to claims TAT.	2.2.3 Kampuni ya bima itakuwa na dawati la madai. 2.2.4 Kampuni ya bima itakuwa na nambari ya simu isiyolipishwa au njia nyingine ya mawasiliano ya kuripoti madai ya bima, ambayo itapatikana kwa saa 24 kwa siku/siku 7 kwa wiki. 2.2.5 Kampuni ya bima itahakikisha kwamba kila mmiliki wa mkataba wa bima anafahamishwa vyema kuhusu taratibu za kuripoti madai ya bima ikiwa ni pamoja na kuhusu dawati lake la madai na nambari yake ya kutoza malipo ya kuripoti madai. Taarifa hii itatolewa wakati wa kuanza na kuhuisha bima. 2.2.6 Kampuni ya bima itatumia muda wa kushughulikia madai kama kiashirio kikuu cha ubora wa huduma. 2.2.7 Kampuni ya bima itaweka sera na taratibu madhubuti za usimamizi wa madai ambazo zitaonesha matarajio ya chini kuhusu kuripoti madai, tathmini, na ulipaji wa madai. 2.2.8 Kampuni ya bima itaanzisha idara/kitengo cha madai chenye rasilimali na malengo yaliyo wazi ikiwa ni pamoja na yanayohusiana na TAT.

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	2.2.9 Where a need arises, an insurer shall utilize the services of registered claims assessors who shall adhere to performance standards, including relating to claims TAT. 2.2.10 An insurer shall maintain total responsibility for processing insurance claims, including observance of claims TAT, throughout the claim processing cycle 2.2.11 An insurer shall give to the relevant claimant/beneficiary claim progress feedback at least once every week by using a convenient means of communication including the claimant's registered mobile phone number and/or email address until such date the claim is fully executed.		2.2.9 Pale inapohitajika, Kampuni ya bima itatumia huduma za wakaguzi wa madai waliosajiliwa ambao watazingatia viwango vya utendaji, ikiwa ni pamoja na TAT. 2.2.10 Kampuni ya bima itakuwa na jukumu la jumla la kushughulikia madai ya bima, ikijumuisha uzingatiaji wa TAT, katika kipindi chote cha uchakataji wa madai. 2.2.11 Kampuni ya bima itampa mdai/mnufaika husika mrejesho wa maendeleo ya dai/madai angalau mara moja kila wiki kwa kutumia njia rahisi ya mawasiliano ikijumuisha nambari ya simu ya kiganjani iliyosajiliwa ya mdai na/au barua pepe hadi tarehe madai yatakapolipwa.
2.3 Role of Intermediaries in Claims Management	2.3.1 Intermediaries may sometimes serve as an initial contact for claimants, in the common interest of the policyholder, intermediary and insurer. 2.3.2 Where a claim is serviced through an intermediary, it shall be the duty of the intermediary to provide the relevant claimant/beneficiary or claim progress feedback at least once every week by using a convenient means of communication including the	2.3 Wajibu wa Watuwakati katika kushughulikia Madai	2.3.1 Watu wa kati wanaweza kutumika kama mawasiliano ya awali kwa wadai, kwa maslahi ya pamoja ya mwenye mkataba wa bima, mtu wa kati na Kampuni ya bima. 2.3.2 Endapo dai linashughulikiwa kupitia kwa mtu wa kati, mtu wa kati atawajibika kumpa mdai/mnufaika husika mrejesho wa maendeleo ya dai/madai angalau mara moja kila wiki kwa kutumia

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	claimant's registered mobile phone number and/or email address until such date the claim is fully executed.		njia rahisi ya mawasiliano ikijumuisha nambari ya simu ya kiganjani iliyosajiliwa ya mdai na/au barua pepe hadi tarehe madai yatakapolipwa
2.4 Handling of Claim Disputes	2.4.1 If in the course of claims settlement, a dispute arises between the claimant and the insurer on the claims settlement amount, or coverage, staff handling claims disputes shall be those experienced and appropriately qualified in claims handling. 2.4.2 Dispute resolution procedures shall follow a balanced and impartial approach, bearing in mind the legitimate interests of all parties involved. The procedures shall avoid being overly complicated, such as having burdensome paperwork requirements. 2.4.3 Insurers shall put in place mechanisms (such as claims committee) for review of claims disputes within the insurer to promote fair play and objectivity in the decisions.	2.4 Ushughuliki aji wa Migogoro ya Madai	2.4.1 Iwapo wakati wa malipo ya madai patatokea mgogoro kati ya mdai na Kampuni ya bima juu ya kiasi cha malipo ya madai, au wigo wa malipo, wafanyakazi wanaopaswa kutatua mgogoro husika watakuwa ni wale wenye uzoefu na waliohitimu ipasavyo katika kushughulikia madai. 2.4.2 Taratibu za utatuzi wa migogoro zitafuata njia ya uwiano na usio na upendeleo, kwa kuzingatia maslahi halali ya pande zote zinazohusika. Taratibu ziepishwe kuwa ngumu kupita kiasi bila sababu ya msingi. 2.4.3 Kampuni za bima zitaweka utaratibu (kama vile kamati ya madai) kwa ajili ya mapitio ya migogoro ya madai ndani ya kampuni ya bima ili kuleta haki na usawa katika maamuzi.
2.5 Out sourcing of Claims function.	2.5.1 Where an insurer outsources any of the claims handling processes in part or in full, the relevant insurer shall maintain close oversight and ultimate	2.5 Upatikanaji wa Huduma za	2.5.1 Pale ambapo Kampuni ya bima inapata toka nje huduma za uchakataji madai kwa sehemu au kikamilifu, Kampuni ya bima husika itawajibika

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	responsibility for the provision of fair and transparent claims handling and claims dispute resolution	Kushughuliki a Madai Kutoka Nje	kuweka uangalizi wa karibu wa utoaji wa haki na uwazi wa kushughulikia madai na utatuzi wa madai.

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3.1 Claim Notification	3.1.1 In the event of a loss: i. The policyholder or his representative may verbally notify the insurer within 48 hours; ii. The policyholder or his representative shall notify the insurer in writing (by letter, email or other means acceptable by the insurer) within seven (7) days; iii. The notice shall specify the date and time, nature, location and circumstances of the loss; and iv. The policyholder shall give all such other information and take all such steps as the insurer may reasonably require in relation to the loss.	3.1 Utoaji Taarifa ya Madai	3.1.1 Tukio la hasara linapotokea: i. Mkatabima au mwakilishi wake atatoa taarifa kwa kampuni ya bima kwa mdomo ndani ya saa 48; ii. Mkatabima au mwakilishi wake atatoa taarifa kwa kampuni ya bima kwa maandishi (kwa barua, barua pepe au njia nyingine inayokubalika na kampuni ya bima) ndani ya siku saba (7); iii. Taarifa hiyo itaelezea; tarehe na muda, chanzo, eneo na mazingira ya tukio la hasara; iv. Mkatabima atapaswa kutoa taarifa nyingine yoyote na kuchukua hatua zingine zote zitakazohitajiwa na kampuni ya bima.

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3.2 Acknowledgment	3.2.1 Upon receipt of notification of loss from the policyholder or his representative, the insurer shall take the following actions: i. Acknowledge in writing receipt of the written notification within forty-eight (48) hours; ii. Avail an appropriate claim form and a list of specific documents required when filing a claim within forty-eight (48) hours of written notification; iii. Provide any additional information that will assist in dealing with the claim within time specified in 3.2.1 (ii); iv. The insurer shall endeavor to ensure that the policyholder or his representative submits to the insurer the completed claim forms accompanied with relevant documents within seven (7) days of receiving claim forms from the insurer; v. Where applicable, the insurer shall contact any other insurer that is involved in the claim within seventy-two (72) hours; vi. The insurer shall appoint a service provider licensed by the Authority, if necessary, within fourteen (14) days; and vii. Undertake any other actions which will expedite the claim processing. 3.2.2 In case of a loss involving death or bodily injury the insurer shall avail a checklist of all necessary required	3.2 Kukiri kupokea Taarifa	3.2.1 Baada ya kupokea taarifa ya hasara kutoka kwa mkatabima au wakilishi wake, kampuni ya bima itachukua hatua zifuatazo: i. Kuthibitisha kupokea taarifa ya hasara kwa maandishi ndani ya saa arobaini na nane (48); ii. Kutoa fomu ya madai na orodha ya nyaraka zinazohitajika wakati wa kuwasilisha madai ndani ya saa arobaini na nane (48); iii. Kutoa taarifa yoyote ya ziada ambayo itasaidia katika kushughulikia madai ndani ya saa arobaini na nane (48); iv. Inapohitajika, kampuni ya bima itawasiliana na kampuni nyingine ya bima ambayo inahusika katika madai ndani ya saa sabini na mbili (72); v. Ikihitajika, kampuni ya bima itateua mtoa huduma aliyesajiliwa na Mamlaka ndani ya siku kumi na nne (14) baada ya taarifa kutolewa; na vi. Kuchukua hatua nyingine zozote zitakazoharakisha mchakato wa madai. 3.2.2 Ikiwa ajali itahusisha kifo au majeraha ya mwili, kampuni ya bima italazimika kutoa orodha ya nyaraka zinazotakiwa kwa mkatabima au wakilishi wake kwa ajili ya uhakiki wa madai ambayo itajumuisha vielelezo vifuatavyo: i. Nakala ya mchoro wa ajali;

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documents to the policyholder or his representative for claim assessment which shall include: i. Accident sketch map; ii. Cover note; iii. Driver's License iv. Registration card; v. Police report PF 90, 93 & 115; vi. Claim Form; and vii. Identification card/Passport. 3.2.3 In addition, the insurer shall provide a list of required documents to the claimant or his representative for verification of claim assessment. In case of bodily injury: i. Police report PF 90, 93 & 115; ii. Copy of charge sheet; iii. Copy of judgement; iv. Final medical report showing, among other things, percentage of incapacitation; v. Proof of medical costs; and vi. Proof of income. In case of death: i. Police report PF 90, 93 & 115; ii. Copy of charge sheet;	ii. Hati ya bima; iii. Leseni ya udereva; iv. Kadi ya umiliki wa gari; v. Fomu za Polisi Na. 90, 93 & 115; vi. Fomu ya madai; na vii. Kitambulisho/pasi ya kusafiria. 3.2.3 Aidha, Kampuni ya bima itapaswa kutoa orodha ya nyaraka zinazotakiwa kwa mdai au mwakilishi wake kwa ajili ya uhakiki wa madai ambayo itajumuisha vielelezo vifuatavyo: Kama ni majeraha: i. Fomu za Polisi Na. 90, 93 & 115; ii. Nakala ya hati ya mashitaka; iii. Nakala ya hukumu; iv. Taarifa ya mwisho ya daktari inayoonesha, pamoja na mambo mengine, asilimia ya ulemavu; v. Uthibitisho wa gharama za matibabu; na vi. Uthibitisho wa kipato. Kama ni kifo: i. Fomu za Polisi Na. 90, 93 & 115; ii. Nakala ya hati ya mashitaka; iii. Nakala ya hukumu;

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	iii. Copy of judgement; iv. Post-mortem report; v. Proof of medical costs (if applicable); vi. Death certificate; vii. Proof of funeral costs; viii. Proof of income; ix. Proof of dependants; x. Letter of identification of the deceased from Local Government Authority; and xi. Letters of administration of the deceased.		iv. Uthibitisho wa gharama za matibabu (kama inahusika); v. Taarifa ya uchunguzi wa maiti; vi. Cheti cha kifo; vii. Uthibitisho wa gharama za mazishi; viii. Uthibitisho wa kipato; ix. Uthibitisho wa utegemezi; x. Barua ya utambulisho wa marehemu kutoka serikali za mitaa; na xi. Uthibitisho wa uteuzi wa usimamizi wa mirathi.

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3.3 Admissibility of Claims	3.3.1 Where a claim is admissible and can be settled without any further assessment, the insurer shall issue a discharge voucher to the claimant within seven (7) days from the date of final submission of the documents from the claimant. 3.3.2 Where claim is not admissible the insurer shall notify the claimant in writing within seven (7) days and specify the reasons for the inadmissibility of the claim from the date of final submission of the documents from the claimant.	3.3 Kukubalika kwa madai	3.3.1 Pale ambapo madai yanakubaliwa na yanaweza kulipwa bila tathmini zaidi, kampuni ya bima itatoa hati ya kuridhia malipo kwa mdai ndani ya siku saba (7) kuanzia tarehe ya kuwasilishwa kwa vielelezo kutoka kwa mdai. 3.3.2 Pale ambapo dai halilipiki kampuni ya bima inapaswa kumtaarifu mdai ndani ya siku saba (7) na kueleza sababu za kutokulipika kwa dai hilo kwa maandishi, kuanzia tarehe ya kuwasilishwa kwa vielelezo kutoka kwa mdai.

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3.4 Appointment of service provider	3.4.1 Where the claim requires further assessment by an independent party to verify the claim and/ or quantify the loss, the insurer shall appoint a service provider within forty-eight (48) hours from the time of receiving all documents from the claimant/his representative.	3.4 Uteuzi wa Mtoa Huduma	3.4.1 Endapo madai yatahitaji kufanyiwa tathmini zaidi na mtoa huduma anayejitegemea, ili kuthibitisha uwepo wa dai au thamani ya dai, kampuni ya bima itateua mtoa huduma ndani ya saa arobaini na nane (48) tangu alipopokea vielelezo vyote kutoka kwa mdai/mwakilishi.
	3.4.2 The appointed service provider shall provide assessment report within thirty (30) days from the date of appointment.		3.4.2 Mtoa huduma ambaye atafanya tathmini atapaswa kutoa ripoti ya tathmini ndani ya siku thelathini (30) kutoka tarehe ya uteuzi;
	3.4.3 Where the insurer is dissatisfied with the assessment report referred to under 3.4.2 and require to appoint another service provider, he shall in writing notify the Commissioner and complete the assessment within a period of fourteen (14) days;		3.4.3 Iwapo kampuni ya bima haijaridhika na ripoti ya tathmini iliyotajwa kwenye 3.4.2 na itahitaji kuteua mtoa huduma mwingine kufanya tathmini nyingine, itamtaarifu Kamishna kwa maandishi na kukamilisha tathmini hiyo ndani ya muda usiozidi siku kumi na nne (14);
	3.4.4 An insurer shall remunerate the service provider no later than fourteen (14) days after receipt of the assessment report from the service provider. For the avoidance of doubt, the assessment report shall meet the conditions specified in the relevant engagement contract.		3.4.4 Kampuni ya bima italipa ujira wa mtoa huduma ndani ya muda usiozidi siku kumi na nne (14) baada ya kupokea ripoti ya tathmini kutoka kwa mtoa huduma. Kwa kuepusha shaka, ripoti ya tathmini itatimiza masharti yaliyoainishwa katika mkataba wa kutoa huduma husika.

SECTION THREE: TIME LIMIT FOR VARIOUS STAGES OF CLAIM PROCESSING		SEHEMU YA TATU: UKOMO WA MUDA WA HATUA MBALIMBALI ZA KUSHUGHULIKIA MADAI	
3.5 Issuance of Discharge Voucher	3.5.1 Upon receipt of the assessment report and recommendations from the service provider: - Where the claim is admissible the insurer shall issue a Discharge Voucher within seven (7) days from the date of receipt of the assessment report; and - Where the claim is not admissible the insurer shall notify the claimant within seven (7) days and specify the reasons in writing for the inadmissibility of the claim.	3.5Kutolewa kwa Hati ya Kuridhia Malipo	3.5.1 Baada ya kupokea ripoti ya tathmini ya mtoa huduma na mapendekezo yake: - Iwapo dai linalipika kampuni ya bima itatoa Hati ya kuridhia malipo kwa mdai ndani ya siku saba (7) kutoka tarehe ya kupokea ripoti ya tathmini; na - Iwapo dai halilipiki kampuni ya bima inapaswa kumtaarifu mdai ndani ya siku saba (7) na kutoa sababu za kutokulipika kwa dai hilo kwa maandishi.
3.6 Payment of the Claim	3.6.1 Where Discharge Voucher has been issued to the claimant the insurer is obliged to ensure that the claimant has signed the Discharge Voucher or declined the offer within seven (7) days. 3.6.2 Where the claimant has signed the Discharge Voucher, payment shall be effected within forty five (45) days from date of signature in accordance with Sec 131 of the Act,. 3.6.3 Where the Discharge Voucher has been issued and the claimant has declined the offer, the insurer shall resort to negotiations with the claimant on a revised offer. 3.6.4 Where the negotiations in 3.6.3 have not succeeded, the insurer shall advise the claimant in writing on the modalities for addressing his grievances.	3.6 Ulipaji wa Madai	3.6.1 Iwapo hati ya kuridhia malipo imetolewa kwa mdai Kampuni ya bima inawajibika kuhakikisha kwamba imesainiwa au imekataliwa ndani ya siku saba (7) 3.6.2 Iwapo mdai amesaini hati ya kuridhia malipo, malipo yatafanywa ndani ya siku arobaini na tano (45) kwa mujibu wa Kifungu cha 131 cha Sheria ya Bima. 3.6.3 Iwapo hati ya kuridhia malipo imetolewa na mdai hajaridhika na kiwango cha malipo pendekezwa kampuni ya bima itafanya majadiliano na mdai kuhusu uwezekano wa kiwango kipya. 3.6.4 Iwapo majadiliano yaliyotajwa kwenye 3.6.3 hayajafanikiwa, kampuni ya bima itapaswa kumuelekeza mdai kwa maandishi hatua za kufuata ili kupata suluhisho.

SECTION THREE: TIME LIMIT FOR VARIOUS STAGES OF CLAIM PROCESSING		SEHEMU YA TATU: UKOMO WA MUDA WA HATUA MBALIMBALI ZA KUSHUGHULIKIA MADAI	
	3.6.5 Subject to 3.6.4 the modalities for addressing grievances shall at minimum include those specified under 2.4 in these Guidelines.		3.6.5 Kwa kuzingatia 3.6.4 hatua za kufuata ili kupata suluhisho la madai yake zitajumuisha kwa uchache yalioainishwa katika 2.4 ya Miongozo hii.

SECTION FOUR: PROHIBITED PRACTICES		SEHEMU YA NNE: MAKATAZO	
4.1 Prohibited Practices	4.1.1 No insurer or service provider shall unreasonably breach the time frames for processing of insurance claims specified in these Guidelines. 4.1.2 No insurer shall unreasonably repudiate or reject to settle a legitimate claim. 4.1.3 Without prejudice to 4.1.1, no insurer or the service provider shall unreasonably lengthen claim assessment process; 4.1.4 An insurer or the service provider shall not engage in unethical or unfair practices which prejudice the rights of the insured or prospect or beneficiary or other registrants. 4.1.5 Insurer and the service provider shall not engage in any other practice deemed by the Commissioner of Insurance to be improper or prejudicial to the rights of the insured or prospect or beneficiary or other registrants.	4.1 Makatazo	4.1.1 Kampuni ya bima au mtoa huduma hataruhusiwa kukiuka ukomo wa muda wa kushughulikia madai ulioainishwa kwenye Miongozo hii; 4.1.2 Kampuni ya bima hataruhusiwa kukataa kulipa madai halali ya bima; 4.1.3 Bila kuathiri 4.1.1, kampuni ya bima au mtoa huduma hataruhusiwa kurefusha mchakato wa kuthamini madai bila sababu ya msingi; 4.1.4 Kampuni ya bima au mtoa huduma hatajikusisha na vitendo vinavyokiuka maadili au vinavyoathiri haki za mteja wa bima wa sasa au mtarajiwa au mnufaika au watoa huduma wengine; na 4.1.5 Kampuni ya bima au mtoa huduma hatajikusisha na vitendo vingine vyovyote vitakavyohesabiwa na Kamishna wa Bima kuwa si sahihi au ni dhuluma kwa haki za mteja wa sasa au mtarajiwa au mnufaika au watoa huduma wengine.

SECTION FIVE: SUPERVISION AND MONITORING		SEHEMU YA TANO: USIMAMIZI NA UFUATILIAJI	
5.1 Reporting Requirements	5.1.1 Reporting requirements i. The insurer shall on a daily basis register with the Authority each intimated claim and update the Authority on the status of each registered claim through TIRA-MIS. ii. The insurer shall submit to the Authority, monthly reports on management of claims. iii. The reports required under item (ii) shall be submitted within seven days of end of the period referred thereto, using the forms in the manner and format to be prescribed by the Authority. iv. The insurer shall submit any other report related to its claims management which the Authority may require from time to time.	5.1 Utoaji wa Taarifa	5.1.1 Mahitaji ya Utoaji wa taarifa i. Kampuni ya bima, itapaswa kila siku kuwasilisha kwa Mamlaka taarifa ya kila dai lililotolewa taarifa na kuhuisha taarifa za madai hayo kupitia TIRA-MIS. ii. Kampuni ya bima itawasilisha kwa Mamlaka, taarifa za kila mwezi za ushughulikiaji wa madai. iii. Taarifa zinazohitajika kuwasilishwa chini ya kipengele (ii) zitawasilishwa ndani ya kipindi cha siku saba baada ya kuisha kwa muda uliotajwa, kwa kutumia fomu na mfumo utakaowekwa na Mamlaka. iv. Kampuni ya Bima itawasilisha taarifa nyingine yoyote inayohusiana na ushughulikiaji madai ambayo Mamlaka itahitaji mara kwa mara.
5.2 Record Keeping	5.2.1 The insurer shall maintain a Claim Register for recording of data/ information relating to	5.2 Utunzaji wa Kumbukumbu	5.2.1 Kampuni ya bima itapaswa kuwa na Rejista ya Madai kwa ajili ya kutunza kumbukumbu/

SECTION FIVE: SUPERVISION AND MONITORING		SEHEMU YA TANO: USIMAMIZI NA UFUATILIAJI	
	insurance claims relating to its policyholders which shall include: - Full names of policyholder/ claimant as shown in the National Identity card/Passport or other acceptable forms of identification; - Date of inception of cover; - Physical Address; - Class of business; - Sum insured for each covered risk; - Premium charged; - Amount of claim; - Date of claim intimation; - Date of acknowledgement of claim notification/ intimation; - Date of submission by the claimant of the completed claim form together with relevant claim attachments; - Date of appointment of service provider (where applicable); - Date of issuance of Discharge Voucher; - Amount Payable as per Discharge Voucher;		taarifa zinazohusiana na madai ya bima yanayohusiana na wakatabima ambayo itajumuisha: - Majina kamili ya mkatabima/mdai kama inavyoonyeshwa kwenye Kitambulisho cha Taifa/Hati ya kusafiria au aina nyingine ya utambulisho inayokubalika.; - Tarehe ya kuanza kwa mkataba wa bima; - Anwani ya Makazi; - Aina ya biashara; - Thamani ya janga lililokatiwa bima; - Ada ya bima iliyolipwa; - Kiasi cha madai; - Tarehe ya kutolewa taarifa ya madai; - Tarehe ya kukiri kupokea taarifa ya madai; - Tarehe ya kuwasilisha fomu ya madai iliyojazwa kikamilifu pamoja na viambatisho vinavyohusika; - Tarehe ya uteuzi wa mtoa huduma (kama inahitajika); - Tarehe ya kutolewa kwa hati ya kuridhia malipo; - Kiasi kinachopaswa kulipwa kulingana na hati ya kuridhia malipo;

SECTION FIVE: SUPERVISION AND MONITORING		SEHEMU YA TANO: USIMAMIZI NA UFUATILIAJI	
	xiv. Date of Signing of the Discharge Voucher by the Claimant; xv. Date of Settlement of the Claim; and xvi. Any other relevant information. 5.2.2 The insurer shall maintain actual records relating to each of the indicators specified under 5.2.1. 5.2.3 The claim register of the insurer shall be kept at the Head Office of the insurer and shall be available for inspection by the Authority. 5.2.4 The Authority shall specify the format and manner of maintenance of records referred to under these Guidelines.		xiv. Tarehe ya kusainiwa kwa hati ya kuridhia malipo na mdai; xv. Tarehe ya Ulipaji wa Madai; na xvii. Taarifa nyingine yoyote muhimu. 5.2.2 Kampuni ya bima itapaswa kutunza kumbukumbu halisi zinazohusiana na kila moja ya viashiria vilivyoainishwa katika 5.2.1. 5.2.3 Rejista ya madai ya bima itawekwa katika Makao Mkuu ya Kampuni ya bima na itapatikana kwa ukaguzi wa Mamlaka. 5.2.4 Mamlaka itaainisha muundo na namna ya utunzaji kumbukumbu chini ya Miongozo hii.
5.3 Legal Enforcement	Any person who contravenes the provisions of these Guidelines commits an offence and shall be subject to regulatory sanctions by the Commissioner of Insurance as per the Insurance Act Cap 394.	5.4 Utekelezaji wa Kisheria	Mtu yeyote atakayekiuka masharti ya Miongozo hii atakuwa ametenda kosa na atachukuliwa hatua na Kamishna wa Bima kwa mujibu wa Sheria ya Bima Sura Na. 394.

SECTION SIX: REVIEW AND APPROVAL		SEHEMU YA SITA: MAPITIO NA IDHINI	
6.1 Review of the Guidelines	6.1.1 These Guidelines shall be reviewed once in every three years for improvement. 6.1.2 Notwithstanding 6.1.1, the Commissioner may review these Guidelines as and when need arises. .	6.1 Mapitio ya Miungozo	6.1.1 Miongozo hii itapitiwa kila baada ya miaka mitatu kwa ajili ya maboresho. 6.1.2 Bila kuathiri 6.1.1, Kamishna anaweza kufanya mapitio ya Miongozo hii wakati wowote itakapohitajika.
6.2 Effective date	These Guidelines shall come into force on the 1 st October, 2022.	6.2 Tarehe rasmi ya kuanza kutumika	Miongozo hii itaanza kutumika rasmi tarehe 1 Oktoba, 2022.
6.3 Approval	Approved by: Dr. Baghayo A. Saqware Commissioner of Insurance	6.3 Idhini	Imeidhinishwa na: Dkt. Baghayo A.Saqware Kamishna wa Bima

