

THE UNITED REPUBLIC OF TANZANIA



TANZANIA INSURANCE REGULATORY AUTHORITY

**THE INSURANCE CLAIMS AND COMPLAINTS MANAGEMENT
GUIDELINES**

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July, 2025

JAMHURI YA MUUNGANO WA TANZANIA



MAMLAKA YA USIMAMIZI WA BIMA TANZANIA

MIONGOZO YA KUSIMAMIA MADAI NA MALALAMIKO YA BIMA

Marejeo ya Toleo Na. 1.0

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CHAPTER ONE

THE INSURANCE CLAIMS MANAGEMENT GUIDELINES, 2025

INSURANCE CLAIMS MANAGEMENT GUIDELINES Revised Version No. 1.0 July, 2025	MIONGOZO YA KUSIMAMIA MADAI YA BIMA Marejeo ya Toleo Na. 1.0 Julai, 2025
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PART ONE: PRELIMINARY PROVISIONS		SEHEMU YA KWANZA: MASHARTI YA AWALI	
Authorization and Powers	1. 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.	Idhini na Mamlaka	1. Miongozo hii imetolewa kwa mujibu wa Kifungu cha 6 (2) (e) na 11 (b) cha Sheria ya Bima Sura Na. 394 ambacho kinaiaigiza Mamlaka kuweka vigezo vya uendeshaji wa shughuli za bima ambavyo vitatakiwa kuzingatwa na watoa huduma za bima.
Citation	2. These Guidelines shall be cited as “ Insurance Claims Management Guidelines, 2025 ”	Nukuu	2. Miongozo hii itafahamika kama “ Miongozo ya Kushughulikia Madai ya Bima, 2025 ”
Background and Rationale	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. (2) Whereas Section 131 (1) 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.	Usuli na Mantiki	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. (2) Japokuwa Kifungu cha 131 (1) 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 kusababisha uchelewashaji usio wa lazima wa kushughulikia madai halali ya bima.

	(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.		(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.
Application and Scope	4. These Guidelines shall apply to: i. Registrants registered by the Authority to provide insurance services; and ii. Insurance customers, beneficiaries, and other relevant stakeholders of insurance services.	Matumizi na Mawanda	4. 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.
Purpose and Objectives	5. The Purpose and objectives of these Guidelines shall be to ensure that: i. a mechanism of regulating and supervising Turnaround Time for processing and settlement of claims is established. ii. customer experience in terms of timeliness of processing and settlement of claims, thus maintaining their economic and social status is improved. iii. public confidence in insurance services is guaranteed.	Lengo na Madhumuni	5. Dhumuni na Malengo ya Miongozo hii ni: i. Kuweka utaratibu wa kudhibiti na kusimamia muda wa kushughulikia na kulipa madai ya bima. ii. 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. iii. Kuhakikisha imani ya umma katika huduma za bima.

Interpretation and Abbreviations	6. In these Guidelines, unless the context otherwise requires: 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 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.	Tafsiri na Vifupisho	6. Katika Mwongozo huu, isipokuwa muktadha ukihitaji vinginevyo: Sheria: Inamaanisha Sheria ya Bima Sura ya 394 Mamlaka: Inamaanisha Mamlaka ya Usimamizi wa Bima Tanzania iliyoanzishwa chini ya Sheria ya Bima. Kamishna: Inamaanisha Kamishna wa Bima aliyeteuliwa chini ya Kifungu cha 7 cha Sheria. Mtoa huduma: Inamaanisha taasisi iliyosajiliwa na Mamlaka na inayojihusisha na ushughulikiaji madai ya bima. TAT: Inamaanisha muda wa kushughulikia madai ya bima. TZS: Inamaanisha Shilingi ya Tanzania.
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PART TWO: MINIMUM STANDARDS FOR PROCESSING OF INSURANCE CLAIMS		SEHEMU YA PILI: VIWANGO VYA CHINI VYA USHUGHULIKIAJI WA MADAI YA BIMA	
Principles of Claims Management	7. Every insurer shall observe the principles applicable in claims management including: - Handling claims in a timely, fair and transparent manner. - Having in a place claims handling and dispute resolution policies and procedures. - Maintaining written documentation on claims handling procedures, which include all steps from the claim being raised to its settlement. Such documentation may include expected timeframes for relevant steps, which might be extended in exceptional cases. - Informing claimants about procedures, formalities and common timeframes for claims settlement. - Giving claimants information about the status of their claim in a timely and fair manner. - Illustrating and explaining in comprehensive language to claimants Claim-determinative factors such as depreciations, discounting, excess or negligence. The same applies where claims are denied in whole or in part.	Kanuni za Ushughulikiaji Madai	7. Kila kampuni ya bima itazingatia kanuni mahsusi zinazotumika katika kushughulikia madai ikiwa ni pamoja na: - Ushughulikiaji wa madai kwa wakati, haki na uwazi. - Kuwa na sera, taratibu za haki na uwazi katika kushughulikia madai na kusuluhisha migogoro. - Kuweka kwa maandishi ya taratibu za kushughulikia madai ambazo zitajumuisha hatua zote kuanzia kupokelewa kwa madai hadi kulipwa. Taratibu hizo zitajumuisha muda unaotarajiwa kutumika kwa kila hatua, ambao utaweza kuongezwa inapobidi. - Kuwafahamisha wadai kuhusu taratibu rasmi na muda wa kawaida wa ulipaji wa madai. - Wadai kupewa taarifa kuhusu hatua iliyofikiwa katika ushughulikiaji wa madai yao kwa wakati na kwa haki. - Kuweka na kufafanua kwa ufasaha vigezo vya uthaminishaji madai kama vile kushuka kwa thamani, punguzo, kiasi ambacho kitachangiwa na mteja au uzembe. Vigezo

			hivyo vitatumika pale ambapo madai yatakataliwa kwa ujumla au kwa sehemu.
Roles of an Insurer	8. 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: i. a secured and properly functioning system that keeps records of all reported claims. ii. a toll-free number submitted to the Authority for verification or other means of communication for reporting of insurance claims, which shall be available for use 24 hours a day/ 7 days a week. iii. 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. iv. claims Turnaround Time (TAT) as a key indicator towards service excellence is harnessed. v. effective policies and procedures for claims management which shall address the minimum expectations with regard to claims	Majukumu ya Kampuni ya Bima	8. Kampuni ya bima itakuwa na jukumu la msingi katika utekelezaji wa miongozo hii. Katika hili, kampuni ya bima itahakikisha yafuatayo yanafanyika wakati wote: i. kuwa na mfumo salama na unaofanya kazi ipasavyo ambao unatunza kumbukumbu za madai yote yaliyoripotiwa. ii. kuwa na nambari ya simu isiyolipishwa itakayowasilishwa kwa Mamlaka kwa uhakiki au njia nyingine ya mawasiliano ya kuripoti madai ya bima, ambayo itapatikana kwa saa 24 kwa siku/siku 7 kwa wiki. iii. kuhakikisha 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. iv. muda uliowekwa wa kushughulikia madai utatumika kama kiashiria kikuu cha ubora wa huduma. v. kuweka sera na taratibu madhubuti za

	reporting, class assessment, claims discharge, and claims settlement. vi. the function of a well-resourced claim. 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. vii. total responsibility for processing insurance claims, including observance of claims TAT, throughout the claim processing cycle viii. a mechanism to provide feedback to relevant claimants/ beneficiaries on claims progress 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.		usimamizi wa madai ambazo zitaonesha matarajio ya chini kuhusu kuripoti madai, tathmini, na ulipaji wa madai. kuwa na Idara/Kitengo madhubuti chenye rasilimali toleshelevu za kushughulikia madai vi. Pale inapohitajika, Kampuni ya bima itatumia huduma za wakaguzi wa madai waliosajiliwa ambao watazingatia viwango vya utendaji, ikiwa ni pamoja na TAT. vii. kuwa na jukumu la jumla la kushughulikia madai ya bima, ikijumuisha uzingatiaji wa TAT, katika kipindi chote cha uchakataji wa madai. viii. kuweka mfumo au utratibu wa kutoa mrejesho kwa wadai au wanufaika juu ya maendeleo ya madai angalau mara moja kwa wiki kwa kutumia njia rahisi ya mawasiliano ikijumuisha nambari ya simu ya kiganjani iliyosajiliwa ya mdai na/au barua pepe hadi tarehe madai yatakapohitimishwa.
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PART TWO: MINIMUM STANDARDS FOR PROCESSING OF INSURANCE CLAIMS		SEHEMU YA PILI: VIWANGO VYA CHINI VYA USHUGHULIKIAJI WA MADAI YA BIMA	
Roles of Intermediaries	9. Under these Guidelines, intermediaries shall play the following roles: i. serve as an initial contact for claimants, in the common interest of the policyholder, claimant, intermediary and insurer. ii. where a claim is serviced through an intermediary, he will provide the relevant claimant/beneficiary or 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.	Majukumu ya Watu wa Kati	9. Katika Miongozo hii, Watu wa kati watakuwa na majukumu yafuatayo: i. kutumika kama mawasiliano ya awali kwa wadai, kwa maslahi ya pamoja ya mwenye mkataba wa bima, mdai, mtu wa kati na Kampuni ya bima. ii. 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 njia rahisi ya mawasiliano ikijumuisha nambari ya simu ya kiganjani iliyosajiliwa ya mdai na/au barua pepe hadi tarehe madai yatakapolipwa

Roles of Claimants/beneficiaries	10. Every claimant shall be required to: i. comply with the procedures for filing a claim set out in these Guidelines; ii. refrain from misrepresentation or concealment of facts surrounding the claim; iii. provide relevant facts, information and documents to facilitate timely claim process; and iv. provide any needed cooperation in claim management process.	Majukumu ya Wadai/Wanufaika	10. Kila mlalamikaji atatakiwa: i. kuzingatia taratibu za uwasilishaji wa madai zilizoinishwa katika Miongozo hii; ii. kujiepusha kupotosha ukweli kuhusu madai; iii. kutoa taarifa husika na nyaraka ili kuwezesha ushughulikiaji wa madai kwa wakati; na iv. kutoa ushirikiano wowote unaohitajika katika kushughulikia madai.
Handling of Claim Disputes	11. (1) Where in the course of claims settlement, a dispute arises between the claimant and the insurer on the claims settlement amount, coverage, staff handling claims disputes shall be those experienced and appropriately qualified in claims handling. (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. (3) Insurers shall put in place mechanisms for review of claims disputes within the insurer to promote fair play and objectivity in the decisions.	Ushughulikiaji wa Migogoro ya Madai	11. (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) 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. (3) Kampuni za bima zitaweka utaratibu kwa ajili ya mapitio ya migogoro ya madai ndani ya kampuni ya bima ili kuleta haki na usawa katika

	(4) For the purposes of sub-item (3) above, an insurer shall establish a committee composed of not less than three (3) members, including the Chief Executive Officer, to reconcile claim disputes and maintain records of proceedings.		maamuzi. (4) Kwa madhumuni ya kipengele kidogo cha (3), Kampuni ya bima itaunda kamati yenye wajumbe wasiopungua watatu (3), akiwemo Afisa Mtendaji Mkuu, kwa ajili ya kusuluhisha migogoro ya madai na kuhifadhi kumbukumbu za vikao.
Outsourcing of Claims function	12. Where an insurer outsources any of the claims handling processes in part or in full, the relevant insurer shall maintain close oversight and ultimate responsibility for the provision of fair and transparent claims handling and claims dispute resolution.	Ushughulikiaji wa madai kwa kutumia huduma za nje	12. Pale ambapo Kampuni ya bima inapata toka nje huduma za uchakataji madai kwa sehemu au kikamilifu, Kampuni ya bima husika itawajibika kuweka uangalizi wa karibu wa utoaji wa haki na uwazi wa kushughulikia madai na utatuzi wa madai.

PART THREE: TIME LIMIT FOR VARIOUS STAGES OF CLAIM PROCESSING		SEHEMU YA TATU: UKOMO WA MUDA WA HATUA MBALIMBALI ZA KUSHUGHULIKIA MADAI	
Claim Notification	13. In the event of a loss: i. The policyholder or his representative may verbally notify the insurer within 24 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 provide all such other information and take all such steps as the insurer may reasonably require in relation to the loss.	Utoaji Taarifa ya Madai	13. Tukio la hasara linapotokea: i. Mkatabima au mwakilishi wake atatoa taarifa kwa kampuni ya bima kwa mdomo ndani ya saa 24; 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.

PART THREE: TIME LIMIT FOR VARIOUS STAGES OF CLAIM PROCESSING		SEHEMU YA TATU: UKOMO WA MUDA WA HATUA MBALIMBALI ZA KUSHUGHULIKIA MADAI	
Acknowledgment	14. (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; 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, where necessary, within fourteen (14) days; and	Kukiri kupokea Taarifa	14. (1) Baada ya kupokea taarifa ya hasara kutoka kwa mkatabima au mwakilishi 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 muda; iv. Kampuni ya bima lazima ihakikishe mkatabima au mwakilishi wake atawasilisha nyaraka zenye taarifa zilizokamilika ikiambatishwa na nyaraka husika kwa Kampuni ya bima ndani ya siku saba (7) kutoka tarehe ya kupokea nyaraka ya madai. v. Inapohitajika, kampuni ya bima itawasiliana na kampuni nyingine ya bima ambayo inahusika katika madai ndani ya saa sabini na mbili (72); vi. Ikihitajika, kampuni ya bima itateua mtoa huduma aliyesajiliwa na Mamlaka ndani ya siku kumi na nne (14) baada ya taarifa kutolewa; na

	vii. Undertake any other actions which will expedite the claim processing. (2) In case of a loss involving death or bodily injury the insurer shall avail a checklist of all necessary required 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) In addition, the insurer shall provide a list of required documents to the claimant or his representative for verification of claim assessment.		vii. Kuchukua hatua nyingine zozote zitakazoharakisha mchakato wa madai. (2) Ikiwa ajali itahusisha kifo au majeraha ya mwili, kampuni ya bima italazimika kutoa orodha ya nyaraka zinazotakiwa kwa mkatabima au mwakilishi wake kwa ajili ya uhakiki wa madai ambayo itajumuisha vielelezo vifuatavyo: i. Nakala ya mchoro wa ajali; 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) 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:
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PART THREE: TIME LIMIT FOR VARIOUS STAGES OF CLAIM PROCESSING		SEHEMU YA TATU: UKOMO WA MUDA WA HATUA MBALIMBALI ZA KUSHUGHULIKIA MADAI	
	(4) In case of bodily injury: i. Police report PF 3, 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. (5) In case of death: i. Police Forms 90, 93 & 115; ii. Police Form 3 (where the deceased was admitted for bodily injury before death) iii. Copy of charge sheet; Copy of judgement; iv. Post-mortem report; v. Proof of medical costs (if applicable); vi. Death certificate; vii. Proof of funeral costs;		(4) Kama ni majeraha: i. Fomu za Polisi Na. 3, 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. (5) Kama ni kifo: i. Fomu za Polisi Na. 3, 90, 93 & 115; ii. Nakala ya hati ya mashitaka; iii. Nakala ya hukumu 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. 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. (6) Along with the aforementioned claim documents, the following are required for life insurance claims: A. DEATH CLAIMS (SME Loans Category) i. Business license. ii. Taxpayer Identification Number (TIN). iii. Memorandum and Articles of Association (MEMAT) or extract from register document. B. RETRENCHMENT CLAIMS i. Employment contract. ii. Retrenchment letter. C. DISABILITY CLAIMS i. Medical report. ii. Employment termination letter on medical ground. D. CRITICAL ILLNESS CLAIMS i. Medical Report.	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; (6) Pamoja na nyaraka za madai zilizotajwa hapo juu, nyaraka zifuatazo zitahitajika kwa madai ya bima ya maisha: A. MADAI YA KIFO (Kundi la Mikopo Midogo SME) i. Leseni ya biashara. ii. Namba ya Utambulisho wa Mlipa Kodi (TIN). iii. Katiba ya Kampuni (MEMAT) au nakala kutoka kwenye hati ya usajili. B. MADAI YA KUPUNGUZWA KAZI i. Mkataba wa ajira. ii. Barua ya kupunguzwa kazi. C. MADAI YA ULEMAVU i. Ripoti ya matibabu. ii. Barua ya kusitishwa ajira kwa sababu za kiafya. D. MADAI YA MAGONJWA MAKUBWA i. Ripoti ya matibabu.
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	(7) The claim documents referred to in item 14 (2), (3), (4), (5) and (6) may be submitted in hard copy (physical form) or soft copy (electronic form).		(7) Nyaraka za madai zinazotajwa katika kipengele cha 14 (2), (3), (4), (5) and (6) zinaweza kuwasilishwa kwa nakala ngumu au nakala laini.
Admissibility of Claims	15. (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. (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.	Kukubalika kwa Madai	15. (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. (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.

PART THREE: TIME LIMIT FOR VARIOUS STAGES OF CLAIM PROCESSING		SEHEMU YA TATU: UKOMO WA MUDA WA HATUA MBALIMBALI ZA KUSHUGHULIKIA MADAI	
Appointment of service provider	16. (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 seventy-two (72) hours from the time of receiving all documents from the claimant/his representative. (2) The appointed service provider shall provide assessment report within thirty (30) days from the date of appointment. (3) Where the insurer is dissatisfied with the assessment report referred to under sub-item (2) above 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. (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.	Uteuzi wa Mtoa Huduma	16. (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 sabini mbili (72) tangu alipopokea vielelezo vyote kutoka kwa mdai/mwakilishi. (2) Mtoa huduma ambaye atafanya tathmini atapaswa kutoa ripoti ya tathmini ndani ya siku thelathini (30) kutoka tarehe ya uteuzi; (3) Iwapo kampuni ya bima haijaridhika na ripoti ya tathmini iliyotajwa katika kipengele kidogo cha (2) hapo juu 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). (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. Ili kuondoa shaka, ripoti ya tathmini itatimiza masharti yaliyoainishwa katika mkataba wa kutoa huduma husika.

PART THREE: TIME LIMIT FOR VARIOUS STAGES OF CLAIM PROCESSING		SEHEMU YA TATU: UKOMO WA MUDA WA HATUA MBALIMBALI ZA KUSHUGHULIKIA MADAI	
Issuance of Discharge Voucher	17. 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.	Kutolewa kwa Hati ya Kuridhia Malipo	17. Baada ya kupokea ripoti ya tathmini ya mtoa huduma na mapendekezo yake: - Iwapo dai linalipika kampuni ya bima itatoa Hati ya 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.
Payment of the Claim	18. (1) Where the claimant has signed the Discharge Voucher, payment shall be effected within forty-five (45) days from date of receipt in accordance with Section 131 (1) of the Act. (2) Where the Discharge Voucher has been issued and the claimant has declined the offer, the claimant may refer his complaint to the registrant's complaint desk established under item 11 of the Complaints Management Guidelines, 2025. (3) Where the consensus in sub-item (2) above has not succeeded, the insurer may advise the claimant to	Ulipaji wa Madai	18. (1) Iwapo mdai amesaini hati ya malipo, malipo yatafanywa ndani ya siku arobaini na tano (45) kwa mujibu wa Kifungu cha 131 (1) cha Sheria. (2) Iwapo hati ya malipo imetolewa na mdai hajaridhika na kiwango cha malipo pendekezwa mdai anaweza kupeleka malalamiko yake katika dawati la malalmiko la kampuni ya bima lililoanzishwa kwa mujibu wa kipengele cha 11 cha Miongozi ya Kusimamia Malalamiko, 2025. (3) Iwapo muafaka uliotajwa katika kipengele kidogo cha (2) haujafikiwa, kampuni ya bima inaweza

	refer the complaint to the Authority. (4) Subject to s u b - item (3) above the modalities for addressing grievances shall at minimum include those specified under items 14, 15 and 16 in these Guidelines. (5) TAT is summarized in Appendix 1 to these Guidelines		kumuelekeza mlalamikaji kwa kuwasilisha malalamiko kwa Mamlaka. (4) Kwa kuzingatia kipengele kidogo cha (3) hatua za kufuata ili kupata suluhisho la madai yake zitajumuisha kwa uchache yalioainishwa katika kipengele cha 14, 15 and 16 ya Miongozo hii. (5) Ufupisho wa TAT umewekwa kwenye Kiambatisho Na. 1 katika Miongozo hii.
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PART FOUR: FORMULATION OF INSURANCE FRAUD COMMITTEE		SEHEMU YA NNE: UANZISHWAJI WA KAMATI YA KUSHUGHULIKIA UDANGANYIFU KATIKA SOKO LA BIMA	
Formulation of the Committee	19. The Commissioner may formulate a committee to be known as Insurance Fraud Committee (the Committee) for the purpose of managing insurance fraud incidencies and related matters.	Kuanzishwa	19. Kamishna anaweza kuunda kamati itakayofahamika kama Kamati ya Kushughulikia Udanganyifu wa Bima (Kamati) kwa madhumuni ya kupambana na udanganyifu katika tasnia ya bima na mambo yanayohusiana nayo.
Composition of the Committee	20. The Committee shall consist of persons appointed by the respective offices as shall be requested by the Commissioner whose designations and offices are as follows: i. A Senior Prosecution Officer from the Office of the Director of Public Prosecutions (DPP) who shall be the chairperson of the Committee; ii. A head of the Anti-fraud Unit of the Authority who shall be the Secretary; iii. A Senior Investigation Officer from the Office of the Director of Criminal Investigations (DCI) who shall be a member; iv. An expert appointed by the Commissioner depending on the nature of fraud who shall be a member;	Muundo wa Kamati	20. Kamati itakuwa na watu wafuatao watakaoteuliwa kwa nafasi zao na ofisi husika kama itakavyoombwa na Kamishna: i. Afisa Mashtaka Mwandamizi kutoka Ofisi ya Mkurugenzi wa Mashtaka (DPP), ambaye atakuwa mwenyekiti wa Kamati; ii. Mkuu wa Kitengo cha Kuzuia Udanganyifu cha Mamlaka ambaye atakuwa Katibu; iii. Afisa Mwandamizi wa uchunguzi kutoka Ofisi ya Mkurugenzi wa Upelelezi wa Makosa ya Jinai (DCI) ambaye atakuwa Mjumbe; iv. Mtaalam atakayeteuliwa na Kamishna kutegemea na aina ya udanganyifu ambaye atakuwa mjumbe;

	v. Three members appointed from the associations of the insurance industry depending on the nature of fraud; vi. Manager of Legal Enforcement and Complaints Handling from the Authority who shall be a member; vii. Two members from the Authority, one with knowledge of Insurance and another with knowledge of ICT matters; and viii. Any other appropriate person(s) from the Authority or any other institution as shall be determined by the Commissioner.		v. Wajumbe watatu watakaoteuliwa kutoka kwenye vyama vya soko la bima kulingana na aina ya udanganyifu; vi. Meneja wa Utekelezaji Sheria na Kushughulikia Malalamiko ambaye atakuwa ni mjumbe; vii. Wajumbe Wawili kutoka Mamlaka ambao wana ujuzi kwenye maeneo ya Bima na TEHAMA; na viii. Mtu yeyote kutoka Mamlaka au Taasisi nyingine kadri Kamishna atakavyoona inafaa.
Tenure of Members	21. (1) Members of the Committee shall serve for a tenure as determined by the Commissioner in the instrument of appointment. (2) Members of the Committee shall meet on ad hoc basis.	Muda wa Kutumikia	21. (1) Wajumbe wa Kamati watahudumu kwa muda utakaoainishwa na Kamishna kwenye hati ya uteuzi. (2) Wajumbe wa Kamati watakutana kulingana na mahitaji ya wakati huo.
Consultation	22. For the purpose of discharging its functions the Committee in consultation with the Commissioner may at any time engage any person to appear before it for consultation including interrogation.	Mashauriano	22. Kwa madhumuni ya kutekeleza majukumu yake kwa kushauriana na Kamishna, Kamati inaweza kumuita mtu yeyote kufika mbele yake kwa ajili ya mashauriano au mahojiano.
Accountability	23. In discharging the functions of the Committee, the members shall be accountable to the Commissioner.	Uwajibikaji	23. Katika kutekeleza majukumu ya Kamati, wajumbe watawajibika kwa Kamishna.

Duties of the Committee	24. The duties of the Committee shall be: i. Receiving insurance fraud incidencies from the Commissioner; ii. Preparing investigation and prosecution plan; iii. Investigating reported malpractices of insurance fraud; iv. Facilitating prosecution of the insurance fraud cases; v. Reporting the progress of fraud cases on quarterly basis or as shall be required by the Commissioner; and vi. Performing any other duty as shall be directed by the Commissioner.	Wajibu wa Kamati	24. Wajibu wa Kamati itakuwa kama ifuatavyo: i. Kupokea malalamiko ya udanganyifu kutoka kwa Kamishna; ii. Kuandaa mpango wa uchunguzi na mashtaka; iii. Kuchunguza makosa yaliyoripotiwa ya malalamiko ya bima; iv. kusaidia uendeshaji wa kesi za udanganyifu katika soko la bima; v. Kutoa taarifa ya maendeleo ya kesi kwa kila robo mwaka au kadri itakavyohitajika na Kamishna; na vi. Kufanya kazi nyingine yoyote kama itakavyoelekezwa na Kamishna.
Duties of an insurer	25. The duties of the insurer shall include: i. Reporting all fraud and related incidencies to the Commissioner within at least seven days (7) of detection; ii. Providing required cooperation and collaboration in gathering evidence necessary for prosecution of fraud perpetrators; iii. Facilitating witnesses to meet with investigative agencies in providing statements and appearing in courts to adduce required evidence; and	Wajibu wa Kampuni ya Bima	25. Wajibu wa kampuni ya bima katika kupambana na madai yenye viashiria vya udanganyifu itakuwa ni pamoja na; i. Kutoa taarifa kwa Kamishna za matukio ya udanganyifu au yenye viashiria vya udanganyifu angalau ndani ya siku saba (7) tangu kugundua matukio hayo; ii. Kutoa ushirikiano katika kukusanya ushahidi muhimu wa kuwezesha kushtakiwa wahusika wa udanganyifu wa bima;

	iv. Undertaking any other action necessary to combat insurance fraud in the insurance market.		iii. Kuwezesha mashahidi kukutana na vyombo vya upelelezi ili kutoa maelezo yanayohitajika na kufika mahakamani kutoa ushahidi unaohitajika; na iv. Kufanya jambo jingine lolote muhimu katika kupambana na udanganyifu wa bima katika soko la bima.
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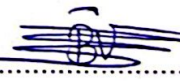
PART FIVE: PROHIBITED PRACTICES		SEHEMU YA TANO: MAKATAZO	
Prohibited Practices	26. (1) No insurer or service provider shall unreasonably breach the time frames for processing of insurance claims specified in these Guidelines. (2) No insurer shall unreasonably repudiate or reject to settle a legitimate claim. (3) Without prejudice to sub-item (2), no insurer or the service provider shall unreasonably lengthen claim assessment process; (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. (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.	Makatazo	26. (1) Kampuni ya bima au mtoa huduma hataruhusiwa kukiuka ukomo wa muda wa kushughulikia madai ulioainishwa kwenye Miongozo hii; (2) Kampuni ya bima haitaruhusiwa kukataa kulipa madai halali ya bima; (3) Bila kuathiri kipengele kidogo cha (2), kampuni ya bima au mtoa huduma hataruhusiwa kurefusha mchakato wa kuthamini madai bila sababu ya msingi; (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 (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.

PART SIX: SUPERVISION AND MONITORING		SEHEMU YA SITA: USIMAMIZI NA UFUATILIAJI	
Reporting Requirements	27. Reporting requirements i. The insurer shall register with the Authority each intimated claim through TIRA-MIS on a daily basis. 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 claim's management, which the Authority may require from time to time.	Utoaji wa Taarifa	27. Mahitaji ya Utoaji wa taarifa i. Kampuni ya bima, itapaswa kila siku kuwasilisha kwa Mamlaka taarifa ya kila dai lililotolewa taarifa 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.

PART SIX: SUPERVISION AND MONITORING		SEHEMU YA SITA: USIMAMIZI NA UFUATILIAJI	
Record Keeping	28. (1) The insurer shall maintain a Claim Register for recording of data/ information relating to: i. Full names of policyholder/ claimant as shown in the National Identity card/Passport or other acceptable forms of identification; ii. Date of inception of cover; iii. Physical Address; iv. Class of business; v. Sum insured for each covered risk; vi. Premium charged; vii. Amount of claim; viii. Date of claim intimation; ix. Date of acknowledgement of claim notification/ intimation; x. Date of submission by the claimant of the completed claim form together with relevant claim attachments; xi. Date of appointment of the service provider (where applicable);	Utunzaji wa Kumbukumbu	28. (1) Kampuni ya bima itapaswa kuwa na Rejesta ya Madai kwa ajili ya kutunza kumbukumbu/ taarifa zinazohusiana na madai ya bima yanayohusiana na: i. Majina kamili ya mkatabima/mdai kama inavyoonyeshwa kwenye Kitambulisho cha Taifa/Hati ya kusafiria au aina nyingine ya utambulisho inayokubalika.; ii. Tarehe ya kuanza kwa mkataba wa bima; iii. Anwani ya Makazi; iv. Aina ya biashara; v. Thamani ya janga lililokatiwa bima; vi. Ada ya bima iliyolipwa; vii. Kiasi cha madai; viii. Tarehe ya kutolewa taarifa ya madai; ix. Tarehe ya kukiri kupokea taarifa ya madai; x. Tarehe ya kuwasilisha fomu ya madai iliyojazwa kikamilifu pamoja na viambatisho vinavyohusika; xi. Tarehe ya uteuzi wa mtoa huduma (kama

PART SIX: SUPERVISION AND MONITORING		SEHEMU YA SITA: USIMAMIZI NA UFUATILIAJI	
	xii. Date of issuance of Discharge Voucher; xiii. Amount Payable as per Discharge Voucher xiv. Date of Signing of the Discharge Voucher by the Claimant; xv. Date of Settlement of the Claim; and xvi. Any other relevant information. (2) The insurer shall maintain actual records relating to each of the indicators specified under sub-item 1 above. (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. (4) The Authority shall specify the format and manner of maintenance of records referred to under these Guidelines. (5) The insurer shall keep claims records both in hard copy and soft copy for a minimum period of at least six (6) years.		inahitajika); xii. Tarehe ya kutolewa kwa hati ya kuridhia malipo; xiii. Kiasi kinachopaswa kulipwa kulingana na hati ya kuridhia malipo; xiv. Tarehe ya kusainiwa kwa hati ya kuridhia malipo na mdai; xv. Tarehe ya Ulipaji wa Madai; na xvi. Taarifa nyingine yoyote muhimu. (2) Kampuni ya bima itapaswa kutunza kumbukumbu halisi zinazohusiana na kila moja ya viashiria vilivyoainishwa katika kipengele kidogo cha 1. (3) Rejesta ya madai ya bima itawekwa katika Makao Mkuu ya Kampuni ya bima na itapatikana kwa ukaguzi wa Mamlaka. (4) Mamlaka itaainisha muundo na namna ya utunzaji kumbukumbu chini ya Miongozo hii. (5) Kampuni ya bima itatunza taarifa za kumbukumbu za madai kwa maandishi na kielektroniki kwa kipindi cha angalau

			miaka sita (6).
Legal Enforcement	29. 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.	Utekelezaji wa Kisheria	29. 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.

PART SEVEN: REVIEW AND APPROVAL		SEHEMU YA SABA: MAPITIO NA IDHINI	
Review of the Guidelines	30. (1) These Guidelines shall be reviewed once in every three years for improvement. (2) Notwithstanding sub-item (1), the Commissioner may review these Guidelines as and when the need arises.	Mapitio ya Miongozo	30. (1) Miongozo hii itapitiwa kila baada ya miaka mitatu kwa ajili ya maboresho. (2) Bila kuathiri kipengele kidogo cha (1), Kamishna anaweza kufanya mapitio ya Miongozo hii wakati wowote itakapohitajika.
Effective date	31. These Guidelines shall come into force on the 1 st July, 2025.	Tarehe rasmi ya kuanza kutumika	31. Miongozo hii itanza kutumika rasmi tarehe 1 Julai, 2025.
Approval	Approved by:  Dr. Baghayo A. Saqware Commissioner of Insurance	Idhini	Imeidhinishwa na:  Dkt. Baghayo A. Saqware Kamishna wa Bima

Appendix 1.

Summary of TAT

Where a claim involves further Assessment			Madai yanayohitaji Ukaguzi/Uchunguzi zaidi	
S/N	Procedural Action	Timeline in Days	Taratibu	Muda katika Siku
1	Notification by a claimant	7	Utoaji wa taarifa ya tukio	7
2	Acknowledgement by Registrant	2	Mtoa huduma kukiri kupokea taarifa ya madai	2
3	Submission of claim forms/documents by the claimant	7	Mdai kuwasilisha fomu na nyaraka za madai	7
4	Communication to other Registrants (where applicable)	3	Mtoa huduma kufanya mawasiliano na mtoa huduma mwingine kuhusu madai (pale inapobidi)	3
5	Appointment of Service Provider	14	Kumteua mtoa huduma	14
6	Assessment of claim	30	Uchunguzi wa madai	30
7	Re-assessment	14	Kufanya marejeo ya uchunguzi	14
8	Admission of claim	7	Kukubali au kukataa madai	7
9	Execution of Discharge Voucher	7	Kusaini Hati ya Malipo	7
10	Payment of claim	45	Malipo ya madai	45
	TOTAL TAT	120 - 136	JUMLA TAT	120 - 136

Kiambatisho 1.

Muhtasari wa TAT

Where a claim does not involve further Assessment			Madai yasiyohitaji Ukaguzi/Uchunguzi zaidi	
Na	Procedural Action	Timeline in Days	Taratibu	Muda katika siku
1	Notification by a claimant	7	Utoaji wa taarifa ya tukio	7
2	Acknowledgement by Registrant	2	Mtoa huduma kukiri kupokea taarifa ya madai	2
3	Submission of claim forms/documents by the claimant	7	Mdai kuwasilisha fomu na nyaraka za madaia	7
4	Communication to other Registrants (where applicable)	3	Mtoa huduma kufanya mawasiliano na mtoa huduma mwingine kuhusu madai (pale inapobidi)	3
5	Appointment of Service Provider	14	Kumteua mtoa huduma	14
6	Assessment of claim	0	Uchunguzi wa madai	0
7	Re-assessment	0	Kufanya marejeo ya uchunguzi	0
8	Admission of claim	7	Kukubali au kukataa madai	7
9	Execution of Discharge voucher	7	Kusaini Hati ya Malipo	7
10	Payment of claim	45	Malipo ya madai	45
	TOTAL TAT	78 - 92	JUMLA TAT	78 - 92

CHAPTER TWO

THE INSURANCE COMPLAINTS MANAGEMENT GUIDELINES, 2025



**TANZANIA INSURANCE REGULATORY
AUTHORITY (TIRA)**

**THE INSURANCE COMPLAINTS MANAGEMENT
GUIDELINES, 2025**

July, 2025



MAMLAKA YA USIMAMIZI WA BIMA TANZANIA

**MIONGOZO YA KUSHUGHULIKIA MALALAMIKO YA BIMA,
2025**

Julai, 2025

PART ONE: PRELIMINARY PROVISIONS		SEHEMU YA KWANZA: MASHARTI YA AWALI	
Authorization and powers	1. These Guidelines are issued pursuant to the provisions of sections 6 (2) (e) and 11 (b) of the Act, which mandate the Authority to formulate standards in the conduct of insurance business to be observed by registrants, service providers and other stakeholders.	Idhini na Mamlaka	1. Miongozo hii imetolewa kwa mujibu wa vifungu vya 6 (2) (e) na 11 (b) vya Sheria ya Bima Sura ya 394 ambavyo vinaipa Mamlaka uwezo wa kuweka vigezo ambavyo vitazingatiwa na watoa huduma za bima na wadau wengine katika uendeshaji wa biashara ya bima.
Citation	2. These Guidelines shall be cited as the “Insurance Complaints Management Guidelines, 2024”	Nukuu	2. Miongozo hii itafahamika kama “Miongozo ya Kushughulikia Malalamiko ya Bima, 2024”
Background and Rationale	3. (1) Section 6 (2) (j) of the Act, provides for protection of the interest of the policyholders. In order to protect the policyholders, there must be established a robust mechanism for complaints management. (2) Therefore, these Guidelines seek to address the market need to improve complaints management, which is necessary for the enhancement of public confidence in the insurance business. (3) The Guidelines provide for processes and procedures including submission,	Usuli na Mantiki	3. (1) Kifungu cha 6 (2) (j) cha Sheria, kinatoa kinga ya kulinda maslahi ya watumiaji wa bima. Ili kuwalinda watumiaji wa bima, lazima kuwe na utaratibu madhubuti wa usimamizi wa malalamiko. (2) Hivyo, Miongozo hii inalenga kuboresha mfumo wa ushughulikiaji malalamiko ambao ni muhimu kwa ajili ya kuimarisha imani ya umma katika biashara ya bima. (3) Miongozo hii inatoa utaratibu na mchakato ikiwemo wa uwasilishaji, uchambuaaji, utatuzi na utoaji taarifa wa malalamiko kutoka kwa

PART ONE: PRELIMINARY PROVISIONS		SEHEMU YA KWANZA: MASHARTI YA AWALI	
	analysis, resolution and reporting of complaints from policyholders, claimants, service providers and other stakeholders.		watumiaji wa bima, wadai wa bima, watoa huduma na wadau wengine.
Application and scope	4. (1) These Guidelines shall apply to: i. registrants; ii. service providers; iii. insurance consumers; iv. Beneficiaries; and v. Other stakeholders. (2) The Guidelines shall cover complaints relating to: i. Delay in settling complaints; ii. Dissatisfaction with the quantum offered; iii. Failure to pay Executed Discharge Voucher within forty-five days; iv. Cancellation of Insurance policy; v. Non refund of premium;	Matumizi na Mawanda	4. (1) Miongozo hii itatumika kwa: i. Wasajiliwa wa bima; ii. Watoa huduma za bima; iii. Watumiaji wa bima; iv. Wanufaika wa bima; na v. Wadau wengine (2) Miongozo hii itajumuisha malalamiko yanayohusiana na: i. Kuchelewa kutatua malalamiko; ii. Kutoridhika na kiwango cha fidia kilichotolewa; iii. Kushindwa kulipa hati ya madai ndani ya siku arobaini na tano; iv. Kufuta mkataba wa bima; v. Kutorejeshewa ada za bima; vi. Kukataliwa kwa madai; vii. Ucheleweshaji wa uchunguzi au tathmini ya madai;

PART ONE: PRELIMINARY PROVISIONS		SEHEMU YA KWANZA: MASHARTI YA AWALI	
	vi. Repudiation of claims; vii. Delayed investigation or assessment of claims; viii. Use of abusive language to customers; ix. Non-Payment of Commission and fees; x. Breach of Terms and Conditions of the Insurance Policy; xi. Non response from registrants; and xii. Any other insurance related complaints.		viii. Matumizi ya lugha chafu kwa wateja; ix. Kutolipa kamisheni na ada; x. Kukiuka vigezo na Masharti ya mkataba wa Bima; xi. Watoa huduma za bima kutokutoa majibu kwa wateja; na xii. Malalamiko mengine yoyote yanayohusiana na bima.
Interpretations	5. In these Guidelines, unless the context otherwise requires: “Act” - means the Insurance Act, Cap.394; “Board” - means the Board of Directors of the registrant; “Committee” - Means a committee formed by the Commissioner for the purpose of managing insurance fraud complaints;	Tafsiri	5. Katika Miongozo hii, isipokuwa muktadha ukihitaji vinginevyo: “Sheria” - Inamaanisha Sheria ya Bima, Sura ya 394; “Bodi” - Inamaanisha Bodi ya Wakurugenzi ya watoa huduma za bima;

PART ONE: PRELIMINARY PROVISIONS		SEHEMU YA KWANZA: MASHARTI YA AWALI	
	"Commissioner" - means the Commissioner of Insurance appointed under the Act; "Registrant" – means a person registered to conduct insurance business under the Act; "Authority" – Means the Tanzania Insurance Regulatory Authority established under section 5 of the Act; "Complaint"- Means an expression of dissatisfaction about the service or product provided by a registrant. It may involve, but should be differentiated from, a claim and does not include a pure request for information; "Complainant" – Means a person who has filed a complaint to the registrant or the Authority; "Complaints Desk"– Means a function or section established within the registrant's office to manage complaints. "Authorized representative" – means a person holding a registered power of attorney, administrator/administratrix of the deceased estate or any other representative authorized by the complainant.		"Kamati" - Inamaanisha kamati iliyoungwa na Kamishna kwa lengo la kushughulikia udanganyifu wa bima; "Kamishna" - Inamaanisha Kamishna wa Bima aliyeteuliwa chini ya Sheria; "Mtoa huduma za bima" – Inamaanisha mtu aliyesajiliwa kufanya biashara ya bima chini ya Sheria; "Mamlaka" – Inamaanisha Mamlaka ya Usimamizi wa Bima Tanzania iliyoanzishwa chini ya kifungu cha 5 cha Sheria; "Malalamiko"- Inamaanisha hali ya kutoridhika juu ya huduma au bidhaa inayotolewa na mtoa huduma. Inaweza kuhusisha, lakini inapaswa kutofautishwa na, dai na haijumuishi maombi ya taarifa; "Mlalamikaji" - Inamaanisha mtu ambaye amewasilisha malalamiko kwa mtoa huduma au Mamlaka; "Dawati la Malalamiko"– Inamaanisha jukumu au sehemu iliyoanzishwa ndani ya ofisi ya mtoa huduma kushughulikia malalamiko.

PART ONE: PRELIMINARY PROVISIONS		SEHEMU YA KWANZA: MASHARTI YA AWALI	
			"Mwakilishi aliyeidhinishwa" - Inamaanisha mtu aliye na hati ya uwakilishi wa kisheria, msimamizi wa mirathi au mwakilishi mwingine yeyote aliyeidhinishwa na mlalamikaji.
Purpose and Objectives	6. The Purpose and objectives of these Guidelines shall be to ensure that: i. simple, effective and efficient mechanisms for complaints management are documented; ii. establishment of Complaints Desks in registrant's offices is facilitated; iii. insurance consumers and other stakeholders are guided on applicable requirements for lodging, processing and resolution of complaints; iv. public confidence in the insurance market is promoted and enhanced; - and v. common standards and consistency in managing complaints are promoted.	Dhumuni na Malengo	6. Dhumuni na Malengo ya Miongozo hii ni: i. Kuweka njia rahisi, bora na yenye ufanisi ya kushughulikia malalamiko kutoka kwa wateja wa watoa huduma za bima, wadai na wadau wengine kuhusu masuala ya bima; ii. Kuwezesha uanzishwaji wa Madawati ya Malalamiko katika ofisi za watoa huduma; iii. kuwaongoza watumiaji wa bima na wadau wengine kuhusu utaratibu wa kuwasilisha, kuchakata na kupata suluhu ya malalamiko; iv. kuchochea na kukuza imani ya umma katika soko la bima; na v. kuweka viwango sawia na ulinganifu thabiti katika kushughulikia na kutatua malalamiko.

PART TWO: PRINCIPLES OF COMPLAINTS MANAGEMENT		SEHEMU YA PILI: KANUNI ZA KUSHUGHULIKIA MALALAMIKO	
Principles of Complaints Management	7. Every registrant shall observe the principles applicable in complaints management including: i. Transparency: openness and honesty about the issues surrounding complaints. Provide clear and accurate information about what went wrong and what steps will be taken to address it. ii. Professionalism: adherence to a set of standards, code of conduct and collection of qualities that characterize accepted practices in complaints management. iii. Integrity: honesty and strong moral principles such as doing the right thing even when no one is watching and includes trustworthiness, incorruptibility and reliability. iv. Fairness: equal treatment of parties in a way that is right and reasonable. v. Timeliness: responsiveness to complaints promptly. Acknowledge receipt of the complaint and provide a timeline for resolution. Strive to resolve complaints as	Kanuni za Kushughulikia Malalamiko	7. Kila Mtoa huduma za bima atazingatia kanuni mahsusi zinazotumika katika kushughulikia malalamiko ikiwa ni pamoja na: i. Uwazi: kuwa wazi na mwaminifu kuhusiana na malalamiko. Kutoa taarifa inayoeleweka na sahihi kuhusu jambo ambalo halikufanyika kwa usahihi na ni hatua gani zitachukuliwa kilitatua. ii. Weledi: kuzingatia viwango vilivyowekwa, kanuni za maadili na sifa zinazoakisi misingi inayokubalika katika kushughulikia malalamiko. iii. Uadilifu: uungwana na kuwa na kanuni thabiti za maadili kama vile kufanya jambo linalofaa hata wakati ambapo hakuna mtu anayeona na ni pamoja na uaminifu, kutorubunika na kutegemewa. iv. Haki: kuwatendea wadaawa kwa usawa katika njia ambayo ni sahihi na inayokubalika. v. Wakati: jibu malalamiko kwa wakati unaostahili. Thibitisha upokezi wa malalamiko na utoe mpango wa utatuzi. Jitahidi kusuluhisha malalamiko haraka

PART TWO: PRINCIPLES OF COMPLAINTS MANAGEMENT		SEHEMU YA PILI: KANUNI ZA KUSHUGHULIKIA MALALAMIKO	
	quickly as possible, keeping the customer posted. vi. Accountability: taking responsibility for the complaints. vii. Empathy: Showing understanding towards the complainant's situation. Acknowledge their feelings and frustrations. Make them feel heard and valued. viii. Customer-Centrism: Always prioritize the complainant's interest and well-being. Focus on finding solutions to the complaints. ix. Consistency: Applying similar complaint management procedures as prescribed under these Guidelines.		iwezekanavyo, ukimjulisha mteja katika kila hatua. vi. Uwajibikaji: chukua jukumu la malalamiko na utatuzi wake. vii. Huruma: onesha huruma na uelewa kwa hali ya mlalamikaji. Tambua hisia na mafadhaiko yao. Wafanye wajisikie wanasikilizwa na kuthaminiwa. viii. Jali Mteja: daima weka kipaumbele maslahi na ustawi wa mlalamikaji. Kuzingatia kutafuta ufumbuzi wa malalamiko. ix. Uthabiti: tumia taratibu thabiti za kushughulikia malalamiko kama ilivyoainishwa katika Miongozo hii.
Eligible Complaints	8. The complaints eligible for submission to: A. Registrants' complaints desk: i. Complaint that is or has not been subject of Court or any quasi-judicial proceedings; ii. Complaint which is only against services or product of registrant; iii. Complaint in respect of incident, which occurred not more than three years.	Malalamiko Stahiki	8. Malalamiko yanayostahili kuwasilishwa kwa: A. Dawati la malalamiko la watoa huduma: i. Malalamiko ambayo hayapo mahakamani au hayajawasilishwa Mahakamani au kwenye Mabaraza yenye hadhi ya kimahakama; ii. Malalamiko ambayo ni dhidi ya huduma au bidhaa pekee ya mtoa huduma; iii. Malalamiko kuhusiana na tukio lililotokea si zaidi ya miaka mitatu iliyopita.

PART TWO: PRINCIPLES OF COMPLAINTS MANAGEMENT		SEHEMU YA PILI: KANUNI ZA KUSHUGHULIKIA MALALAMIKO	
	B. The Authority: i. Complaint against services or products of insurance regulated by the Authority; ii. complaint in respect of an incident which occurred not more than three years ago; iii. Complaint that is or has not been subject of Court or any quasi-judicial proceedings; iv. Complaint that relates to insurance claim that has not received any response from the registrant within the time stipulated under the provisions of these Guidelines; v. Complaint emanating from repudiation of the claim by an insurer; vi. Complaint that has been finally determined by the registrant to the dissatisfaction; vii. Any complaint that has been dealt with at registrant but not to the satisfaction of the complainant; and		B. Mamlaka: i. Malalamiko dhidi ya huduma au bidhaa za bima zinazosimamiwa na Mamlaka; ii. Malalamiko kuhusiana na tukio lililotokea si zaidi ya miaka mitatu iliyopita; iii. Malalamiko ambayo hayapo mahakamani au hayajawasilishwa Mahakamani au kwenye Mabaraza yenye hadhi ya kimahakama; iv. Malalamiko yanayohusiana na madai ya bima ambayo hayajapatiwa jibu lolote kutoka kwa mtoa huduma ndani ya muda uliowekwa kwenye Miongozo hii; v. Malalamiko yanayotokana na kukataliwa kwa madai ya bima; vi. Malalamiko ambayo yameshughulikiwa mtoa huduma hadi mwisho lakini mlalamikaji hajaridhika na uamuzi. vii. Malalamiko yoyote ambayo yameshughulikiwa na mtoa huduma kwa

PART TWO: PRINCIPLES OF COMPLAINTS MANAGEMENT		SEHEMU YA PILI: KANUNI ZA KUSHUGHULIKIA MALALAMIKO	
	viii. Any other complaints deemed genuine as the Authority may determine.		kiwango ambacho hakikumridhisha mlalamikaji; na viii. Malalamiko mengine yoyote yatakayoonekana kuwa ya kweli kama Mamlaka itakavyoona inafaa.

PART THREE: RESPONSIBILITIES		SEHEMU YA TATU: MAJUKUMU	
Responsibilities of Registrant	9. Every registrant shall: i. Manage complaints in a fair, timely, transparent and accountable manner; ii. Train staff responsible for complaint management desk; iii. Maintain complaint register; and iv. Submit quarterly report of complaints handled and any other information as shall be required by the Authority.	Wajibu wa Mtoa Huduma	9. Kila Mtoa huduma atatakiwa: i. kushughulikia malalamiko kwa haki, uwazi na uwajibikaji; ii. Atatakiwa kuwapa mafunzo maafisa wanaohusika na Dawati la Malalamiko; iii. Kutunza rejesta ya malalamiko; na iv. Kuwasilisha taarifa ya robo mwaka ya malalamiko yaliyoshughulikiwa na taarifa nyingine yoyote kama itakavyohitajika na Mamlaka.
Responsibilities of a complainant	10. Every complainant shall be required to:	Wajibu wa Mlalamikaji	10. Kila mlalamikaji atatakiwa:

PART THREE: RESPONSIBILITIES		SEHEMU YA TATU: MAJUKUMU	
	i. exhaust the registrant's internal complaints handling mechanism before lodging complaint with the Authority; ii. comply with the procedures for lodging of complaint set out in these Guidelines; iii. refrain from misrepresentation or concealment of facts surrounding the complaint; iv. provide relevant facts, information and documents to facilitate resolution of complaint; and v. provide any needed cooperation in complaint management process.		i. kutumia kikamilifu utaratibu wa ndani wa mtoa huduma kushughulikia malalamiko hayo kabla ya kuyawasilisha kwa Mamlaka; ii. kuzingatia taratibu za uwasilishaji wa malalamiko zilizoainishwa katika Miongozo hii; iii. kujiepusha kupotosha ukweli kuhusu malalamiko; iv. kutoa taarifa husika na nyaraka ili kuwezesha ushughulikiaji wa malalamiko; na v. kutoa ushirikiano wowote unaohitajika katika kushughulikia malalamiko.

PART FOUR: FORMATION OF COMPLAINTS DESK		SEHEMU YA NNE: UANZISHAJI WA DAWATI LA MALALAMIKO	
Formation	11. Every insurer shall form and maintain a Complaints Desk;	Kuanzishwa	11. Kila mtoa huduma atanzisha na kudumisha Dawati la Malalamiko;

PART FOUR: FORMATION OF COMPLAINTS DESK		SEHEMU YA NNE: UANZISHAJI WA DAWATI LA MALALAMIKO	
	i. Every insurer shall appoint a qualified officer with a minimum academic qualification of Bachelor Degree in Insurance, Social Protection or equivalent, Legal Practitioner or Medical Practitioner to head the Desk and such other officers as shall be deemed appropriate; ii. The Complaints Desk shall receive, review and determine complaints; and iii. Upon determination of the complaint, the Complaints Desk may advise the Chief Executive Officer of the registrant as the case may be, to review the decision or issue any other guidance as shall be appropriate including referring the complainant to the Authority.		i. Kila mtoa huduma atateua afisa atakayesimamia Dawati la Malalamiko mwenye angalau Shahada ya Bima, Hifadhi ya Jamii au mwenye sifa zinazolingana na hizo, Wakili au Mtabibu pamoja na maafisa wengine kama itakavyoonekana inafaa watakaounda Dawati la Malamiko; ii. Dawati la Malalamiko litapokea, kupitia na kuamua malalamiko; na iii. Baada ya kuamua malalamiko, Dawati la Malalamiko linaweza kumshauri Afisa Mtendaji Mkuu wa mtoa huduma kadiri itakavyokuwa, kupitia uamuzi au kutoa mwongozo wowote utakaofaa ikiwa ni pamoja na kumshauri Mlalamikaji kumpeleka malalamiko kwa Mamlaka.

PART FOUR: FORMATION OF COMPLAINTS DESK		SEHEMU YA NNE: UANZISHAJI WA DAWATI LA MALALAMIKO	
Functions of Complaints Desk	12. The Complaints Desk shall at minimum discharge the following functions: i. receiving and processing complaints efficiently; ii. maintaining Complaints Register; iii. keeping complainants posted on the status of their complaints on weekly basis; iv. resolving complaints in line with these Guidelines; v. informing the complainants of their right to lodge a complaint with the Authority, upon being dissatisfied with the determination given by the registrant; vi. making full disclosure of all relevant information of procedures of handling complaint; and vii. Branding and displaying signboards of the existence of the Complaints Desk in a conspicuous place at the registrant's premises and all other printable and electronic means available.	Majukumu ya Dawati la Malalamiko	12. Dawati la Malalamiko litatekeleza walau majukumu yafuatayo: i. kupokea na kushughulikia malalamiko kwa ufanisi; ii. kutunza Rejesta ya Malalamiko; iii. kuwajulisha walalamikaji hali halisi ya malalamiko yao kila wiki; iv. kutatua malalamiko kwa kuzingatia Miongozo hii; v. kuwajulisha walalamikaji haki yao ya kuwasilisha malalamiko kwa Mamlaka ikiwa hawakuridhishwa na uamuzi uliotolewa na mtoa huduma; vi. kutoa taarifa husika kwa uwazi juu ya utaratibu za kushughulikia malalamiko; na vii. Kuweka alama na chapa kwenye maeneo ya wazi juu ya uwepo wa Dawati la Malalamiko katika ofisi zake na njia nyinginezo zozote zinazoweza kuchapishwa na za kielektroniki zilizopo.

PART FIVE: COMPLAINTS MANAGEMENT PROCESS		SEHEMU YA TANO: MCHAKATO WA KUSHUGULIKIA MALALAMIKO	
Lodging of a complaint to the registrant	13. (1) The complainant may submit to the registrant a formal complaint in a prescribed format under Appendix 1, describing the nature and details of the complaint. (2) The complaint shall be submitted to the registrant's Complaints Desk in a manner prescribed under these Guidelines.	Uwasilishaji wa malalamiko kwa Mtoa huduma	13. (1) Mlalamikaji anaweza kuwasilisha malalamiko yake rasmi kupitia Kiambatisho 1 akitoa maelezo na asili ya malalamiko yake. (2) Malalamiko yatawasilishwa kwenye Dawati la Malalamiko la mtoa huduma kama ilivyowekwa katika Miongozo hii.
Processing of a complaint	14. (1) The registrant shall resolve a complaint within 14 working days from the date of receipt. (2) Where the Complaint is not resolved at the Complaints Desk, the same shall be escalated to the Chief Executive Officer for determination. (3) In case the complaint is not resolved by the registrant; the complainant may refer the complaint to the Commissioner (4) Under exceptional circumstances, where the registrant is unable to resolve the complaint within 14 days, she will notify the Commissioner who upon good cause	Ushughulikia ji wa Malalamiko.	14. (1) Mtoa huduma atataua Malalamiko ndani ya siku 14 za kazi kuanzia tarehe ya kupokelewa. (2) Iwapo Dawati la Malalamiko litashindwa kupata ufumbuzi, malalamiko yatawasilishwa kwa Afisa Mtendaji Mkuu kwa uamuzi. (3) Ikitokea malalamiko hayajatatuliwa na mtoa huduma; mlalamikaji anaweza kuwasilisha malalamiko yake kwa Kamishna. (4) Katika hali ya kipekee, ambapo mtoa huduma hawezi kutatua malalamiko ndani ya siku 14, atamjulisha Kamishna ambaye

PART FIVE: COMPLAINTS MANAGEMENT PROCESS		SEHEMU YA TANO: MCHAKATO WA KUSHUGULIKIA MALALAMIKO	
	being shown may extend the time for a period not exceeding 14 days. (5) Where the Commissioner is satisfied that the registrant had no satisfactory explanation or good cause, may refuse to grant extension of time with reasons, and shall further direct the registrant to resolve the complaint within a specified time frame.		baada ya kuridhika na sababu za msingi anaweza kuongeza muda usiozidi siku 14. (5) Pale ambapo Kamishna ataridhika kuwa mtoa huduma hana maelezo na sababu za msingi anaweza kukataa kuongeza muda kwa kutoa sababu na anaweza kuelekeza mtoa huduma kutatua malalamiko hayo ndani ya muda uliopangwa.
Lodging of a complaint to the Authority	15. (1) A Complainant may lodge a complaint with the Authority where: (2) has not received any response to his complaint filed with the registrant after lapse of 21 working days from the date of lodging; (3) is not satisfied with the decision or determination given by the registrant; or has been referred to the Authority by the registrant. (4) The complaint under sub-item (3) herein will be lodged with the	Uwasilishaji wa Malalamiko kwa Mamlaka	15. (1) Mlalamikaji anaweza kuwasilisha malalamiko kwa Mamlaka pale ambapo: (2) hajapokea jibu lolote la malalamiko yake yaliyowasilishwa kwa mtoa huduma baada ya kupita siku 21 za kazi tangu tarehe ya kuandikishwa; (3) hajaridhika na uamuzi uliotolewa na mtoa huduma; au ameshauriwa na Mtoa Huduma kufanya hivyo. (4) Malalamiko chini ya kipengele kidogo cha (3) yatawasilishwa kwa Mamlaka ndani ya siku 30 kuanzia tarehe ya

PART FIVE: COMPLAINTS MANAGEMENT PROCESS		SEHEMU YA TANO: MCHAKATO WA KUSHUGULIKIA MALALAMIKO	
	Authority within 30 days from the date of communication of the decision by the registrant to the complainant. (5) The Authority may, upon good cause entertain a complaint after lapse of the period referred to under sub-item (4). (6) The complaint may be lodged directly by the complainant or through an authorized representative. (7) The following modes may be used by the complainant in submission of complaints: - Letter; - e-mail; - The prescribed complaint form; - Website of the Authority; or - Any other means as shall be prescribed by the Authority from time to time. (8) All complaints to the Authority shall be addressed through the addresses		uamuzi wa mtoa huduma kuwasilishwa kwa mlalamikaji. (5) Mamlaka inaweza, kwa sababu za msingi, kusikiliza malalamiko yaliyowasilishwa kwake baada ya kupita kwa muda uliotajwa kwenye kipengele kidogo cha (4). (6) Malalamiko yanaweza kuwasilishwa moja kwa moja na mlalamikaji au kupitia mwakilishi aliyeidhinishwa. (7) Njia zifuatazo zinaweza kutumiwa na mlalamikaji katika kuwasilisha malalamiko: - Barua; - Barua pepe; - Fomu ya malalamiko iliyoandaliwa; - Tovuti ya Mamlaka; au - Njia nyingine yoyote kama itakavyowekwa na Mamlaka wakati wowote. (8) Malalamiko yote kwa Mamlaka

PART FIVE: COMPLAINTS MANAGEMENT PROCESS		SEHEMU YA TANO: MCHAKATO WA KUSHUGULIKIA MALALAMIKO	
	indicated under the enquiries part in these Guidelines.		yatawasilishwa kupitia anuani zilizooneshwa kwenye sehemu ya maulizo katika Miongozo hii.
Quarterly Report to the Authority	16. (1) Every insurer shall submit to the Authority, a quarterly report on complaints handled in line with the prescribed format. (2) The report referred under sub-item (1) shall be submitted within 30 days following the lapse of the relevant reporting quarter. (3) The registrant may be required to report on any suspected insurance malpractices.	Taarifa ya Kila Robo kwa Mamlaka	16. Kila mtoa huduma atawasilisha kwa Mamlaka, taarifa ya robo mwaka ya malalamiko yaliyoshughulikiwa kwa kufuata muundo uliowekwa. (2) Taarifa iliyotajwa kwenye kipengele kidogo cha (1) itawasilishwa ndani ya siku 30 baada ya robo mwaka husika kuisha. (3) Mtoa huduma anaweza kuhitajika kutoa taarifa yoyote juu ya ukiukwaji wowote wa wa bima.

PART SIX: GENERAL PROVISIONS		SEHEMU YA SITA: MASHARTI YA JUMLA	
Withdrawal of Complaint	17. A complainant may at any time withdraw his complaint in writing from the Registrant's Complaints Desk or the Authority, whereby the complaint shall be marked closed forthwith and the withdrawal shall become a bar to any subsequent complaint on the same matter.	Kuondolewa kwa Malalamiko	17. Mlalamikaji anaweza wakati wowote kuondoa malalamiko yake kwa maandishi kutoka kwenye Dawati la Malalamiko la Mtoa Huduma au Mamlaka, ambapo malalamiko yatachukuliwa kuwa yamefungwa mara moja na uondoaji huo utakuwa kizuizi kwa malalamiko yoyote juu ya suala hilo hilo.

PART SIX: GENERAL PROVISIONS		SEHEMU YA SITA: MASHARTI YA JUMLA	
Medium of Communication	18. The medium of communication in processing complaints shall be English or Kiswahili.	Lugha ya Mawasiliano	18. Lugha za mawasiliano kwa ajili ya kushughulikia na kutatua malalamiko zitakuwa ni Kiingereza au Kiswahili.
No Fees Charged	19. No fees shall be charged by the Registrant or the Authority for processing complaints.	Hakuna Ada Zinazotozwa	19. Hakutakuwa na ada itakayotozwa na Mtoa huduma au Mamlaka kwa ajili ya kushughulikia na kutatua malalamiko.
Duty of Confidentiality	20. (1) All complaints and accompanying documents lodged with the Registrant's Complaint Desk or the Authority shall be handled in confidential manner. (2) Except as may be otherwise provided by law, no member of staff of registrant's Complaints Desk shall divulge any information relating to the affairs of the complainant.	Wajibu wa Kutunza Siri	20. (1) Malalamiko na nyaraka zote zinazoambatana nayo zilizowasilishwa kwa Dawati la Malalamiko la Mtoa huduma au Mamlaka zitashughulikiwa kwa njia ya siri. (2) Isipokuwa pale itakapoelekezwa vinginevyo na sheria, hakuna mfanyakazi wa Dawati la Malalamiko la Mtoa huduma atakayetoa taarifa yoyote inayohusiana na mambo ya mlalamikaji.
e-complaint submission	21. (1) Every registrant shall establish an electronic means through which complainants may submit complaints. (2) A complaint submitted through the electronic means of the registrant shall be	Uwasilishaji wa malalamiko	21. (1) Kila mtoa huduma anapaswa kuanzisha utaratibu wa kielektroniki utakaotumiwa na walalamikaji kuwasilisha malalamiko yao. (2) Malalamiko yatakayowasilishwa kwa utaratibu wa kielektroniki wa mtoa huduma

PART SIX: GENERAL PROVISIONS		SEHEMU YA SITA: MASHARTI YA JUMLA	
	automatically copied to the Authority's systems.		yanakilishwe moja kwa moja kwa Mamlaka kupitia mifumo ya Mamlaka.

PART SEVEN: ENFORCEMENT		SEHEMU YA SABA: UTEKELEZAJI	
Remedial Measures	22. The Authority shall take appropriate regulatory or legal measures against any person or persons who contravene requirements provided herein as prescribed in the Act.	Utekelezaji	22. Mamlaka itachukua hatua zinazofaa za kisheria au za kiusimamizi dhidi ya kampuni za bima zitakazokiuka matakwa yaliyoelekezwa katika Miongozo hii kama ilivyoainishwa katika Sheria.
Review	23. These Guidelines may be reviewed by the Authority from time to time in accordance with the prevailing needs and circumstances of the market.	Mapitio	23. Mamlaka inaweza kufanya mapitio ya Miongozo hii wakati wowote ili kukidhi mabadiliko na mahitaji ya soko kwa wakati husika.
Effective Date	24. These Guidelines shall come into effect on 1 st of July, 2025.	Muda wa Kuanza Kutumika	24. Miongozo hii itanza kutumika tarehe 01 Julai, 2025.
Approval	25. Approved by:  Dr. Baghayo A Saqware COMMISSIONER OF INSURANCE	Idhini	25. Imeidhinishwa na:  Dkt. Baghayo A Saqware KAMISHNA WA BIMA

PART EIGHT: ENQUIRIES		SEHEMU YA NANE: MAULIZO	
Enquiries	Commissioner of Insurance Tanzania Insurance Regulatory Authority Headquarters Office PSSSF Building, 5th floor, Makole Street, P. O. Box 2987, Dodoma - Tanzania. Tel: +255(026)2321180 Fax: +255(026)2321180 Email: coi@tira.go.tz Website: www.tira.go.tz Dar es Salaam Office TIRA House, Mtendeni Street, P. O. Box 9892,	Maulizo	Kamishna wa Bima Mamlaka ya Usimamizi wa Bima Tanzania Makao Makuu Jengo la PSSSF, ghorofa ya 5, Mtaa wa Makole, S. L. P 2987, Dodoma - Tanzania. Simu: +255(026)2321180 Nukushi: +255(026)2321180 Barua pepe: coi@tira.go.tz Tovuti: www.tira.go.tz Ofisi ya Dar es Salaam Jengo la TIRA, Mtaa wa Mtendeni, S. L. P 9892,

PART EIGHT: ENQUIRIES		SEHEMU YA NANE: MAULIZO	
	Dar es Salaam – Tanzania Tel: +255(022)2132537/2116120/2116131 Email: coi@tira.go.tz Website: www.tira.go.tz Zanzibar Office TIRA House Kilimani Street, P. O. Box 133, Zanzibar -Tanzania Tel: +255 (024) 2237271 Fax: +255 (024) 2237272 Email: dcoi@tira.go.tz Website: www.tira.go.tz		Dar es Salaam – Tanzania Simu: +255(022)2132537/2116120/2116131 Barua pepe: coi@tira.go.tz Tovuti: www.tira.go.tz Ofisi ya Zanzibar Jengo la TIRA Mtaa wa Kilimani, S. L. P 133, Zanzibar -Tanzania Simu: +255 (024) 2237271 Nukushi: +255 (024) 2237272 Barua pepe: dcoi@tira.go.tz Tovuti: www.tira.go.tz

APPENDIX 1: COMPLAINT FORM



TANZANIA INSURANCE REGULATORY AUTHORITY COMPLAINT FORM

50. Names of the complainant: _____
51. Name of the Firm: _____
(if complaint being filed on Behalf of Company/Organization)
52. Address of the complainant: _____
53. Mobile/Telephone Number: _____
54. E-mail (if any): _____
55. Name of the Insurance company: _____
56. Name of the intermediary (if any): _____
57. Policy number/cover note number: _____
58. Date of Loss: _____
59. Submission Date: _____
60. Nature of Complaint: (Please tick (√))

S/n	Nature of Complaint	Tick (√)
1.	Delay in settling claim	
2.	Dissatisfaction with the quantum offered	
3.	Cancellation of Insurance policy	
4.	Non refund of premium	
5.	Repudiation of claims	
6.	Investigation and assessment of claims	
7.	Abusive language to customers	
8.	Non-Payment of Commission	
9.	Breach of Terms and Conditions of the Insurance Policy	
10.	Breach of conduct by the registrant	
11.	Failure to pay Executed Discharge Voucher within forty-five days	
12.	Noncompliance with determination order of TIO	

APPENDIX 2: COMPLAINT REGISTER

[NAME OF REGISTRANT AND LOGO]

COMPLAINT REGISTER FOR THE PERIOD ENDED [DD/MM/YYYY] (QUARTERLY)

S/N	DATE OF LOSS	DATE OF RECEIPT	NAME OF COMPLAINANT	NAME OF REGISTRANT	NATURE OF COMPLAINT	AMOUNT INVOLVED (IF ANY)	STATUS	REMARKS

SUMMARY:

Name of the Officer and Designation: _____

Complaints Received: _____

Settled Complaints: _____

Pending Complaints: _____

Referred to Authority: _____

SIGNATURE: _____ DATE: _____ / 20_____

KIAMBATISHO 1: FOMU YA MALALAMIKO



MAMLAKA YA USIMAMIZI WA BIMA TANZANIA FOMU YA MALALAMIKO

- i. Majina ya mlalamikaji: _____
- ii. Jina la kampuni: _____
(ikiwa malalamiko yanawasilishwa kwa Niaba ya Kampuni/Shirika)
- iii. Anwani ya mlalamikaji: _____
- iv. Nambari ya rununu/Simu: _____
- v. Barua pepe (kamaipo): _____
- vi. Jina la kampuni ya bima: _____
- vii. Jina la Dalali au Wakala wa bima (kama lipo): _____
- viii. Nambari ya hati ya bima: _____
- ix. Tarehe ya Tukio/Hasara: _____
- x. Tarehe ya kuwasilisha: _____
- xi. Asili ya Malalamiko: (Tafadhali weka tiki (✓))

S/n	Tabia ya Malalamiko	Weka alama (✓)
1.	Kuchelewa kusuluhisha madai	
2.	Kutoridhika na quantum inayotolewa	
3.	Kughairiwa kwa mkataba wa bima	
4.	Kutorejeshewa malipo	
5.	Kukataliwa kwa madai	
6.	Uchunguzi na tathmini ya madai	
7.	Lugha ya matusi kwa wateja	
8.	Kutolipa Tume	
9.	Ukiukaji wa Sheria na Masharti ya Mkataba wa bima	
10.	Ukiukaji wa maadili na msajili	
11.	Kushindwa kulipa hati ya madai ndani ya siku arobaini na tano	
12.	Kutofuata agizo la uamuzi la TIO	
13.	jambo lingine lolote linalohusiana na vitendo vya msajili	

xii. Nambari ya Madai (ikiwa ipo): _____

xiii. Maelezo ya malalamiko (pamoja na nakala za viambatisho):

xiv. Sahihi ya Mlalamikaji: _____

Kwa Matumizi ya Ofisi Pekee:

Jina na cheo: _____

Sahihi: _____

Tarehe: _____

Anwani: PSSSF HOUSE, Ghorofa ya 5, Mtaa wa Makole,

Sanduku la Posta 2987,

DODOMA- Tanzania

Simu: +255(022)21321180/0222135137

Faksi: +255(26)2321180

Barua pepe: coi@tira.go.tz

Tovuti: www.tira.go.tz

KIAMBATISHO 2: REJESTA YA MALALAMIKO

[JINA NA NEMBO YA MTOA TAARIFA]

MALALAMIKO YALIYOSAJILIWA KWA KIPINDI KILICHOISHIA [DD/MM/YYYY] (KILA ROBO)

S/N	TAREHE YA JANGA/TUKIO	TAREHE YA KUPOKEA	JINA LA MLALAMIKAJI	JINA LA MLALAMIKIWA	AINA YA MALALAMIKO	KIASI KINACHOHUSIKA (KAMA KIPO)	HATUA ILİYOFIKIWA	MAELEZO

MUHTASARI:

Jina la Afisa na Cheo: _____

Malalamiko Yaliyopokelewa: _____

Malalamiko Yaliyotatuliwa: _____

Malalamiko Yanayoendelea: _____

Yaliyowasilishwa Mamlaka: _____

Saini: _____ Tarehe: ____/____/____

APPENDIX 3: A SAMPLE CALL FOR A MEETING (RESPONSE)

(Address of the Registrant)

Ref. No.....

Date.....

(Commissioner's Address).

Re: **CALL FOR A MEETING WITH THE COMMISSIONER**

The captioned subject matter refers and your letter dated.....with reference number.....

26. We confirm receipt of a letter inviting the Chief Executive Officer or his authorized representative to a meeting with the Commissioner and that we will attend.
27. However, the Chief Executive Officer will not be able to attend the meeting in person due to having official duties outside the country (or any other reason) on the scheduled date. (This is in case of the CEO being not able to attend in person).

28. **We are requesting to be represented by (name and designated of the representative) who has been duly authorized to act with full mandate on behalf of the company and all deliberations and decisions from that meeting will be binding upon the company as if the Chief Executive Officer attended in person.**
29. Thank you for continued cooperation.

Signature of the CEO/Person signing on behalf
(Name and Designation).

KIAMBATISHO 3: KIOLEZO CHA WITO WA KUKUTANA NA KAMISHNA (MAJIBU)

(Anwani ya Mtoa huduma aliyesajiliwa)

Kumbukumbu Na.....

Tarehe.....

(Anwani ya Kamishna).

Kuh: **WITO WA MKUTANO NA KAMISHNA WA BIMA**

Tafadhali rejea mada tajwa na barua ya tarehe.....yenye kumbukumbu namba.....

2. Tunakiri kupokea barua ya mwaliko wa Afisa Mtendaji Mkuu wa kampuni au mwakilishi wake kuhudhuria mkutano ulioitishwa na Kamishna na kwamba tutahudhuria.
3. Hata hivyo, Afisa Mtendaji Mkuu hataweza kuhudhuria mkutano kwa tarehe iliyopangwa kutokana na kuwa na majukumu nje ya nje (hiyo kama CEO atakuwa hawezi kuhudhuria)
4. Tunaomba kuwakilishwa na (jina na cheo cha mwakilishi) ambaye amechaguliwa kuiwakilisha kampuni na amepewa mamlaka kamili ya kufanya majadiliano na kuamua kwa niaba ya kampuni na chochote kitakachoamuliwa na mkutano huo kitaiwajibisha kampuni kama vile Afisa Mtendaji Mkuu alihudhuria mwenyewe.
5. Tunakushukuru kwa ushirikiano.

Saini ya CEO/Mwakilishi
(Jina na Cheo)