



## INSURANCE REGULATORY AUTHORITY

### COMPLAINTS FORM

The Insurance Regulatory Authority has a mandate to protect the interests of policy holders. The Authority therefore takes complaints seriously and has developed an internal procedure for handling complaints. Please use this form to tell us about your complaint so we can be able to help you. If you're not sure about anything or have any difficulties filling in this form, you can get in touch with us by phone or email. This form can also be downloaded from our website [www.ira.o.ke](http://www.ira.o.ke).

#### 1. First, please give us information about yourself

Surname		Occupation	
Other name(s)		Date of birth	
Contact Address		Telephone	
Email		Mobile phone	

#### 2. Details of the registered member you are complaining against

Name	
Address (include postcode)	
Their phone number	

#### 3. If the complaint is against an insurance company, then provide the following details

Type of Policy		Policy No.		Claim No	
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#### 4. Time limits may apply to your complaint – so we need to know the following dates

	day	month	year
i. When did the dissatisfaction that you are complaining about take place?			
ii. When did you first complain to the registered member about it?			

#### 5. A few more questions

- i. When did you get the final word on the complaint? *Please enclose a copy of the last letter you received from the business/individual.*
- ii. Has there been any court action relating to your complaint (or is any planned)? iv. \*YES  NO
- iii. \* If YES, please enclose copies of relevant paperwork.

## 6. Particulars of the complaint

## 7. Make sure you have ...

- i. given us any other details **that you think will help us understand your complaint**
- ii. enclosed copies of relevant documents

- What do you want the Insurance member you're complaining about to do, to put things right for you?

## 8. Finally, please read and sign this declaration

I would like the Insurance Regulatory Authority to consider my complaint. I confirm that all the information I have given you is true and accurate to the best of my knowledge.

I understand that:

- i. you will need to handle personal details about me which could include sensitive information in order to deal with my complaint effectively;
- ii. you may need to exchange information about my complaint with the Insurance Company I have complained about and any other relevant organisations;
- iii. you may publish examples of where things can go wrong, based on real cases, but you will always respect my privacy and keep my personal information confidential.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### *Our contact address:*

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