



Plot 6, Lumumba Avenue, Kampala.
Telephone: +256-417-425-500/ +256 393 266 364 / 0800 124 124
P.O Box 22855 Kampala - Uganda
E-mail: ira@ira.go.ug
<http://www.ira.go.ug>

THE INSURANCE COMPLAINTS BUREAU GUIDELINES, 2022

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ARRANGEMENT OF GUIDELINES

Guidelines

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THE INSURANCE COMPLAINTS BUREAU GUIDELINES, 2022.
(Guidelines to repeal the Insurance Complaints Bureau Guidelines 2017, to cater for changes introduced by the Insurance Act 2017 following repeal of the Insurance Act Cap.213; and provide for emerging issues and adoption to technology)

PART I – PRELIMINARY

1. CITATION AND COMMENCEMENT

These Guidelines may be cited as The Insurance Complaints Bureau Guidelines, 2022 and shall come into force on the 2nd day of February 2022.

2. INTERPRETATION

(1) In these Guidelines, unless the context otherwise requires –

“Complaint” means a statement of dissatisfaction addressed to the Chief Executive Officer of the Authority relating to the service offered or failed to be offered as agreed; a product offered for sale or withheld from sale; or the conduct of a licensee.

“Complainant” means a person who has lodged a complaint with the Authority and includes a Prospect, Policyholder, beneficiary, injured third party.

“Act” means the Insurance Act No. 6 of 2017.

“Authority” means the Insurance Regulatory Authority of Uganda.

“Licensee” means a person who holds any licence or authorisation issued under the Act.

(2) Terms and expressions used in these Guidelines and not defined shall have the same meaning ascribed to them in the Act.

3. PREAMBLE

Section 15 (2) (e) and (f) of the Insurance Act, Cap. 213 as amended mandated the Authority to receive complaints from the public on the conduct of a licensee and to resolve them in order to safeguard the rights of policyholders and beneficiaries to any insurance contract. The Insurance Complaints Bureau Guidelines, 2017 were therefore established to provide for an effective complaint handling process in the exercise of that function.

The Insurance Act Cap. 213 has however been repealed by the Insurance Act No. 6 of 2017. Section 12 (1) (j) and (k) of the Act, mandates the Insurance Regulatory Authority of Uganda, inter alia, to:

(a) receive and resolve insurance related complaints;

- (b) receive complaints from members of the public on the conduct of a person licensed under this Act and arbitrate and grant restitution to the complainant, as may be possible.

This has necessitated the revision and replacement of the Insurance Complaints Bureau Guidelines 2017 by The Insurance Complaints Bureau Guidelines 2022 in order to cater for the changes in the Insurance Regulatory framework while also providing for other emerging issues like adoption to technology.

4. OBJECTIVE OF THE GUIDELINE

The objective of these guidelines is to provide for an effective complaints handling process / system which;

- (a) resolves issues raised by members of the public against an insurance player in a timely and cost effective way;
- (b) may provide information that may lead to improvements in insurance service delivery; and
- (c) improve the reputation of the Authority and strengthen the public confidence in insurance.

The guidelines have been issued by the Authority generally for giving effect to Section 12 (1) (j) and (k) of the Insurance Act, and for providing for the minimum criteria for handling of complaints while embracing technology.

5. SCOPE OF THE GUIDELINES

These guidelines shall apply to every licensee or person regulated by the authority and members of the public with any insurance related complaints / problem or complaint on the conduct of a person licensed under the Act.

PART II - THE COMPLAINTS PROCESS

6. WHO CAN LODGE A COMPLAINT

- (1) Any affected person including the following persons can lodge a complaint:
 - (a) A prospect;
 - (b) A policyholder;
 - (c) An Administrator of an Estate / or authorised person;
 - (d) A third party;
 - (e) A Broker;
 - (f) An Advocate on behalf of the insured, prospective or beneficiary, etc;
 - (g) Beneficiaries of an insurance Policy;
 - (h) Members of the industry licensed / registered with the Authority;
 - (i) Insurance service providers.

7. WHOM CAN THE COMPLAINT BE LODGED AGAINST

A complaint may be lodged with the Authority against any party licensed authorised or regulated by the Authority and includes Insurers, Reinsurers, Insurance Brokers, re insurance Brokers, Health Management Organisation, Loss Assessors, Loss Adjusters, Bancassurance Agents, Insurance Agents.

8. NATURE OF THE COMPLAINT

- (1) Complaints may involve a disagreement concerning:
 - (a) liability under policies issued;
 - (b) amount offered for settlement;
 - (c) breach of conduct by the licensee;
 - (d) any other matter related to the actions of a licensee.

9. COMPLAINTS OUTSIDE THE SCOPE OF THE AUTHORITY

- (1) Where the Authority receives a complaint about;
 - (a) activities other than those regulated activities under the Act; or
 - (b) activities of another person for which the Authority has no legal regulatory responsibility, these Guidelines do not apply.
- (2) The Authority may respond where it receives a complaint outside its scope by possibly explaining its position on the complaint; and, or where appropriate giving possible details of the Institution responsible for handling such a complaint.

10. LODGING OF COMPLAINTS

- (1) A complaint may be lodged with the Authority at no charge/ cost/fee through;
 - (a) a written letter addressed to the Chief Executive Officer of the Authority;
 - (b) email to ira@ira.go.ug or any other designated email address of the Authority;
 - (c) the Complaints Bureau system accessible on the Authority website i.e. www.ira.go.ug ;
 - (d) the toll free line 0800 124 124 or any other designated telephone number; or an oral statement that is reduced into writing by the Authority's officers in exceptional cases;
 - (e) by filling in Annexure 1 and submitting the form to the Authority;
 - (f) any other form of official communication permitted under the law and acceptable to the Authority.
- (2) Complaints that are physically delivered to the Authority's office may be promptly acknowledged by the front desk officer or any other designated officer of the Authority by affixing a stamp and signature on the complaint.

11. NOTIFICATION OF AND RESPONSE TO THE COMPLAINT

- (1) The Chief Executive Officer of the Authority will on receipt of the complaint forward it to the Complaints Bureau where a reference Number and complaint file shall be prepared.

- (2) The Complaints Bureau shall within 5 working days on receipt of the complaint, notify a party complained about, of the complaint and its contents.
- (3) A party complained about shall within 5 working days from the date of receipt of the complaint, make a response to the Complaints Bureau including attachment of all the necessary documents such as the policy, investigation report, etc and also avail a copy to the complainant.
- (4) The complainant is at liberty to make a rejoinder within 2 working days from the date of receipt of a response in (3) above.

12. APPEARANCE OF THE PARTIES

- (1) Where the Complaints Bureau, decides to conduct a hearing, and where on the date set down for hearing –
 - (a) the complainant or their representative appears and the licensee fails to appear, the hearing of the matter may proceed and be determined in the absence of the licensee;
 - (b) the licensee appears but the complainant or their representative fails to appear, the hearing may be dismissed or determined in the absence of the complainant or their representative;
 - (c) if both parties fail to appear, the complaint may be dismissed or determined in the absence of the parties.
- (2) Where a complainant or their representative is absent from the hearing of the complaint on two consecutive occasions, the Complaints Bureau shall dismiss the complaint.

13. ASSESSEMENT OF COMPLAINT AND PRELIMINARY ACTIONS

- (1) The Complaints Bureau shall on receipt of the complaint, the response or any information related to the complaint review the file and based on the available facts;
 - (a) dismiss the complaint and close the file upon a finding of no merit;
 - (b) schedule a hearing if the matter warrants an inquiry;
 - (c) request for better particulars if the availed information is insufficient; or
 - (d) issue any directive to the parties in the interim.
- (2) The Complaints Bureau shall give reasons for dismissal of the complaint in 1(a).
- (3) All parties may be kept informed of any action taken by the Complaints Bureau in 13(1).

14. PROCEDURE FOR HEARING OF COMPLAINTS

- (1) On the finding that the complaint warrants a hearing, the Authority shall schedule a meeting between the parties within 14 working days from the date of filing of the complaint and notify the parties of the said hearing.
- (2) The Parties shall appear before the Complaints Bureau and during the hearing agree on the issues for determination and the kind of resolution / remedy that they seek from the Complaints Bureau.
- (3) The parties shall be given an opportunity to present their position, avail additional reports and rebut any allegation during the hearing of the complaint and shall communicate in a language agreed to by the Complaints Bureau.
- (4) The Complaints Bureau shall first hear the complainant's case and their witnesses followed by the response by the party complained about and their witness.
- (5) Either party has the right to cross-examine the other party or the witnesses of the other on closure of their evidence or as the Complaints Bureau shall direct.
- (6) The Complaints Bureau may, put questions to any party and may, at its discretion, call additional evidence as may be necessary to provide further clarification of the issues raised during the hearing.
- (7) The Parties may after the cross-examination and re-examination, where necessary make oral or written submissions as determined by the Complaints Bureau.

15. HANDLING COMPLAINTS

- (1) All complaints shall be handled on merit, in an equitable, objective and unbiased manner and any conflict of interest shall be declared.
- (2) The Authority may make a decision based on the available information where information on a particular matter is requested for and not received within a stipulated time.
- (3) All complaints received shall be addressed and handled promptly within the following timelines:

ITEM		TIMELINE
1.	Acknowledgement of documents	Immediately upon service.
2.	Action by inviting a response	Within 5 (five) working days from the date of receipt.
3.	Complaints which can be resolved quickly	Within 2 (two) working days from the date of receipt.

4.	Period within which the Person licensed under the Act complained against is to respond.	5 (Five) working days from the date of receipt of the Authority letter.
5.	Writing the ruling	2 (two) months from the date of conclusion of the hearing.

- (4) In exceptional cases, where a ruling cannot be provided within the expected time limit, the Authority shall inform the parties about the cause of delay and indicate when the ruling shall be given.

16. DECISIONS OF THE COMPLAINTS BUREAU

- (1) In the event that the parties fail to reach a mutual understanding, the Complaints' Bureau shall following closure of the hearing and submission of the parties make a decision / ruling.
- (2) The decision / ruling must indicate the key information of the witnesses and parties relayed during the hearing, relevant facts, conclusions, and findings and where necessary recommendations and actions to improve the player complained against.
- (3) The Complaints Bureau shall notify any party aggrieved of the decision of the right to appeal.
- (4) All Responses and outcomes of complaints shall be recorded, filed and reported on.
- (5) All Remedies and proposed improvements to practices shall be followed up by the Authority and acted upon by the licensee to improve practices of the licensee complained against.

17. CONFIDENTIALITY

The personal information of the complainant and any person who is the subject of a complaint shall be kept confidential and only used for purposes of following up the complaint and any other duly authorised actions.

18. INVESTIGATIONS

- (1) The Authority may through The Insurance Fraud Investigation Unit, or otherwise investigate claims, or participate in any activity requiring investigation to ascertain better and further particulars.
- (2) The cost of any investigation if deemed necessary, shall be borne as agreed by the parties or as determined by the Complaints Bureau.

- (3) Expert opinions may at times be sought from the pertinent experts in insurance or other fields by the Complaints Bureau, at a cost to be borne as agreed by the parties or as determined by the Complaints Bureau.
- (4) The Authority may stay or terminate an investigation or proceeding if the matter giving rise to a formal complaint is the subject of a criminal investigation, criminal prosecution or civil litigation.

19. REMEDIES AVAILABLE TO THE PARTIES BY THE COMPLAINTS BUREAU

- (1) After the hearing, the Complaints Bureau may take actions pursuant to any remedies specified in section 146 of the Insurance Act or any other action which may include, inter alia;
 - (a) a cautionary letter;
 - (b) a decision / ruling on any technical insurance matter;
 - (c) any other remedy that it deems fit.

20. REVIEW OF COMPLAINTS BUREAU DECISION

- (1) The Complaints Bureau may on its own motion or by application of a party, only review its decision within one month from the date, the decision is communicated, on the following premise;
 - (a) account of some mistake or error in fact or law apparent on the face of the record; or
 - (b) discovery of new or material evidence which after the exercise of due diligence was not within the knowledge of, or could not be produced by a party by the time when the decision was made.

21. FILING OF APPEALS

A person who is aggrieved by the decision of the Complaints Bureau / Authority may within one month from the date, the decision is communicated by the Authority, appeal against the decision.

PART III - THE COMPLAINTS BUREAU

22. COMPOSITION OF THE COMPLAINTS BUREAU

- (1) The Complaints Bureau shall consist of the following persons appointed by the Chief Executive Officer of the Authority:
 - (a) A Chairperson;
 - (b) A Deputy Chairperson;
 - (c) A Secretary;
 - (d) Any other person so designated.
- (2) The quorum of the Complaints Bureau at any hearing shall be three people.

- (3) The Complaints Bureau may at any one time invite any number of persons to act as consultants or advisors at any of its meetings.

23. OBLIGATIONS OF THE COMPLAINTS BUREAU

- (1) The Complaints Bureau shall be obligated to ensure:
- (a) that the hearing process shall be explained to the parties and the complaint hearing shall be in a clear, plain language which can be easily understood.
 - (b) that the parties are regularly informed about progression of the complaint.
 - (c) that proceeding of the hearing including evidence of the parties and the witnesses shall be recorded.
 - (d) that it cooperates with any licensee to ensure prosecution of any person involved in any fraudulent complaint brought to the Complaints Bureau.

24. THE COMPLAINTS BUREAU GUIDING PRINCIPLES

- (1) The Complaints Bureau may mediate the disputing parties by facilitating communication and assisting them in reaching a mutually agreed resolution of the complaint.
- (2) The Complaints Bureau during the handling of complaints shall be guided by the principle that:
- (a) the object of the hearing is to provide a fair resolution of the dispute as an impartial body without undue delay or expense;
 - (b) the parties should be free to agree how their dispute is resolved, subject only to such safeguards as are necessary in the public interest;
 - (c) the Complaints Bureau may not strictly observe the rules of evidence during the hearing.

PART IV - OBLIGATIONS OF THE PARTIES

25. OBLIGATIONS OF THE COMPLAINANT

- (1) The Complainant shall be obligated to ensure that:
- (a) all material evidence to the complaint is disclosed to the Complaints Bureau.
 - (b) all the information disclosed is truthful and the claim not fraudulent.
 - (c) there is full observance of the Complaints Bureau time lines, directives and these guidelines.
 - (d) they cooperate with the Complaints Bureau up to conclusion of the case.
- (2) A complainant may officially complain to the licensee prior to lodging a formal complaint with the Complaints Bureau.

26. OBLIGATIONS OF THE LICENSEE

- (1) The Licensee shall be obligated to ensure that:
- (a) there is full disclosure of conclusive material information to the Complaints Bureau.

- (b) there is full observance of the Complaints Bureau time lines, directives and these guidelines.
 - (c) they cooperate with the Complaints Bureau up to conclusion of the case.
 - (d) they shall ensure the prosecution of any person found liable by the Complaints Bureau should a claim be found fraudulent.
- (2) A licensee shall within 5 (five) days from the end of every month report to the Complaints Bureau on the status and progression of every complaint registered with the Complaints Bureau using the prescribed form marked Annexure 2.
 - (3) A licensee shall setup and maintain a complaints desk and avail the contacts of the designated person running such a facility to the Authority.
 - (4) All complaints internally handled by the licensee using their consumer protection framework shall be handled and concluded within 14 (fourteen) working days from the date of lodgement.
 - (5) A licensee shall within 5 (five) days from the end of every month report to the Complaints Bureau on the status and progression of every complaint registered and managed by its complaints desk using the prescribed form marked Annexure 3.

PART IV - GENERAL PROVISIONS

27. REPRESENTATION OF THE PARTIES

- (1) The appointment of a complainant's representative shall be in writing.
- (2) A person who represents a party licensed, authorised or regulated by the Authority (i.e. Insurers, Re insurers, Bancassurance Agents, Insurance Brokers, re insurance Brokers, Health Management Organisation, Loss Assessors, Loss Adjusters etc.) must have authority to make binding decisions on behalf of the licensee.
- (3) Any representative so appointed shall be deemed to have full representation of the appointing party and their representation or decisions shall be deemed binding.

28. COMPLAINTS MEETINGS WITH LICENSEES

- (1) There shall be quarterly meeting with licensees (insurance players) where evidence must be shown that attempts have been made to resolve all complaints.
- (2) The Chief Executive Officer of a licensee that has 5 (five) or more unresolved complaints registered with the Complaints Bureau at any one time, shall

immediately be summoned and answerable to the Complaints Bureau on immediate remedial actions to be taken.

- (3) Recurrent complaints of a similar nature or multiple complaints against a licensee shall be brought to the attention of the Chief Executive Officer of the Authority for further action.

29. ADJOURNMENTS

- (1) A request for an adjournment shall not be granted unless there are sufficient reasons for an adjournment to be granted.
- (2) A request for an adjournment shall be made in writing to the Authority and shall be received no later than 74 hours before the date and time of the hearing.

30. FRAUDULENT CLAIMS

- (1) A licensee shall at the earliest opportunity disclose to the Complaints Bureau any alleged fraudulent claim and their basis / reasons / justifications as such.
- (2) Any party whose actions or omissions have facilitated the procuring of a fraudulent claim shall be liable for both civil and criminal prosecution.

31. ADOPTION AND INTERGRATION OF ICT

The Authority shall as much as possible adopt and integrate use of information communications technology in the complaints management process through among others, e filing and service, exchange of documents, video and audio conferencing, recording and transcribing.

32. REVIEW OF THE GUIDELINES

These Guidelines shall be reviewed by the Authority at least once every three years.

Insurance Regulatory Authority of Uganda (IRAU)
Plot 6, Lumumba Avenue, Kampala P.O. Box 22855 Kampala
Toll free line 0800 124 124;
Email: ira@ira.go.ug
Web: www.ira.go.ug

COMPLAINT FORM

(Section 12(1) (j) and (k) of the Insurance Act)

PART I. COMPLAINANT PARTICULARS

1. Name
2. Gender (Tick applicable) ☐ Male ☐ Female
3. Residential Address (LC, Zone, Town, District).....
4. Contacts: Mobile No. Email.
5. Complainant status:

☐ Prospect	☐ Policyholder	☐ Policy Beneficiary
☐ Third Party	☐ Others (Specify)	

PART II. COMPLAINT INFORMATION

6. Name of insurance player /product provider
7. Name of / type of product
8. Policy No.
9. Details of what the complaint is about: (Attach additional pages if necessary & supporting documents)
.....
.....
.....
.....
10. What the complainant would like the Authority to do.
.....
.....

PART III. CERTIFICATION BY COMPLAINANT

11. I hereby declare /affirm to the best of my knowledge and belief that the information provided is true and accurate to the best of my knowledge and belief and that I have hereunder set my hand in confirmation /affirmation.

.....
SIGNATURE OF COMPLAINANT

.....
DATE

FOR OFFICIAL USE

12. Authority staff that received Complaint: Signature & Date.....
13. Authority Complaints Bureau staff that received complaint.....Signature.....
14. Date Complaint is officially registered with the Complaints Bureau

**This form is to be filled in duplicate and the complainant given their copy on receipt and signature by an Authority staff.*

**The Complainants' Mobile contact MUST be filled in and available during working hours for follow-up purposes.*

ANNEXTURE 2

RETURN ON COMPLAINTS MANAGED BY THE INSURANCE COMPLAINTS BUREAU

Company: _____

No.	DATE (registered on the system)	CODE (complaint reference)	COMPLAINANT (Name)	LICENSEE (Insurer, HMO, etc.)	Policy / Policy No.	Complaint	Assigned officer	Action taken	Status
1.									
2.									
3.									
4.									

Principal Officer / Authorised person Name & Signature _____

Company Stamp _____

ANNEXTURE 3**RETURN ON COMPLAINTS INTERNALLY MANAGED BY COMPLAINTS DESK**

Company: _____

No.	COMPLAINANT (Names)	Policy / Policy No.	Complaint	Complaint Registration date	Action taken	Status
1.						
2.						
3.						
4.						

Principal Officer / Authorised person Name & Signature _____

Company Stamp _____