



**Job Ref. No: JLIL 408**

**Position: Claims Officer**

---

Jubilee Insurance was established in August 1937, as the first locally incorporated Insurance Company based in Mombasa. Jubilee Insurance has spread its sphere of influence throughout the region to become the largest Composite insurer in East Africa, handling Life, Pensions, General and Medical Insurance. Today, Jubilee is the number one insurer in East Africa with over 1.9 million clients. Jubilee Insurance has a network of offices in Kenya, Uganda, Tanzania, Burundi, and Mauritius. It is the only ISO certified insurance group listed on the three East Africa stock exchanges – The Nairobi Securities Exchange (NSE), Dar es Salaam Stock Exchange and Uganda Securities Exchange. Its regional offices are highly rated on leadership, quality and risk management and have been awarded an AA- in Kenya and Uganda, and an A+ in Tanzania. For more information, visit [www.JubileeInsurance.com](http://www.JubileeInsurance.com).

We currently have an exciting career opportunity for a **Claims Officer** within **Jubilee Life Insurance Limited**. The position holder will report to the **Team Leader- Corporate Claims** and will be based at our Head Office in Nairobi.

---

### **Role Purpose**

The role holder will be responsible for processing and administering corporate claims in an accurate, timely and efficient manner while ensuring compliance with policy provisions, regulatory requirements, and internal procedures. The role supports the delivery of quality claims service by handling claims registration, assessment, documentation review, customer communication, and settlement processing within agreed service level agreements. The role holder will also support customer experience initiatives through effective engagement with corporate clients, brokers, beneficiaries, and internal stakeholders while maintaining high standards of operational efficiency, accuracy, and compliance.

### **Main Responsibilities**

#### **1. Strategy**

- Support implementation of the corporate claims strategy through efficient execution of day-to-day claims operations.
- Contribute to continuous improvement initiatives aimed at enhancing claims processes, turnaround times, and customer experience.
- Provide feedback and operational insights on claims trends, challenges, and service improvement opportunities.

#### **2. Operational**

- Process end-to-end corporate claims, including claim registration, assessment, verification, adjudication and settlement within defined turnaround times.
- Review claims documentation to ensure completeness, accuracy, and compliance with policy terms and conditions.
- Verify claims eligibility and assess claims in line with delegated authority limits and company guidelines.
- Escalate complex, suspicious, or high-value claims to the Team Leader or Manager where necessary.
- Maintain accurate and updated claims records within the system and ensure proper filing of supporting documentation.
- Follow up on outstanding requirements with clients, brokers, medical providers, and other stakeholders to facilitate timely claims resolution.
- Prepare claims correspondence and communicate claim decisions, requirements, and updates to stakeholders professionally and promptly.
- Support reconciliation and payment processing by coordinating with finance and other relevant departments.
- Monitor and manage individual claims workload to ensure adherence to service level agreements and operational targets.
- Assist in preparation of claims reports, statistics, and operational updates as required.

### **3. Claims Quality & Risk Management**

- Ensure claims are processed in accordance with policy provisions, underwriting guidelines, and regulatory requirements.
- Maintain high levels of accuracy and quality in claims assessment and documentation.
- Identify and escalate suspicious or potentially fraudulent claims for further investigation.
- Adhere to internal controls, risk management frameworks, and operational procedures within the claims process.
- Support implementation of corrective actions arising from audits, quality reviews, or compliance assessments.

### **4. Customer Experience**

- Provide timely, professional, and empathetic support to corporate clients, brokers, beneficiaries, and other stakeholders.
- Respond to claims inquiries, complaints, and follow-ups within defined timelines.
- Maintain regular communication with stakeholders regarding claims progress and outstanding requirements.
- Support initiatives aimed at improving customer satisfaction and strengthening service delivery standards.

### **5. Corporate Governance**

- Ensure compliance with all applicable regulatory, statutory, and internal policies governing claims management.
- Maintain proper claims documentation and audit trails for all processed claims.
- Adhere to company policies, procedures, and risk management requirements.
- Support internal and external audit processes by providing required documentation and information.

### **6. People & Culture**

- Cross-Functional Collaboration: Actively participate in cross-functional project teams to drive collaboration, innovation, and accountability across departments and the Group.
- Employee Collaboration Index: Participate in a minimum of 2 company projects per year with an 80% success rate and engage in at least 1 Group-wide project per year.
- Skills and Competency Development Index: 100% compliance with your training plan annually to support personal and professional growth, ensuring alignment with career paths and future challenges.
- Cultural Alignment Index (CAI): Attain the Company's CAI target score by embedding Jubilee's values (e.g., innovation, teamwork, excellence) into project execution and team dynamics.
- Conflict Resolution: Address interpersonal or project-related conflicts constructively, maintaining team morale and focus on shared goals.
- Resource Advocacy: Communicate needs (e.g., tools, training, support) to supervisors to ensure personal and team success.

### **Key Competencies**

- Customer Centricity – Ability to provide quality service and effectively manage stakeholder expectations.
- Analytical & Problem-Solving Skills – Ability to assess claims, identify issues, and recommend solutions.
- Attention to Detail – High level of accuracy in claims review and documentation.
- Risk & Compliance Awareness – Understanding of operational controls and regulatory requirements.
- Communication & Interpersonal Skills – Ability to communicate effectively with internal and external stakeholders.
- Time Management & Organization – Ability to manage workload efficiently and meet deadlines.
- Teamwork & Collaboration – Ability to work collaboratively across departments and support team objectives.
- Professionalism & Integrity – Ability to handle confidential information responsibly and ethically.

### **Academic Background & Relevant Qualifications**

- Bachelor's Degree in Insurance, Business Administration, Finance, or related field
- Diploma in Insurance
- Professional qualification (LOMA, CII, IIK)
- Minimum of 2–3 years of experience in insurance claims administration, preferably within Group Life.
- Experience in claims assessment, documentation review and claims processing.
- Exposure to customer service and stakeholder engagement within an insurance environment.
- Experience in handling claims queries, follow-ups and escalations.
- Familiarity with claims quality assurance, compliance and operational controls is an added advantage.

**If you are qualified and seeking an exciting new challenge, please apply via  
[Recruitment@jubileekenya.com](mailto:Recruitment@jubileekenya.com)  
quoting the Job Reference Number and Position by 25<sup>th</sup> May 2026.  
Only shortlisted candidates will be contacted.**