fidelra.africa@fidelra.ai
fidelra.ai
linkedin.com/company/fidelra

NAIROBI CITY TWIN / INSURANCE

Insurance

Domain Guide

Start with the published policy sample, then review the documented relationships between coverage, residents and claims.

City	Nairobi
Coverage	Public sample available
List price	$4,995 USD - standalone domain
Guide edition	Striped Donkey V5.89 - 7 September 2026

Use this guide

Read the documented coverage and limitations alongside the published sample and release evidence. Model counts and sample distributions describe their stated source and period. The final accepted order specifies licensed scope, usage rights, duration and delivery.

Useful questions

- Compare policy coverage types
- Inspect start years and policy status
- Check which claim relationships are documented

Scope and limitations

Two concurrent employer-provided policies for the same citizen (e.g. from concurrent formal employment at two employers) is a real, disclosed gap - deliberately deferred rather than silently forbidden by an overly broad rule. This is a known and disclosed limitation, not a hidden one.

Employer-sponsored coverage is represented conceptually. This page does not claim a confirmed, verified direct read from Employment's Contract rows into Coverage - that specific cross-domain link has not been confirmed in the data model.

Synthetic citizens and coverage records are not real people and carry no real personally identifiable information. This page makes no claims about compliance frameworks for handling real policyholder data.

Beneficiary and accident-line checks are city-extension checks that are not active in the Nairobi release. They correctly report N/A when the corresponding extension or prerequisite context is absent; N/A is a scoped result, not a hidden certification failure.

Inside this guide

01 How Insurance fits the City Twin.

02 Known and possible relationships.

03 What Insurance actually models - and where it stops.

04 One citizen. Multiple protections. One connected life.

05 Two genuinely different insurance systems, not one template twice.

06 From a company to a citizen's claim history.

07 Does synthetic coverage resemble real insurance relationships?

08 Synthetic coverage is not a real policyholder registry.

09 Risk becomes coverage.

01 How Insurance fits the City Twin.

One citizen. Multiple protections. One connected life. FCTE tracks every synthetic citizen's insurance relationships as concurrent, real coverage - a government SHA policy and an employer's private plan, active at the same time, on the same person - because that's how real Kenyan formal employment actually works.

Nairobi City Twin™ · 1940-2026

02 Known and possible relationships.

Connections follow the published domain scope. Optional, contextual and planned relationships retain their stated limits below.

Domain or context	Relationship and published scope
Resident coverage relationship	release integrity checked
Business	insurer/payer enterprise context where available; physical linkage and reconciliation are controlled
Demographics	coverage and claim activity is bounded by the resident lifecycle
Health	Kenya's clinical claims link Claim to a supplied visit (Core relationship, added only when Visit exists)
Employment	Employment context (employer-sponsored coverage is represented conceptually; internal linkage is not asserted publicly)

Supporting links

Health

Vehicles

Employment

Demographics

Business

03 What Insurance actually models - and where it stops.

Every capability below is backed by release evidence or certification; the physical design is intentionally generalized.

Insurer and payer context represented as public semantic entities.

Policy - plan tier, copay type/value, deductible, coverage limit, monthly premium, acquisition type, linked to its issuing company.

Coverage - per-citizen enrollment, now modeled so distinct active policy relationships can coexist while duplicate same-policy enrollment is prevented.

Claims context captures amount/outcome/cause and optional care linkage; physical fields and adjudication design are controlled.

Accident and premium-payment context are represented longitudinally; physical relationship fields remain controlled.

Coverage and claim timing is checked against the synthetic resident lifecycle so analytically impossible post-lifecycle records are not treated as valid.

Synthetic by design: FCTE insurance records are analytically representative coverage and claims data. They are not real policyholder records, real claims history, or a substitute for any insurer's or regulator's own data. The public data model claims only the capabilities described here; physical internal methods remain controlled.

Healthcare models the clinical encounter. Employment determines whether employer-provided cover exists. Insurance models the coverage relationship itself - the policy, the enrollment, and what happens when a claim is filed.

Domain	Core Question	Key Objects
Insurance	What coverage protects this citizen, and against what?	Payer, policy, coverage, claim and premium context
Healthcare	What clinical care did the citizen receive?	Care encounter and diagnosis context
Employment	Does this citizen have employer-provided cover at all?	Contract and employer context
Business	Is the insurer itself a registered enterprise?	Registered-enterprise context

Supporting links

Healthcare

Employment

Business

04 One citizen. Multiple protections. One connected life.

The single most important fact about this domain: a real citizen can hold more than one active insurance policy at the same time - and until 2026-08-01, FCTE's own data structure forbade it.

The model supports a public-coverage relationship alongside distinct private or employer coverage where the city context calls for it.

Different active policies can coexist for one synthetic resident while duplicate enrollment in the same policy is treated as invalid. The physical constraint design is controlled.

The release now permits concurrent distinct-policy coverage for one synthetic resident while still preventing duplicate enrollment in the same policy. Exact uniqueness constraints and migration mechanics are intentionally withheld.

05 Two genuinely different insurance systems, not one template twice.

Kenya's model emphasizes health-insurance and claims context, while Nigeria's model emphasizes a broader general-insurance market. The distinction is part of the public semantic architecture, not merely a naming change; internal data structures differences remain private.

Real payers span five tiers by establishment date: NHIF (1966), SHA (2023-10-23, replacing NHIF), Linda Mama (2013), long-established private insurers Jubilee (1937), Britam (1965), APA (1979), CIC (1978), plus international entrants Cigna (2000), Allianz Care (2010), Bupa Global (2012), and the M-TIBA mobile health wallet (2016).

NHIF (1966), SHA (2023-10-23), Linda Mama (2013), Jubilee (1937), AAR (1984), Britam (1965), APA (1979), CIC (1978), Madison (1988), Heritage (1976), Resolution Health (2002), Cigna (2000), Allianz Care (2010), Bupa Global (2012), M-TIBA (2016).

Kenya’s public and private coverage can overlap in real life, providing evidence for representing concurrent distinct-policy protection in the synthetic model.

Open Insurance Evidence Catalogue →

Dimension	Kenya (Nairobi)
Core Model	Health-insurance claims-TPA
Companies	15 payers, 5 tiers
Product Catalog	Plan tier + copay + deductible
Claim Linkage	Visit (clinical)
Motor/Accident Line	Not a primary payer line
Beneficiary Modeling	Not applicable at this layer
Fraud Detection	Fraud-analysis consistency represented as a public analytical rule

Supporting links

Open Insurance Evidence Catalogue →

06 From a company to a citizen's claim history.

Representative semantic rows for the Nairobi insurance model. Synthetic examples; not policyholder records and not the internal data structures.

Explore Coverage Data →

Public entity family	Represents	Disclosure boundary
Payer & product context	Insurer/payer and policy-product context	Physical company/policy fields are controlled
Coverage relationship	Resident protection and acquisition context	Physical uniqueness constraints and keys are controlled
Premium context	Premium-payment history and status context	Exact payment fields and duplicate rules are controlled
Claims context	Claim amount/outcome/cause and care context	Adjudication fields and design are controlled

Coverage Type	Product Context	Acquisition	Status
Public health cover	National/basic health coverage	Public	Active
Employer health cover	Employer/private top-up	Employer	Active
Individual private cover	Private health protection	Personal	Representative

Supporting links

Explore Coverage Data →

07 Does synthetic coverage resemble real insurance relationships?

Insurance certification evaluates release-level structural, temporal and lifecycle consistency across payer, policy, coverage and claims context. Public results show the outcome and current data-availability state; physical constraints, deployment history and recovery mechanics are intentionally withheld.

Open Insurance Realism Report →

N/A is used deliberately when prerequisite data doesn't exist - never to hide a failure. Coverage and Claims are now live in Nairobi (11 of 15 checks applicable, all passing); the remaining 4 N/A checks depend on later-stage tables (Premium Payments, claim line items, fraud-workflow queue) that are still populating as part of the same generation pass. This page reports the current release state rather than substituting a last-known-good result.

Explore Every Insurance Check →

• Payer context - PASS, 15 companies

• Policy catalogue - PASS, 28 policies

• Coverage relationship integrity - PASS, 0 orphaned rows

• Claim value integrity - PASS, 0 violations

• Premium value & uniqueness - N/A, insurance. PremiumPayment still populating

• Coverage chronology - PASS, 0 violations across policy and claim lifecycle

• Fraud-analysis consistency - PASS, 0 inconsistent rows

• Resident-lifecycle boundary - PASS in the current release state

Supporting links

Open Insurance Realism Report →

Explore Every Insurance Check →

08 Synthetic coverage is not a real policyholder registry.

Two concurrent employer-provided policies for the same citizen (e.g. from concurrent formal employment at two employers) is a real, disclosed gap - deliberately deferred rather than silently forbidden by an overly broad rule. This is a known and disclosed limitation, not a hidden one.

Employer-sponsored coverage is represented conceptually. This page does not claim a confirmed, verified direct read from Employment's Contract rows into Coverage - that specific cross-domain link has not been confirmed in the data model.

Synthetic citizens and coverage records are not real people and carry no real personally identifiable information. This page makes no claims about compliance frameworks for handling real policyholder data.

Beneficiary and accident-line checks are city-extension checks that are not active in the Nairobi release. They correctly report N/A when the corresponding extension or prerequisite context is absent; N/A is a scoped result, not a hidden certification failure.

Kenya’s fraud-analysis context includes additional claim consistency checks; exact fields and logic are controlled.

Claim amounts, approval rates and premium figures are analytically representative, not sourced from any real insurer's or regulator's actual claims experience. They should not be used for actuarial pricing or real underwriting decisions.

Coverage, Claim, Premium Payment, claim line items and the fraud-workflow queue are all part of the same generation pass and have not yet been (re)run on Nairobi in the current rebuild cycle - those checks report N/A rather than a false PASS or a hidden failure until they run.

View All Insurance Limitations →

Supporting links

View All Insurance Limitations →

09 Risk becomes coverage.

28 real Policy rows exist today, naming real Kenyan insurers and products - "NHIF Basic Inpatient Cover," "Britam Afya Imara Basic" among them.

Confirmed live: Coverage, Claim, PremiumPayment and AccidentClaim all have 0 rows. The product catalog is real; no citizen-level enrollment, coverage or claim activity has been generated yet.

Employment or scheme enrollment → Policy selection → active Coverage → filed Claim is the designed model - shown as scope, not as a live result.

Risk becomes coverage. One citizen. Multiple protections. One connected life.

Available as Standalone Domain · Multi-Domain Bundle · Full City Twin™

Supporting links

Explore This Record →

View the analysis example →

See the Evidence →

Review licensing & delivery details →

View Pricing & Licensing →

Browse Insurance Data →

Explore Multi-Domain Access →