

Claims Handler (SQF 4)

Knowledge	Skills	Responsibility and autonomy (Competences)
<p>The country's legal principles, regulations, directives and code of ethics which may have effect on claims business.</p>	<p>Receive incoming notification of standard claims, generate corresponding records and take first action according to company guidelines</p> <ul style="list-style-type: none"> ▪ Receive incoming claims notifications and related information from claimant and through communicating with third parties (customer, underwriter, intermediaries, claimant and others) for the purpose of obtaining and verifying claim information ▪ Check and investigate the coherence, correctness and completeness of information received using the company systems ▪ When applicable initiate assistance in accordance with the policy coverage 	<p>Act in a professional and ethical way.</p>
<p>The policy cover, terms and conditions relevant to your work including standard extensions and/or limitations.</p>	<p>Investigate and Evaluate claims, assisted by company system and guidelines</p> <ul style="list-style-type: none"> ▪ Issue, register and process claims related documentation ▪ Determine the proximate cause of the loss checking whether the proximate cause is one covered, excluded or uninsured by the policy establishing the extent of liability or otherwise ▪ Assess the damages and the potential exposure to further loss which might aggravate the extent of the claim ▪ Apply policy provisions, limits and excesses / franchise; company guidelines and practices, and codes of ethics 	<p>Work organized and systematically in order to record details of claims accurately; identify and request missing information and/or documentation.</p>

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	<p>when settling the claim</p> <ul style="list-style-type: none"> ▪ Initiate loss mitigation measures according to company guidelines ▪ If necessary, involve supervisor or others to decide whether a claim is valid, the extent of loss, and how to handle suspected fraud ▪ Identify if it is necessary to appoint a loss adjuster, and monitor the loss adjusting process and according to company guidelines ▪ Check whether all policy provisions and conditions have been complied with, including but not restricted to, material facts, morality, general terms and conditions, clauses, exclusions and provisos 	
<p>General methods of standard claims assessment and investigation, and the resources his/her organization has to conduct these activities.</p>	<p>Determine whether to approve in full or in part or decline, liability and/or pay-ment of claims within authorized limits and within a supervisor authorization</p>	<p>Handle claims economically, efficiently, promptly and fairly.</p>
<p>Basic methods and prescriptions of loss mitigation, recovery and salvage.</p>	<p>Approve the claim, fully or in part</p> <ul style="list-style-type: none"> ▪ Assist and liaise with claims personnel, claimants, suppliers, repairers and other related parties ▪ Register and record the claim internally ▪ Communicate the decision to the claimant ▪ Make claim payments to the insured or the relevant beneficiaries in full and final settlement, close and archive the file accordingly ▪ Handle subrogation, contribution, salvage, litigation and reinsurance within 	<p>Guide peers on how to apply company systems, rules and guidelines when handling standard policies</p>

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	<p>authorized limits and within close supervision authorization</p> <ul style="list-style-type: none"> ▪ Forward relevant documentations to the specialist units such as, but not restricted to, the legal units in cases subrogation and recovery ▪ Forward the claim for payment 	
<p>The organization's policies and procedures for processing claims and payment of claims, and the authorized limits for your position</p>	<p>Reject the claim, fully or in part</p> <ul style="list-style-type: none"> ▪ Communicate the rejection to the claimant ▪ Forward relevant documentations to the legal units concerned in cases of litigation or fraud, in accordance with company guidelines ▪ Close the file in case of absence of objection, in case of fraud or breach of a material fact or after such time when the claim becomes time barred 	<p>Establish cause-and-effect relation in order to apply policy provisions, limits and excesses / franchises depending on proximate cause of the claim, indemnity requested, liability and/or negligence if applicable.</p>
<p>General principles for reserving and contribution principles</p>	<p>Communicate effectively with the customer in order to;</p> <ul style="list-style-type: none"> ▪ provide information to the claimant or their representative which is clear, accurate and relevant ▪ show empathy to claimants, using a considered and appropriate language 	<p>Think responsibly in order to identify the immediate loss mitigation measures</p> <p>identify cases, that lie outside of the approved limits and must be forwarded to other units or external experts</p>
<p>The organization's customer service standards and procedures, including those for dealing with complaints.</p> <p>Roles & responsibilities of various parties (agents, broker, etc) involved in or influencing the claims handling process</p> <p>The roles and functions of other parties engaged in claims activities (repairers, surveyors, loss adjusters, doctors, etc.)</p>		<p>Maintain a confident relationship with the customer during the claims handling process</p> <p>Use induction in order to identify claims which are valid or not valid through combining pieces of information and documentation.</p>

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Knowledge	Skills	Responsibility and autonomy (Competences)
Authorized experts, suppliers and/or repairers used by your organization to settle claims		
Company guidelines for how to handle suspicions of fraud		
Understanding of leakage and its effects on insurers		
Communication principles		