



GHANA INSURANCE COLLEGE

**Advanced Claims Management
Examination**

September 2024

Instructions to candidates

Read the instructions below before answering any questions

Three hours are allowed for this paper which carries a total of 160 marks, as follows:

Part I

1 compulsory question (case study) 80 marks

Part II

2 questions selected from 3 (scenarios) 40 marks each for a total of 80marks

- You should answer the question in Part I, and two out of the three questions in Part II.
- You are advised to spend no more than 90 minutes on Part I and 45 minutes on each question selected in Part II.
- It is recommended that you spend 15 minutes reading and planning your answer to the case study and 75 minutes answering it, and that you spend 10 minutes reading and planning your answer to each scenario and 35 minutes answering it.
- A case study tests extensively across syllabus learning outcomes, whilst a scenario will be more focused on specific learning outcomes.
- Read carefully all questions and information provided before starting to answer. Your answer will be marked strictly in accordance with the question set.
- You may find it helpful in some places to make rough notes in the answer booklet. If you do this, you should cross through these notes before you hand in the booklet.
- Answer each question on a new page. If a question has more than one part, leave six lines blank after each part.

PART I

Case study

This question is worth 80 marks

You should include relevant examples and further reading in your answer where applicable

QUESTION 1 - CASE STUDY



QUESTION

Refer to the Case Study and choose 8 aspects from the claims management dashboard. Analyse the results to **possibly** explain why, the indicated performances/results/outputs are being registered and suggest any claims improvement techniques, and/or methods, and/or strategies to make improvements or adjustments, where necessary.

NOTE: Answers must not merely be a narrative of what you see, but a detailed explanation of the question above which necessitates the explanation of results and the making of recommendations.

You may make assumptions in your discussions.

(80 marks)

PART II

Scenarios

Answer TWO of the following THREE questions.

Each question is worth 40 marks

QUESTION 2

SCENARIO

The insurance industry has seen a rise in fraudulent claims globally, partially due to outdated claims management systems. By adopting IT-based solutions, insurers can streamline the claims process, mitigate fraud risks and enhance customer satisfaction. Blockchain for example, offers timely fraud detection and risk prevention. Smart contracts can automate claims initiation and processing, and optimise information sharing among stakeholders. The unmatched security and verification capabilities provided by IT solutions help combat fraud and criminal activities, while boosting efficiency and trust among all involved parties.

QUESTION

Based on the text above, explain how digital claims handling solutions achieve better claims service, enhanced efficiency and lower claim costs in the management of claims handling and the associated procedures.

(40 marks)

QUESTION 3

SCENARIO

Enhancing customer satisfaction is a pivotal principle in effective claims handling. In the insurance industry, where the perception of service quality can significantly influence customer loyalty, the handling of claims becomes a critical moment of truth.

Customer satisfaction during the claims process, directly impacts the likelihood of policy renewal. Customers who rate their claims experience as "outstanding" are nearly three times more likely to renew their policies than those who rate it as "poor".

Insurance organisations must recognise that for many customers, filing a claim often comes at a stressful and vulnerable time. Providing a supportive, transparent and efficient claims process can significantly alleviate their distress.

QUESTION

In the context of the above, explain how claims customer experience can be evaluated, managed and reviewed to ensure the best client relationship management and satisfaction.

(40 marks)

QUESTION 4

SCENARIO

An insurer in the US was experiencing worse than expected claims leakage across a range of factors. A review process identified that many of the leakage issues were related to inconsistent or inappropriate decisions. The priority was to drive improvements related to key financial metrics to address the matters. This involved the redesigning of key portions of the claim process and the strengthening of the quality assurance and oversight functions.

QUESTION

Based on the scenario above, analyse the constituent parts of internal and external leakage costs and describe 3 control mechanisms to mitigate leakage.

(40 marks)
