



Insurance
INSTITUTE OF EAST AFRICA
Insurance Education Anywhere Anytime

e-learning

MANAGING BROKING CLIENT CLAIMS



Online
Course



ANZIIF

-Accredited-

Course Overview

This course describes the skills and knowledge required to handle routine retail insurance claims. It includes organising and analysing information to establish probable cause and policy coverage, determining the quantum of claims, and assessing settlement options.

It applies to individuals who use well-developed interpersonal, analytical and communication skills in organisations of various sizes and across a range of retail insurance customer bases.

Purpose

This training is designed to equip the learners with knowledge and skills required to handle routine retail insurance claims. It includes organizing and analyzing information to establish probable cause and policy coverage, determining the quantum of claims, and assessing settlement options.

Suitability

This course is suitable for: -

- Brokers Claims Teams
- Underwriters
- Insurance Broker Teams
- Business Development and Sales Teams
- Loss Adjusters and Risk Surveyors

Learning outcomes

On completion of this, you will be able to: -

- Analyze insurance claim to determine validity
- Monitor progress of insurance claim
- Determine scope of insurance claim and settlement options
- Provide claims response to the insured
- Finalize and document settlement decisions

What is Covered

Module 1: The role of the broker

In this module you will: -

- Gain an understanding of the role of the broker
- Look at legislation and codes of practice
- Look at what defines a retail client
- Learn about the insurance policy and its response

What is covered

- The role of the broker
- Understanding legislation and codes of practice
- Understanding insurance products
- Retail clients
- The insurance policy and its response

Module 2: Beginning the claims process

In this module you will: -

- Discover the importance of adhering to the organization's services manual
- Explore the claims process
- Begin to follow Anita, a broker, and her client Maria
- Look at how to notify an insurer about a claim
- Consider how to better communicate with your clients

What is covered

- Organization policies and procedures
- The claims process
- Maria's claim (case study)
- Notifying the insurer
- Communicating with the client

Module 3: Negotiating settlement of a claim

In this module, you will: -

- Learn about identifying the cause of a loss
- Discover how to look after the client
- Consider how fraud may appear in an insurance claim
- Begin to explore the settlement of a claim
- Find out the meaning of indemnity in the insurance business

What is Covered

- The cause of loss
- Looking after the client
- Insurance fraud
- Negotiating terms and conditions of settlement
- Terms of settlement
- Indemnity

Module 4: Settlement of a claim

In this module, you will learn how to: -

- Find out about the complaints process
- Look at reinstating the sum insured
- Remit settlement funds
- Consider the process of subrogation
- Look at finalizing and documenting the claim settlement

What is Covered

- The complaints process
- Reinstating the sum insured
- Settlement funds
- Subrogation
- Finalizing and documenting settlement decisions

For more information and to register contact us
Phone: +254 20 6530128 | Safaricom: +254 723 334 408 | Airtel: +254 733 812 695
E-Mail: info@iiea.co.ke or Training@iiea.co.ke
Website: www.iieacourses.com

The image shows a close-up of an insurance claim form titled "INSURANCE CLAIM FORM". The form is divided into several sections:

- PRIMARY CUSTOMER INFORMATION: Primary Customer complete this section**
 - A1. PRIMARY CUSTOMER'S NAME (Last Name)
 - A2. GENDER (M, F)
 - B. DATE OF BIRTH (MM, DD, YYY)
 - C. PRIMARY CUSTOMER'S MAILING ADDRESS (No., Street)
 - D. CIGNA ID NUMBER OR PRIMARY CUSTOMER SOCIAL SECURITY NUMBER (on the front of your Cigna ID card)
 - E. ACCOUNT NO. (on the front of your Cigna ID card)
 - F. EMPLOYER NAME
 - G. PRIMARY CUSTOMER STATUS (EMPLOYED, COBRA***, RETIRED***, DISABLED***)
 - H. IS THIS A CHANGE OF ADDRESS? (Note: address must also be changed with Employer, if applicable) (YES, NO)
 - I. PATIENT INFORMATION: Complete this section only if the patient is not the primary customer
 - A. PATIENT'S NAME (Last Name)
 - B. RELATIONSHIP TO PRIMARY CUSTOMER (Spouse, Child, Other)
 - C. DATE OF BIRTH (MM, DD, YYY)
 - D. PATIENT'S MAILING ADDRESS (No., Street)
 - E. STUDENT FULL-TIME (YES, NO, N/A)
 - F. EMPLOYED FULL-TIME (YES, NO, N/A)
 - G. OCCUPATIONAL CLAIM INFORMATION: because of an accident or occupational (work-related) illness/injury occurred (YES, NO, N/A)
 - H. WAS THE PATIENT: (EMPLOYED FULL-TIME, STUDENT FULL-TIME)
 - I. CLAIMED AGAINST A THIRD PARTY INCLUDING THIS ACCIDENT OR ILLNESS (YES, NO, N/A)



Insurance Institute of East Africa
Brunei House, 3rd Floor | Witu Road off Lusaka Road
P.O. Box 16481-00100 Nairobi, Kenya
Tel: +254 20 6530128 | 6530298
Mobile: +254 723 334 408 | 733 812 695
Email: info@iiea.co.ke | www.iieacourses.com