Claims Examiner

Subsector: Insurance

Job Family: Claims Examiner

Impact Level

Today, this role is responsible for filing claims, analysing and investigating claims, facilitating settlement of claims and managing other customer relationship matters such as negotiation and complaints.

Retail: ▬▬▬ ▬▬▬ ▬▬▬ High Impact
Non-Retail: ▬▬▬ ▬▬▬ ▬▬▬ Medium Impact

Consolidated Activities

	Today	Future
Claim Filing and General Claims Enquiries	Execution is tedious as it is high volume and document intensive in nature. There is typically not much human judgment or critical thinking required to perform these tasks.	First Notice of Loss (FNOL) and basic general enquiries can be addressed via digital channels enabled by Chatbots. AI can help process simple and basic claims. This would reduce the time required to perform these tasks, freeing up the job holder to attend to more complex claims.
Data Entry and Data Validation	Execution is time consuming and tedious as the volume of data involved is usually rather large.	RPA can be implemented to eliminate the need for manual data entry and allow the role to focus on more complex tasks.
Manual Claims Assessment	Execution is time consuming and administrative in nature. This task is repetitive, high in volume and largely rule-based. However, human judgment and evaluation is still required for more complex, larger claims.	Text mining tools can be used to identify payable and non-payable items on e-forms and uploaded documents. Automated fraud detection systems will help to identify claims that need attention, and escalate complex cases for claim examiners to handle.
Payment Approval and Calculation	Execution is largely administrative and simple in nature. However, this task is usually high in volume, which can be time consuming to finish processing.	Advanced Analytics and machine learning solutions can be used to assess the validity of claims and recommend an outcome/payment amount.
Complicated Case Review	Execution requires investigation and critical thinking skills to help evaluate the urgency and the authenticity of the claim. This task requires higher order thinking and each case is usually unique.	The job holder in this role will continue to rely on complex thinking and investigation skills to carry out task. In the future, however, the role will be able to incorporate data analytics and AI to gather real-time data and facts of the incident to help judge the authenticity of the claim.

In the next

3–5 years ...

This role will evolve to assist customers with more technical services related issues as customers continue to adopt digital applications. In addition, this role can shift to include more sales related activities due to improved customer data analytics.

Skills Differentiators:

▸ **Investigation:** With AI increasingly able to take over simpler settlements process, the job holder will require strong skill in conducting investigations of questionable claims and identifying root causes of complex claims.

▸ **Data Interpretation and Analysis:** The job holder must carefully consider and interpret various pieces of information to reach a decision. This skill will also become more important when insurers shift towards a preventive model.

▸ **Advanced Digital Acumen:** Strong digital acumen is needed to understand the features of digital tools and to utilise them to achieve seamless processing.

▸ **Research:** The skill will remain important as job holders need to remain well-informed around new medical procedures and the latest prescription drugs.

▸ **Complex Problem Solving:** The job holder will need to examine complex cases that are escalated and leverage available resources to develop and execution solutions.

RPA | Advanced Analytics | AI