Claims Operations

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1. Claims Operations Overview

🎯 Purpose

Claims Operations governs the end-to-end operational claims process from first notification of loss through settlement support and closure control activities.

Technical claims decisions relating to liability, indemnity, and settlement quantum remain within the delegated authority framework used by claims assessors. This workspace documents the operational processes, routing controls, governance expectations, and service management standards supporting those decisions.

🧭 Operational process chain

1. **Receive and register notification**
   Capture the claim, validate policy linkage, and acknowledge receipt within operational SLA.
2. **Coordinate assessment activity**
   Appoint assessors, monitor milestones, and manage dependency tracking throughout the assessment lifecycle.
3. **Execute settlement operations**
   Process approved settlement activity, payment execution, and recovery referrals in line with delegated authority controls.
4. **Perform post-settlement review**
   Complete closure quality checks, confirm file completeness, and capture data for operational reporting and portfolio analysis.

📊 Service standards and operational controls

Operational activity	Service standard
FNOL acknowledgement	4 business hours
Assessor appointment	1 working day for property; same day for motor drivable assessment
Settlement payment execution	Daily payment cycle
Operational QA review	Risk-based sampling completed monthly

🛡️ Governance and operational oversight

- Claims cycle time, leakage management, and first-contact resolution are monitored through formal KPI governance.
- Operational incidents, backlog breaches, and workflow exceptions are escalated through the Claims Operations governance forum.
- Fraud indicators and control effectiveness are reviewed as part of the enterprise risk and controls framework.
- Delegated authority adherence and settlement accuracy are subject to periodic quality assurance review.
- Evidence retention standards apply across all stages of the operational claims lifecycle.

2. SOPs

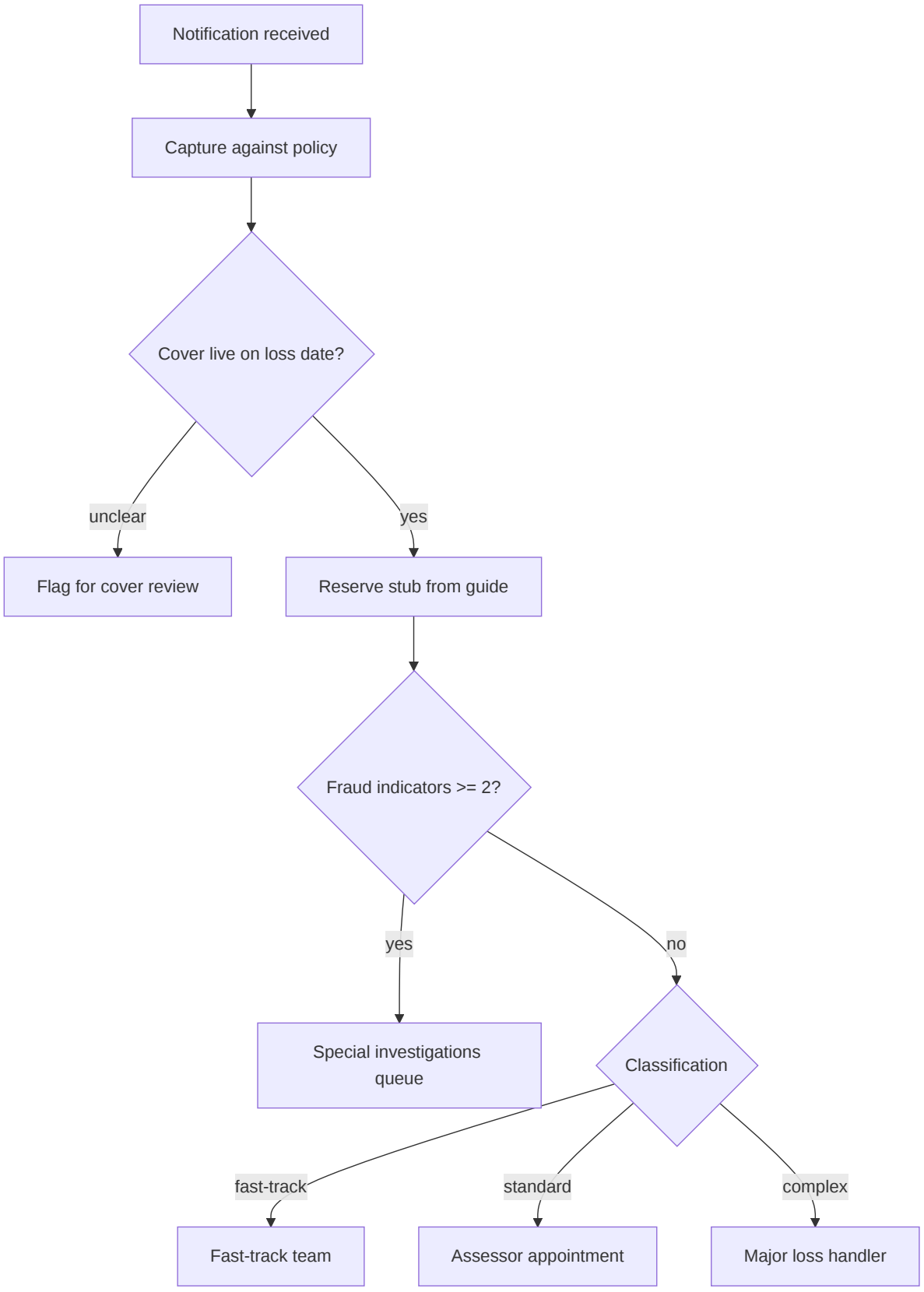
2.1. First notification of loss (FNOL)

🎯 Purpose

Procedure for capturing and triaging a new claim notification across all intake channels, including call handling, digital portal submissions, intermediary referrals, and email notifications.

Process owner: Claims Operations Manager
Operational SLA: acknowledgement within 4 business hours; triage completed within the same working day

🧭 Process flow



✅ Operational procedure

1. **Capture notification record**
   Validate policyholder identity, confirm loss date, location and cause description, and ensure the notification is attached to the correct policy record.
2. **Establish initial reserve**
   Apply the reserve guide for the applicable loss category and record the rationale for any manual deviation.
3. **Perform operational triage**
   Classify the claim as fast-track, standard, or complex based on financial exposure, clarity of cover, liability position, and stakeholder complexity.
4. **Complete fraud indicator screening**
   Run the FNOL fraud indicator checklist and route automatically to the special investigations queue where two or more indicators are identified.
5. **Issue acknowledgement**
   Send acknowledgement confirming the claim reference, named contact, and next-step expectations within the defined SLA.
6. **Route to operational handling team**
   Assign the claim to the correct downstream handling pathway and notify reinsurance where delegation thresholds are exceeded.

> ⚠️ **Silent investigation routing**
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> Special investigations routing must remain operationally invisible to clients and intermediaries while a review is open.

> ℹ️ **Cover validation requirement**
>
> Where the policy status appears lapsed or pending on the loss date, route the matter for cover review and avoid any statement that could be interpreted as confirmation or denial of cover.

🔎 Operational guidance and quality assurance

- Ensure the loss narrative recorded at FNOL matches all inbound evidence and communication channels.
- Record rationale for triage decisions where operational complexity or coverage uncertainty exists.
- Validate that reserve establishment aligns to the active reserve guide version.
- Confirm all acknowledgements are timestamped to support SLA reporting and audit validation.
- Escalate recurring fraud indicators or repeat policyholder patterns to operational governance and SIU management.
- Review queue assignments daily to prevent routing delays or unworked complex-loss referrals.

🗒️ Records and evidence

The FNOL record, triage classification outcome, reserve rationale, and fraud checklist result form part of the operational audit base for the claim file.

FNOL-to-acknowledgement performance is reported through claims service measures and operational governance reporting.

2.1.1. FNOL fraud indicator checklist

🎯 Purpose

Operational checklist used during FNOL capture to identify potential fraud indicators before claim routing decisions are finalized.

✅ Operational workflow

1. **Initiate checklist review**
   Complete the fraud indicator assessment during FNOL capture and before operational routing decisions are finalized.
2. **Assess all applicable indicators**
   Review each indicator against available evidence, policy history, and submission quality.
3. **Record indicator outcomes**
   Tick every confirmed indicator and retain supporting rationale within the claim record.
4. **Apply routing threshold**
   Where two or more indicators are present, route the claim silently to the special investigations queue.
5. **Retain audit evidence**
   Ensure the completed checklist and supporting review notes remain attached to the operational claim file.

🛡️ Fraud indicator controls

- [ ] Loss within 30 days of inception or of a cover increase
- [ ] Prior similar claims on this policy or by this policyholder
- [ ] Narrative inconsistent between notification channel and documents
- [ ] Loss date shortly before lapse or cancellation effective date
- [ ] No plausible third-party evidence where the loss type normally has some
- [ ] Round-figure claimed amounts across multiple items
- [ ] Reluctance to provide originals, or documents that look regenerated
- [ ] Notification by an unrelated third party with recorded interest in the payout

> ⚠️ **Audit evidence retention**
>
> The completed checklist forms part of the formal claim audit record and must remain attached to the claim file regardless of routing outcome.

🔎 Quality control and escalation guidance

- Validate that all indicators selected can be supported by evidence contained within the claim file.
- Escalate repeated indicator combinations involving the same intermediary, geography, or claimant profile to SIU management.
- Avoid unsupported assumptions or speculative commentary within operational notes.
- Ensure indicator assessments are completed consistently across all intake channels.
- Review checklist completion quality during operational QA sampling and governance reviews.