The Insurance Institute

CIP-07 – Practice of Claims and Loss Adjusting

Case Studies and Guidance

CIP-07 Practice of Claims and Loss Adjusting

On completion of this module, successful participants should be able to:

- Explain how claims arise under various classes of insurance.
- Explain how a claim progress from notification to settlement.
- Outline the legal environment in which insurance operates.
- Describe the importance and uses of claims information.
- Explain how the existence of cover is determined.
- Outline the roles of and interaction between the various professionals involved in the claims process.
- Discuss how indemnity or liability are investigated and determined.
- Demonstrate the effective negotiation and settlement of claims.

The CIP-07 case studies provide opportunities to apply the academic principles learned in the CIP-07 module in a practical work environment, and to develop key skills in communication, writing and problem solving.

Please also refer to the *Guide to Case Studies,* which contains important information and frequently asked questions about all modules.

1. Completing the Case Studies

There are **8 Work Based Case Studies** for CIP-07. Apprentices should choose any **4 Case Studies** from those on offer. Each one must be completed, marked and submitted by the specified deadline.

As far as possible, apprentices are expected to research within their own organisation (with guidance from their supervisor), cases, documents, policy wordings or other materials that can be applied to the assignments.

Apprentices and supervisors should note that the CIP-07 case studies are pitched at a higher level than the APA modules, requiring broader research and greater use of initiative. This reflects the more advanced nature of the material and the stage of the apprentices' experience.

As for the previous modules, the apprentice must complete the tasks in the specified format. This may, for example, involve writing a short report in MS Word, a PowerPoint presentation or presenting information in a table. Brief guidance notes are included to ensure clarity about what the apprentice needs to do, and what the supervisor should look for when marking the work.

2. The role of the supervisor

The completed case studies will be submitted to and signed off by the nominated Supervisors. A case study marking form is attached in **Appendix 1** for completion and sign off for each case study. For more information about this, please refer to the ***Guide to Case Studies.***

The role of the supervisor is to:

- help the apprentices to locate or create suitable case files, work-based materials or other sources of information
- assess each apprentice's completed case study (on a pass or fail basis)

For CIP-07, an important part of a supervisor's role will be identifying other people in the workplace that can help the apprentice with a particular topic.

3. Deadlines for submitting the case studies

This semester's key dates are outlined below, depending on which Semester you are scheduled to sit CIP07:

CIP-07:	**Semester 5**
	Submission deadline
1	10 February 2025
2	24 February 2025
3	16 March 2025
4	31 March 2025

CIP-07:	**ELECTIVE Semester 6**
	Submission deadline
1	16 June 2025
2	30 June 2025
3	14 July 2025
4	28 July 2025

Remember: **these are the final deadlines for uploading the marked case studies to Moodle**.
Apprentices and supervisors should agree an appropriate schedule for discussing, completing and marking the questions to ensure that these deadlines are met.

Forward planning is essential – see section 4 below.

4. Forward planning

Issuing the case studies in advance allows plenty of time for the apprentices and supervisors to meet the submission deadlines. It also gives adequate notice of any cases and documents that need to be sourced for or by the apprentices.

The following table provides a brief summary of what is needed for each of the CIP-07 case studies:

	Topic	Resources
1	The claims environment	• Information about an insurer's claims department and its anti-fraud procedures. • MIBI 'Fighting Fraud Strategy Document'.
2	Claims notification and verification	• Information about an insurer's claims notification procedures and arrangements. • A claim form for any type of policy. • Information about how an insurer checks the claim information and actions potential problems with insurable interest or utmost good faith.
3	Claims investigation	• A claims investigator's report, loss adjuster's report OR a report requested as part of a health insurance claim investigation
4	Indemnity	• A settled file for a property damage claim OR a private health insurance claim.
5	Third party claims	• A settled file for a personal injury claim that proceeded to a full hearing
6	Claims settlement	• An insurer's procedures for settling claims by arranging for repairs (motor or property damage) • An insurer's complaints procedures.
7	The role of the broker	• Details of a broker's procedures (or normal practice) for helping clients with claims under insurance policies • A copy of a Service Level Agreement or other document that describes the claims service (if relevant).
8	The customer perspective (based on all chapters)	• No specific resources required

Where policy documents (wordings) are used, they should ideally come from the apprentice's workplace. However, a policy from another source may be used if necessary. As many Irish insurers now have policy documents on their website, this shouldn't cause too many difficulties.

Where a case file is required, this may be a paper or a digital policy or claim record. **Personal details from the case files should never be included in any of the case study submissions.**

5. A reminder about copying and plagiarism:

Plagiarism is copying the words or ideas of others and passing it off as your own and is a most serious academic offence.

All sources that you use must be referenced within your text and in your bibliography.

The case study submissions will be checked for plagiarism.

It does not matter whether you use direct quotations or paraphrase the words of an author, you must reference your source.

Failure to do so may result in a zero mark or other disciplinary action under ATU Sligo procedures.

The School of Business uses the Harvard Referencing system.

6. Advice on Data Protection:

Employers and supervisors must ensure that all work-based learning activities comply with the relevant Data Protection legislation and any other legal/regulatory requirements on an ongoing basis. This may, for example, include anonymising or changing the name, addresses and other personal or sensitive information in case files and other resources.

Any information taken from real cases/files is intended for use only in the answering the topic questions.

Topic 1: The claims environment and the first stages of the claims process

This assignment is based on the learning outcomes for CIP-07 Chapter 1 The Claims Environment.

Relevant learning outcomes from Chapter 1
On completion of these chapters, students should be able to: • Outline the importance of effective claims handling procedures, the main stages in the development of a claim and the important elements of the claims process. • Explain the differences between first party and third-party claims. • Demonstrate the effect of data protection legislation and the Central Bank Consumer Protection Code (CPC) on the claims function. • Explain how fraud arises, and the measures used to prevent, detect and combat fraud.

Answer any TWO of these three questions

Question 1

Find out about a claims department (claims function) in an insurance company, or in a firm that has authority to handle claims for an insurer.

Ask about these points, and any others that you think are relevant:

- How many people work in the department?
- What jobs do they do and how many people do each job?
- How is the claims department structured? Are there different teams or units? If so, list each one and explain what it does. What is the management structure?
- When a new claim is notified, who decides how it should be allocated within the claims department or teams? What criteria are used to decide this?
- Is there a process for fast-tracking some types of claims? Explain how this works and the type/s of claim involved.
- What are the arrangements for making sure that claims are handled in accordance with the CPC requirements and deadlines? Are there any other important deadlines to be observed?
- What are the arrangements for approving and issuing claims payments?

Present this information in a report that gives clear and concise information on all points. (at least 400 words)

Question 2

Fraud is a serious problem for insurers and for honest policyholders. Claims handlers use a range of measures, including checklists of fraud indicators (CIP-07 Chapter 1D), to identify signs of potential fraud.

Carry out some research about how the insurer you work for (or an insurer you know) identifies, investigates and tackles insurance fraud. For example:

- Does the company have a written policy on how it deals with fraud? If so, read that policy and identify the main elements.
- Does the claims department use a checklist of fraud indicators? If so, what are the indicators and how many must be present (ticked) to raise concerns about fraud?
- What happens if that number of indicators are present?
- Does the claims department use any other methods or resources (e.g., databases) to check for possible fraud?
- What role does data analytics play in fraud prevention and detection?
- Is there an in-house investigation process, or are outside experts used?
- What role does technology and/or data analytics play in fraud prevention and detection?
- What happens during a typical fraud investigation?
- Is the claims department satisfied with the current procedures, or are any changes planned?

Write a report that gives clear and concise information on all points.
(At least 350 words)

Question 3

The Motor Insurance Bureau of Ireland published a Fighting Fraud Strategy Document, outlining its zero-tolerance approach to fraudulent claims. You can download the report here:
https://www.mibi.ie/_fileupload/Fighting%20Fraud.pdf

Your manager has asked you to prepare a staff briefing on this document. Prepare a report in MS word (about 400 words) or a PowerPoint presentation (at least 7 slides with presenter's notes) that summaries the main elements of the MIBI's approach to fraud. This should include:

- A short introduction to the role of the MIBI
- An explanation of how the MIBI defines fraud, the types of fraud mentioned in the report and what it says about the extent of fraud
- The MIBI's commitment to and strategy for tackling fraud.

Guidance notes

Each of these questions requires you to find out information and present your findings in the specified format.

Questions 1 & 2 are relevant to all claim's environments, including Private Health Insurance. However, if some questions don't apply to the claims department you are investigation, you should e.g., explain how and why things work differently in that sector.

There are no sample answers and no 'right or wrong' answers. Each question requires some research, analysis and originality. The best answers are those that demonstrate the apprentice has thought about the task, carried out the required research and presented the information clearly.

Topic 2: Claims notification and verification

This assignment is based on the learning outcomes for CIP-07 Chapters 2 & 3

Relevant learning outcomes from Chapters 2 & 3
On completion of these chapters, students should be able to: • Explain the typical claims notification process, including the information gathered by insurers and why this is important. • Explain the duties of an insured after a loss. • Describe the documentation that an insurer may require to support a claim and outline the role of intermediaries in claims notification. • Describe the initial checks that insurers undertake to validate a claim and how the policy structure is used during this process and demonstrate how the basis of cover can affect a claim. • Explain the legal principles of insurable interest and utmost good faith and demonstrate their relevance to the handling of claims.

Answer ALL questions

Question 1

Find out about how claims are notified to the insurer you work for, or an insurer you know. When doing so, you should pay special attention to these points:

- How are most claims notified to the company? (e.g., by phone, online or in another way)
- Are notifications handled by a special team or unit? If so, is it part of the claims department or outsourced to another firm?
- What happens if a claim is notified by someone other than the insured? How does the handler make sure that they comply with the relevant data protection and confidentiality requirements?
- Is there a 24-hour service for claims notifications? Does this apply to all types of claims or just to some (e.g., motor accidents)?
- Do the arrangements seem to work well? Can you think of any possible improvements?

Present this information in a table that clearly explains each point. Add any extra information that you feel is relevant.

Question 2

Although many insurers gather the initial claim information by telephone, claim forms are also required for some types of claims.

Locate a claim form for any type of business. Read the questions and think about their significance in the notification and verification process.

Prepare a table that clearly shows each question on the form and the reason/s why it is asked.

Question 3

When the claims handler receives the claim form and other documentation, they carry out checks to make sure that everything is in order (CIP-07 Chapter 3A). This includes checking that there are no issues regarding insurable interest and utmost good faith. For private health insurance, the checks may be about waiting periods or other factors affecting the validity of a claim.

Find out how the insurer you wrote about in Question 1 checks these points and decides what initial action to take. For example:

- Do the claims handlers speak with the underwriters, or can they view the policy/underwriting information on the computer system?
- How do potential problems normally come to light?
- What initial action is taken if there appears to be a problem with utmost good faith or insurable interest?
- If you work in private health insurance, what other problems may be discovered when documentation is checked?

Explain your findings in approximately 300 words.

Guidance notes

These questions are a practical application of the content in CIP-07 Chapters 2 & 3. They require you to find about what happens in a claims department and present your findings clearly and in the specified format. Make sure that you include all of the points stated in the questions.

Topic 3: Claims Investigation

This assignment is based on the learning outcomes for CIP-07 Chapter 4 Claims Investigation.

Relevant learning outcomes from Chapter 4
On completion of this chapter, students should be able to: • Explain the purpose of claims investigation, including the role of the claim's handler and the scope of desktop handling • Explain the role of loss adjusters, loss assessors, brokers and other professionals involved in claims investigation, including the potential outcomes of an investigation.

Answer BOTH questions

Question 1

The claims investigation process involves a number of different professionals (CIP-07 Chapter 4B & 4C). Depending on the type of claim, these may include claims handlers, claims investigators, special (fraud) investigators, loss adjusters, loss assessors, solicitors, brokers, private investigators, engineers or medical experts.

Interview any **one** of these people about their role. You can choose your own questions, but this list might be helpful:

- How would you describe your role in the claim's investigation process?
- What type of claims are you involved in?
- What are you working on at the moment?
- Do you work on behalf of insurers, claimants or both?
- Do you work on your own or as part of a team?
- How long have you been doing this job?
- Do you need any special qualifications for your role?
- Describe a typical workday.
- What do you like most or least about your job?
- What's the most interesting case you've dealt with?
- What's the saddest case you've dealt with?
- If you could change one thing about your job, what would that be?

Present your findings as a newspaper article, giving a 'snapshot' of a day in this person's working life, as well as a sense of how their job fits into the broader process of investigating claims. (at least 500 words)

Question 2

For some types of claims, a claims hander may instruct a claims investigator or another claims specialist. These persons prepare a detailed report to help the handler decide the outcome of the claim.

Locate a copy of one of the following reports:

- A loss adjuster's final report on a property claim
- A claims investigator's report on a motor accident or a liability claim
- A report from a fraud investigator
- A report requested as part of a private health insurance claim investigation.

Read the report carefully. Think about why it was needed and how it helped the claims handler with the investigation process.

Write approximately 350 words about this report, covering the following points:

- A brief summary of the claim and why further investigation was needed
- Why the claims handler chose this particular person/firm to carry out those investigations
- The main points included in the report, including any issues with cover or other problems
- How the report helped the claims handler progress the claim towards its outcome.

Guidance notes

Question 1

To write a good answer, you firstly need to plan your interview and ensure that you get some interesting answers from your chosen claim's professional. The list of questions is just a guide – you can (and should) add some of your own. Use your imagination and your communication skills!

Question 2

There are two elements to this question: (a) studying the information in the report and (b) writing about the report and its significance. Your answers should be in continuous prose (full sentences), with clear information about each point.

While it should be possible to answer most of the questions from simply reading the report, it's likely that you'll need to ask the claims handler about some points.

Your answer should not include any personal details about the people involved in the claim.

Topic 4: Indemnity

This assignment is based on the learning outcomes for CIP-07 Chapter 5 Indemnity – How much will the Policy Pay.

Relevant learning outcomes from Chapter 5
On completion of this chapter, students should be able to: • Explain the principle of indemnity and demonstrate the factors that limit and extend the operation of this principle. • Apply the principle of indemnity to the main classes of general insurance.

Answer ONE of these two questions

Question 1

Locate a file for a settled property damage claim. The file chosen should relate to a fairly complex claim; ideally one where it took some time to reach a decision on how much the policy should pay.

Read the file and follow the journey of the claim from notification to settlement. Identify the main issues that needed to be decided and agreed along the way and any points on which it was difficult to reach agreement.

Answer these questions about the file – taking care not to include names or personal information:

1. Briefly outline the circumstances of the claim – i.e., the event and the extent of the damage to the insured's property.
2. Under what type of policy and which policy section was the claim made?
3. State the wording of the relevant policy section, as well as any exclusions or limitations to cover.
4. Was the claim dealt with by desktop handling or was an adjuster (or other professional) involved?
5. Were there any other policies in force that covered some or all of the loss?
6. State the sums insured under each section of the policy. Were the sums insured adequate? If not, did the insurer apply average (or take any other action)?
7. What is the basis of cover (e.g. reinstatement, 'new for old' etc.)?
8. What was the extent of the insured's claim? List the items that were included, and the amount claimed for each one.
9. Were all items covered by the policy? Identify those that were covered, not covered or partially covered.
10. What documents were submitted to support the claim?
11. Did the insurer agree the amounts claimed? If not, why not? Which elements were in dispute?
12. How was the settlement amount finally agreed? Outline what the insurer agreed to pay and explain how this was based on the principle of indemnity. Show the application of any excesses.
13. What other payments did the insurer make? (e. g. professional fees)
14. Which settlement method was used?
15. What is the insured's VAT status? Did this affect the amount or method of settlement?
16. Was an excess deducted, and if so, how much?

17. Do you have any other comments on the claim? (e.g., interesting features or unusual challenges).

Question 2

Settlement of private health insurance claims involves paying for medical treatment or other benefits. 'Day to day' or outpatients claims are usually settled directly with the member/policyholder.

Locate a file for a claim that was settled directly with the member. The case chosen should have multiple elements. Ideally, it should be one where it took some time to reach a decision on how much the policy should pay.

Read the file and follow the journey of the claim from notification to settlement. Identify the main issues that needed to be decided and agreed along the way and any points on which it was difficult to reach agreement

Answer these questions about the file – taking care not to include names or personal information:

1. Briefly explain the background to this claim.
2. Was it submitted by the member, a dependant or another person?
3. Was it reported and submitted in a way that complied with the policy terms and conditions? Explain the reason for your answer.
4. Under what type of policy and which policy section was the claim made?
5. State the wording of the relevant policy section, as well as any exclusions or limitations to cover.
6. Was the claim dealt with solely by desktop handling, or were others involved?
7. What was the extent of the claim? List all items that were included, and the amount claimed for each one.
8. What documents were submitted to support the claim?
9. Were all items covered by the policy? Identify those that were covered, not covered or partially covered?
10. Did the insurer agree the amounts claimed? If not, why not? Which elements were in dispute?
11. How was the settlement amount finally agreed? Outline what the insurer agreed to pay and explain how this was based on the principle of indemnity. Show the application of any excesses.
12. Do you have any other comments on the claim? (e.g., interesting features or unusual challenges).

Guidance notes

There are two elements to these questions: (a) studying the information in the file and (b) answering the questions about the case. Your answers should be in continuous prose (full sentences), with clear information on each point.

While you may be able to answer some of the questions from simply reading the file, it's likely that you'll need to ask the claims handler about some points. Do not include any personal information about the people involved in the claim.

Topic 5: Third party claims

This assignment is based on the learning outcomes for CIP-07 Chapter 6

Relevant learning outcomes from Chapter 6
On completion of this chapter, students should be able to: • Outline the legal basis for a third-party claim and the available remedies in tort. • Explain the main considerations when assessing the quantum of a personal injury claim. • Demonstrate the role of the Personal Injuries Assessment Board in the assessment of personal injury claims. • Describe the defences in tort and explain the other issues that may reduce the cost of a third-party claim. • Outline the role of the Irish court system in the claims process including civil and court procedure and demonstrate the impact of statutory limitation periods on liability claims.

Answer all parts of this question

Locate a file for a personal injury claim that was the subject of a legal action and court proceedings. Read the file and follow the journey of the claim from its notification to the court case and final outcome. Think about why the claim went all the way to court rather than being settled in another way.

Answer these questions about the case:

1. Briefly explain the circumstances of the accident and the people who were involved (do not use their real names)
2. Outline the nature and extent of the plaintiff's injuries and any other losses (e.g., damage to property or loss of earnings).
3. What documentation was submitted to verify the injuries and other aspects of the claim?
4. Did the Personal Injuries Assessment Board assess the value of the claim? If so, what was the amount of that assessment? If not, why not?
5. What were the plaintiff's allegations against the defendant (insured)?
6. Was liability in dispute? If so, what were the defendant's allegations against the plaintiff?
7. Were any attempts made to settle the claim by negotiation? Outline those attempts and why they weren't successful.
8. Were any other parties named in the proceedings? If so, explain who they were and why they were involved.
9. Was a lodgement made into court before the trial? If so explain (a) the amount and (b) why this was done.
10. What witnesses were called during the trial?
11. What did the judge decide about the case? (Explain the judgement in terms of liability, damages and costs)
12. Was the claims handler happy with this outcome? If not, why not?

(at least 600 words in total)

Question 2

The Minister for Justice, Helen McEntee TD, announced the commencement date of the Personal Injuries Guidelines: Saturday 24 April 2021.

The new guidelines from the Judicial Council will change the amounts of General Damages to be awarded by the Courts and by PIAB.

1. What do the new Personal Injuries Guidelines seek to promote? Summarize the changes issued by the Judicial Council.
2. Outline the steps followed when an injury claim is submitted to the PIAB.

(200 words per answer for question 1 & 2)

Guidance notes

There are three elements to question 1: (a) studying the information in the file, (b) thinking about what it means and (c) answering the questions about the case. Your answers should be in continuous prose (full sentences), with clear information on each point.

While you may be able to answer some of the questions from simply reading the file, it's likely that you'll need to ask the claims handler about some points.

Question 2 has two elements: (a) requires you to research and access the new guidelines from the Judicial Council which can be accessed at https://judicialcouncil.ie/assets/uploads/documents/Personal%20Injuries%20Guidelines.pdf (b) asks you to consider the claims process through PIAB and requires you to outline the steps. This information can be accessed at PIAB.ie.

Your answer should not include any personal details about the people involved in the claim.

Topic 6: Claims settlement

This assignment is based on the learning outcomes for CIP-07 Chapter 7, Claims Settlement.

Relevant learning outcomes from Chapter 7
On completion of this chapter, students should be able to: • Explain the ways that insurers settle first party and third party claims. • Describe the role of the Financial Services and Pensions Ombudsman (FSPO) and the process of arbitration and mediation in dispute resolution.

Answer BOTH questions

Question 1

Insurers have a number of options when settling claims (CIP-07 Chapter 7A). One of them is repairing a damaged item, rather than paying money to the policyholder. This is typically used in motor damage and in property damage claims.

Find out how the insurer you work for (or an insurer you know) uses this option in either motor or property insurance claims. Prepare a report that includes the following points:

- The type of property that is usually repaired
- The reason why the insurer uses the repair option for this property
- The people or firms that the insurer uses to carry out the work
- How the insurer explains this arrangement to a policyholder at the time of a claim and at the quotation stage.
- Is this a successful arrangement, or have there been any problems?
- Are customers usually happy to have their vehicle or property repaired? What happens if a customer wants to make their own arrangements?

(At least 400 words)

Question 2

Most complaints against insurers arise from claims issues. Many involve situations where an insurer has turned down a claim or offered an amount that is less than a claimant's expectations.

Find out how the firm you work for (or an insurer you know) handles complaints about claims.

(a) Summarise the main elements of the complaint's procedure.
(b) How are policyholders made aware of the complaint's procedures?
(c) What happens when a policyholder indicates they are unhappy with the outcome of their claim? Is there usually an attempt to resolve the complaint quickly?
(d) What happens when a customer expresses their dissatisfaction via Facebook or Twitter? Is this treated as a complaint? What do you think should happen in these circumstances?

(Approximately 400 words in total)

Guidance notes

Question 1

This question requires you to find out about the insurer's arrangements for repairing damaged property. It's likely that you'll need to speak with a claims handler to find out about the arrangements and how they work in practice. It may be helpful to think about this from the perspective of both the insurer and the insured. Are there advantages to both parties? Can you imagine situations where an insured might not be keen on this method of claims settlement?

Question 2

As in question 1, you need to look at the procedures and find out how they work in practice. You can answer this question from the perspective of an insurer, an intermediary or a loss adjuster.

Part (d) also requires you to give your own opinion on how the procedures should (or should not) be applied to that situation. There's no right or wrong answer – but make sure that you give reasons for your opinion.

Topic 7: The broker's role in the claims process

This assignment is based on the learning outcomes for CIP-07 Chapters 1, 2, & 4.

Answer BOTH questions

Question 1

Brokers play a vital role in the claims process, often being a policyholder's first point of contact. However, the extent of a broker's involvement in a claim depends on a number of different factors (CIP-07, Chapter 4C7)

Find out how the broking firm you work for helps its clients with claims under insurance policies. Answer these questions about the normal practice and procedures:

1. What happens when a client contacts your firm to report a possible claim? Is the client usually told to contact the insurer directly, or does your office deal with the initial claim notification?
2. Is there a particular person (or department) in your office that deals with claims? If so, briefly describe what they do. If not, do other staff help with claims as part of their normal duties?
3. Are there different arrangements for different types of clients and/or different types of claims? If so, describe these differences and how they impact on the service that is provided.
4. Does your firm use a Service Level Agreement (or similar document) to explain its claims service to clients? If so, what does this document say?
5. Does your firm charge a fee for helping clients with claims?
6. Is the firm involved in helping clients to recover their uninsured losses (e.g., vehicle repair costs or an excess) from a third party or an insurer?
7. Does the firm use any other professionals to help clients with their claims (e.g., loss assessors or solicitors)?
8. Has the firm ever helped to resolve a dispute between a client and their insurer about a claim? If so, briefly describe what happened.

Question 2

Do you think the firm's current arrangements are a good as they could be? For example, how do they compare to what competitors are doing? Are clients happy with the service? Can you think of ways to improve, or any extra services that could be offered?

Explain your findings and your opinions (at least 250 words – see the guidance note below).

Guidance notes

Question 1

This question requires you to find out about your firm's involvement in the claims process. Each of your answers should be in full sentences – 'yes' or 'no' answers are not sufficient. Although there is no prescribed word count, you must demonstrate that you have (a) investigated what happens in your firm and (b) taken care to explain this in your answers.

Question 2

This question requires you to think about and evaluate what you discovered for question 1.

If your answers to question 1 were quite short (e.g., because your firm has minimal involvement in claims), your answer to question 2 should be Approximately 400 words.

Topic 8: The customer perspective

This assignment is based on the learning outcomes for all CIP-07 chapters and builds on what you learned in your research for the earlier topics. If you choose this assignment, you should submit it as your final case study.

By now, you've learned a lot about the claims process from start to finish. You should have a good understanding of how insurers handle claims, the typical life cycle of a claim and the different people involved in the process. You've also seen how insurers decide whether or not to pay a claim, and how much should be paid for a claim.

Think about all of this from the perspective of a customer. Look back on your work for the earlier case-studies and think about how an insurer's procedures and practices can make things easy or difficult for a person making a claim.

Question 1

Imagine that you're working on a project that aims to make an insurer's claims process simpler and less stressful for customers. Your role is to look at each stage of the process and suggest ways of making it more customer-focused and customer-friendly. The project is coming to an end soon and you've been asked to present your findings and suggestions to the management team.

Prepare a PowerPoint presentation (at least 12 slides) showing your ideas about how to improve the customer experience at each stage of the claims process. This can be about claims under one type of insurance policy (e.g., the one most relevant to your job), or it can have a more general focus.

Some points to think about when preparing your presentation:

- The types of claims or events most likely to be stressful for a customer
- The things most likely to upset or annoy a customer during the different stages of the process.
- The types of customers who might need some extra help
- How to explain things in a customer-friendly way
- The best ways of keeping the customer informed about what's happening with their claim
- How to avoid complaints and how to resolve them quickly (where this is possible)
- The business benefits of improving the process.
- Anything else you can think of!

Question 2

During the presentation, you are asked two questions:

1. If we make the process too easy, won't it just encourage people to make fraudulent claims?
2. Claims departments have tried and tested ways of doing this. Why should we change them now?

How would you answer these questions?

(Approximately 200 words per answer for question 1 & 2).

Guidance notes

Question 1

This task requires you to prepare a professional presentation to a management team. It should have a logical flow and be based on your own ideas.

There's no need to put lots of words on the slides - add notes under each one to show what you'll say during the presentation.

Question 2

When answering these questions, you'll be explaining the reasons behind the suggestions that you made in your presentation. Be passionate and persuasive!

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Appendix 1:

Case Study Marking Form

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CASE STUDY MARKING FORM

Case Study No. [ ]

Topic No. [ ] Topic Title [ ] Insurance Module [ ]

Learning Outcome: [ ]

To be completed by the Apprentice:

I confirm that all the work on the case study is my own work.

Signed ---------- (Apprentice) Date ----------

Apprentice Student Number_____

To be completed by the Supervisor:

Checklist (**please circle pass or fail as appropriate):**

Attempt 1	Attempt 2	Attempt 3
Pass/Fail	Pass/Fail	Pass/Fail

PRINT Name: _____ (Supervisor)

Signed ---------- (Supervisor) Date ----------