

FSPGI03 - SQA Unit Code H5FV 04

Deal with straightforward claims for insured losses



Overview

This unit may be suitable for you if you work in any type of insurance organisation that does not have claims settlement authority. Your work must involve giving customers guidance on straightforward claims and processing claims settlements received from insurers. Customers often need guidance as to whether a claim will be met in full and the best course of action for them, bearing in mind the need to keep the loss to a minimum and that a claim may have an effect upon their future insurance position. Details of the claim must be obtained and submitted to insurers or their delegated representatives, including any supporting documentation where necessary. You will check the progress of the claim, resolving any queries raised by the insurer. You will notify those concerned of the outcome. You will need to act within the limits of your authority and pay attention to details that are critical to your work.

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Performance criteria

- You must be able to:*
- P1 Obtain accurate and complete information required to proceed with the claim, resolving any queries
 - P2 Refer any situations you are not authorised to deal with to the appropriate person/department
 - P3 Identify any reasons why full settlement may not be made and notify the customer of these
 - P4 Give clear guidance to customers on any necessary loss mitigation and the actions they need to take to proceed with the claim
 - P5 Submit details to insurers in a manner and timescale appropriate to the claim
 - P6 Request any information and/or documentation required to support the claim
 - P7 Advise the customer of any specialists involved with the claim where appropriate
 - P8 Monitor the progress of the claim and deal with any delays
 - P9 Handle problems or complaints associated with the claim in accordance with your organisation's procedures
 - P10 Arrange for settlement of the claim
 - P11 Keep accurate and complete records
 - P12 Comply with legal and regulatory compliance requirements, industry regulations, organisational policies and professional codes

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Knowledge and understanding

You need to know and understand:

- K1 Relevant insurance and legal principles and regulations which affect your activities
- K2 The structure of the insurance market and the roles and responsibilities of the various parties within it as they impact on your activities
- K3 The policy cover, terms and conditions relevant to your work including standard extensions, excesses and/or limitations
- K4 Sources of information and advice
- K5 Your organisation's systems and procedures for accessing, recording and amending information
- K6 Your organisation's requirements relating to the application of codes, laws and regulatory requirements as they impact on your activities
- K7 Your organisation's customer service procedures including those for dealing with complaints
- K8 The limits of your authority and the action required when a claim falls outside those limits
- K9 Your organisation's procedures for processing and recording claims and claims settlements
- K10 The circumstances relevant to your work in which a claims may be repudiated or only partially met
- K11 The actions to be taken by an insured following a loss
- K12 The roles and functions of other parties involved in claims
- K13 How to deal with late reported claims
- K14 How to advise clients when claims have been rejected in full or in part

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Additional Information

Behaviours

1. You use information and knowledge effectively, efficiently and ethically
2. You show understanding of others and deal with them in a professional manner
3. You keep information confidential and secure and disclose it only to those authorised to receive it
4. You are able to convey information that promotes understanding
5. You work in a manner that enhances the business relationship

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