

10 ways to increase customer engagement when handling claims

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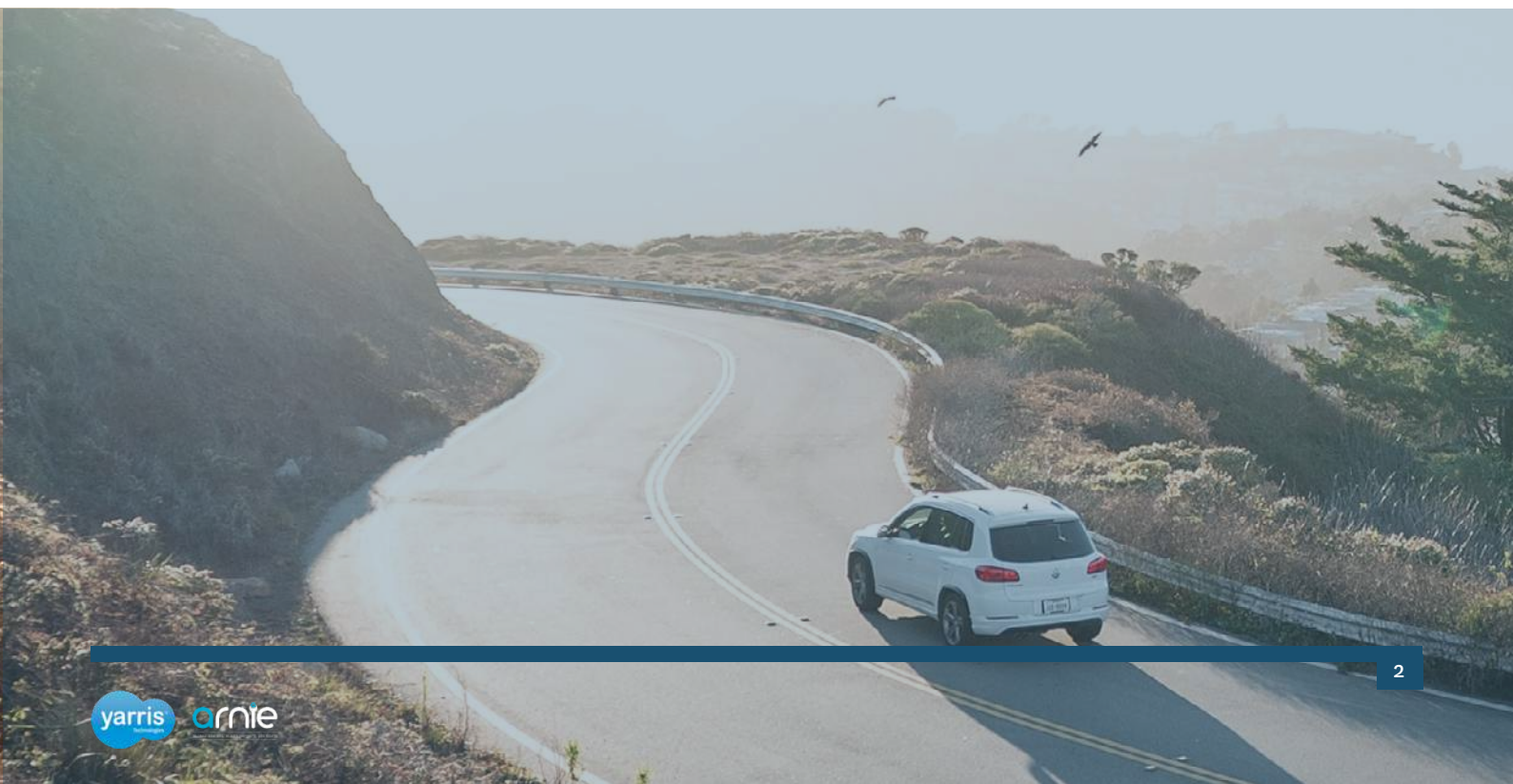
What does it mean to create exceptional customer engagement? Customer engagement is where customers are connected with their services and their service providers. Customer engagement is a defining factor in measuring the strength of your relationship with your customers, whether it be at more regular points of engagement, brief connections or even difficult situations of conflict, complaint and negotiation.


Customer engagement has never been more important in the competitive landscape of insurtech as the customers' options become more expansive. Our technologically advanced world teeters on the edge of becoming less humane. "Most companies must realize that they are no longer competing against the guy down the street or the brand that sells similar products," said Dan Gingiss, author and "Experience Maker".

Of course a customer's experience will vary by the product, service, person, purpose, location and other factors. Engagement could take place at marketing, sales or service interactions.

We dive into claims handling, analysing the customer engagement gaps and opportunities that exist today. These may be measured by Net Promoter Score (NPS), insurance contract renewal and retention rates, no-touch engagement or self-serviceability (sometimes known as the customer or service agents level of effort required), and my personal favourite, the first contact resolution (FCR) rate; "Was your enquiry solved in your first contact?"

In ASIC's Information Sheet INFO 253, in respect of providing [claims] services efficiently, honestly and fairly, ASIC states '...subscribing to and complying with a relevant industry code of practice...is a strong indicator of your commitment to raised standards that complement the legislative requirements.' We will therefore reference the GI Code of Practice to demonstrate how the Code can be a value-add to customer engagement [Source: Insurance Council of Australia]. This is not an exhaustive list of obligations and we encourage you to seek professional advice for the purpose of meeting compliance requirements.





The power is very much in the customer's hands when it comes to the success of claims handling operations. Here are 10 ways Arnie says you can increase customer engagement when handling claims:

1. When lodging a claim

Put yourself in the shoes of the person who suffered a loss. A demonstration of true empathy, attentiveness, responsiveness and support is hard to emulate digitally, but not impossible.

Balancing technology and customer experience is something many insurers have top of mind continuing their customer interactions by phone and face-to-face for this very reason. Our roadmap introduces a claims lodgement platform for customers via mobile to self-service and lodge their own claims and track the status for simplicity and less stress.

General Insurance Code of Practice

Paragraph: 59. If you make a claim, then we will tell you:

- A. about our claims process;*
- B. about any excess amounts you have to cover or pay in relation to your claim;*
- C. about any waiting or no cover periods that need to finish before we start paying you under the policy; and*
- D. how to contact us regarding your claim.*

Paragraph : 68. If you make a claim and we need further information or assessment, then within 10 Business Days of receiving your claim we will:

- A. tell you any information we need to make a decision on your claim. We will use our best endeavours to do that in one request;*
- B. if necessary, appoint a Loss Assessor or Loss Adjuster to assess your claim; and*
- C. provide our estimate of the likely timeframe and process for us to make a decision about your claim.*



2. When estimating the value of loss

The time between lodging a claim and receiving a response on the outcome from the insurer is often emotional for the customer, with anger and frustration routinely expressed as customers are left in the dark. Our customers see this as an opportunity to keep their customers informed, educating them on the process and what to expect, in turn, gaining further trust and credibility in the very early stages of the claim.

Recent changes require insurers for retail clients to explain and provide evidence to support to a customer at claim settlement where there are settlement options available at law. We understand the risks and repercussions of manually processing these claims and have developed automated solutions to create the consistency, transparency, fairness and accuracy insurance customers and regulators long for.

General Insurance Code of Practice

Paragraph: 76. Once we have all relevant information and have completed all enquiries, we will decide whether to accept or deny your claim and tell you of our decision within 10 Business Days.

General Insurance Code of Practice

Paragraph: 59. If you make a claim, then we will tell you:

- A. about our claims process;*
- B. about any excess amounts you have to cover or pay in relation to your claim;*
- C. about any waiting or no cover periods that need to finish before we start paying you under the policy; and d. how to contact us regarding your claim.*

Paragraph: 77. Our decision will be made within 4 months of receiving your claim, unless paragraph 78 applies. If we do not make a decision within that time, we will tell you in writing about our Complaints process.

3. When explaining what to do next

Think of the additional cover options or product benefits the customers may be paying for as part of their premium. By explaining in plain language if and how this may benefit the customer in this particular situation, trust is built as the customer doesn't have to dig up their PDS and policy documents and read from end-to-end to figure out how they're going to get to work in the interim.

Providing accurate information at the time of a claim, reduces calls to retail and product teams and reduces the fragmentation of the customer experience. Centralising your systems and using a source of truth which integrates with other key sources and systems is pivotal when relying on information to share with the customer. Arnie brings together repairers, assessors, policy systems, tow companies and other third parties including hire car companies to achieve just that!

General Insurance Code of Practice

Part 9: Supporting customers experiencing vulnerability





4. When allocating experts and professionals to your claim

It's common practice for a claim to be assessed either virtually or in person by an expert in the field, usually a loss adjuster or motor vehicle assessor. Insurers rely on the expertise of in-house or outsourced trusted partners.

This is a convenient time to reassure and educate the customer about the process and how it benefits them for the highest quality control and best claim outcome.

General Insurance Code of Practice

Ref: 72. If we appoint a Loss Assessor or Loss Adjuster, then within 5 Business Days we will tell you that we have appointed them and what their role is. An appointed loss assessor or loss adjuster may be an Employee.

General Insurance Code of Practice

Paragraph: 73. If we appoint an Investigator or Employee to investigate your claim, then within 5 Business Days we will tell you that we have appointed them and what their role is. When we appoint an Investigator or Employee to investigate your claim, then the investigation process will comply with the Claims Investigation Standards (see part 15).

General Insurance Code of Practice

Part 3: (General) Obligation to you (the insurance customer)

Paragraph: 70. We will tell you about the progress of your claim at least every 20 Business Days.

Paragraph: 82. If you ask for information or for copies of any Service Suppliers' or External Experts' reports that we relied on, then we will give you that information or report within 10 Business Days, as set out in part 12 of the Code.

General Insurance Code of Practice

Paragraph: 204. At least every 20 Business Days, we will update you about the investigation's process.

5. When tracking the progress of the claim

Our real-time claim status tracker enables customers to access a secure portal that provides a real-time status update on the progress of their claim, including repairer allocated, repairs commenced, completed and ready for pick-up. Customers can also subscribe to receive SMS and/or email updates when the status of their claim has progressed.

6. ...even the delays and ETAs

Not all bad news needs to create disappointment, complaints or poor experience. We like to see these as opportunities to learn and engage with the customer. After all, we are all human. When unplanned events occur and unforeseen delays impact the progress of customer claims, we understand the importance of being kept in the loop.

General Insurance Code of Practice

Paragraph: 70. We will tell you about the progress of your claim at least every 20 Business Days.

7. When fulfilment is complete and the customer gets their keys back

This may be an obvious one, but can be something to boast about! Your customers are looking forward to having their own vehicle back and putting this claim behind them. Creating the excitement and providing simple instructions of how, where, when and what they need to do from here, including any payments or excesses they may be due for, can really put the icing on the cake at the end of a simple, seamless and fully informed process.

8. When the claim is handled and the customer has had a chance to breathe

There is nothing worse than receiving a survey request when you have just walked in or walked out of a store, unless it's a sanitized smiley face button at the door of the service station, then that is just simple and super effective real-time feedback. When it comes to gaining feedback from the customer's experience and how their claim was handled, it doesn't have to end when they have their keys returned and monies are settled.

Ask your customers by their channel of choice (phone, email, SMS) how it really went.

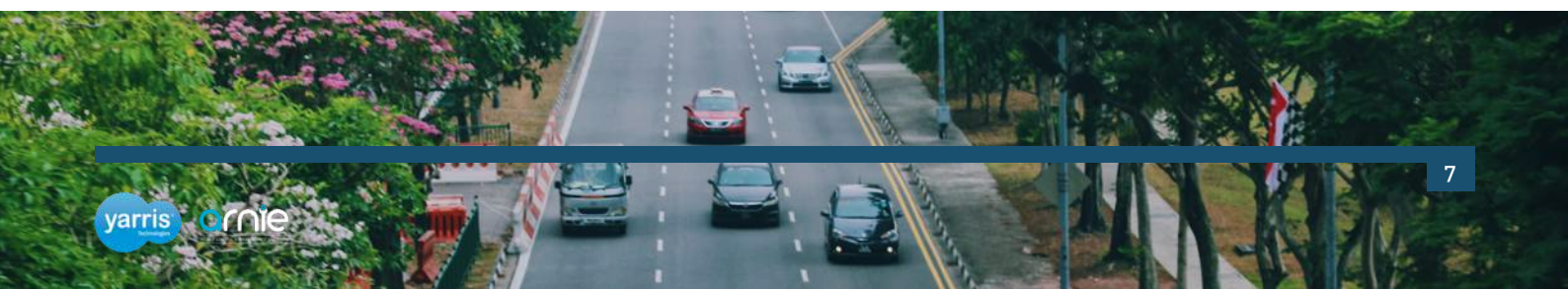
General Insurance Code of Practice

Paragraph 21. We, our Distributors and our Service Suppliers will be honest, efficient, fair, transparent and timely in our dealings with you.

9. Throughout the lifecycle of a product (even if they haven't had to claim)

At Arnie, we are fully aware of the insurance product lifecycle, not just the claim. Data insights and intelligent systems now have the ability to let us know when market values of vehicles change, or when the weather is bad and they should take precautions to mitigate loss.

Claims are the tail that wags the dog. With a large range of variables, actuaries, product and pricing teams regularly analyse, parts, labour, material, vehicle technology and other rapidly evolving automotive advancements to inform underwriting.



10. Service and complaints handling

Integrating systems with service suppliers and other third parties who have the authority to handle claims on your behalf should create rapid access to lodge or share complaints and feedback with the insurer.

General Insurance Code of Practice

Ref: 26. If you make a Complaint to one of our Distributors, about either us or their conduct, then the Distributor must tell us about the Complaint within 2 Business Days. If your Complaint is about a Retail Insurance product, then your Complaint will be handled under the Code's Complaints process.

General Insurance Code of Practice

Paragraph: 27. Our Distributors must notify us within 2 Business Days of any Code breaches by them when acting on our behalf.

General Insurance Code of Practice

Paragraph: 36. If you make a Complaint to one of our Service Suppliers about either us or their conduct, then the Service Supplier will tell us about the Complaint within 2 Business Days. Your Complaint will be handled under the Code's Complaints process.

General Insurance Code of Practice

Paragraph: 37. Our Service Suppliers must tell us within 2 Business Days about any breach of the Code that they are aware of when acting on our behalf.

General Insurance Code of Practice

Paragraph: 71. We will respond to your routine enquiries about your claim's progress within 10 Business Days.

Part 11: Complaints