



Claims Adjuster

Location: Work from home and/or London

Position: 6 months FTC

Salary: Up to £37,000

Our client, a London City based Insurance company, operates on a global and regional product basis, meaning that they can align products and distribution capabilities to transform risk for their customers into opportunities. The role of Claims Adjuster is within the UK Insurance Claims team based in London. This role will be for a 6 month period with a salary of up to £37,000. The role could be fully remote but we would also welcome partial attendance to the London office for social engagement, learning and development.

Role purpose:

Contributes to the preparation and implementation of the operational team plans to ensure these include operational considerations for delivery.

Key responsibilities/actions may include:

- Investigate and resolve Claims in a professional manner to provide excellent Claims handling service avoiding at all times claims leakage.
- Claims processing and data management to support the delivery of a superior Claims service.
- Manage disputed Claims and other material Claims issues to resolve and settle claims on an economic basis
- Deal with telephone or correspondence queries for brokers, clients and our contracted 3rd parties or make appropriate referrals.
- Organise the provision of administrative services, maintain records and provide management information.
- Operate and utilise the in-house IT systems and that of external service providers for data input, reporting, data interrogation and report generation as required, including:
 1. Review and chase up of non-moving claims
 2. Manual entry of claims data onto internal systems
 3. Large loss reporting
 4. Coding of claims (event coding, triage/volatility codes)

Strategy and Planning:

- Contributes to the preparation and implementation of the operational team plans to ensure these include operational considerations for delivery.
- Determines own work priorities and activities in line with agreed plans to ensure the achievement of personal and team objectives.
- Benchmarking of delivery to plan objectives.
- Management team feedback.
- Relevancy, accuracy and timeliness of contribution to operational plans.

Policy, Process and Procedures:

- Adheres to standards, instructions, and good practice to minimise risk and maximise efficiency.
- Documents new reporting/data specifications; and assists end users in the use of the systems and new processes implemented and to ensure processes/activities are in line with internal and regulatory requirements and standards.
- Refers upwards to ensure all policy, procedure and audit requirements are strictly adhered to and that solutions represent best practice.
- Undertakes reviews of reporting activities in order to identify, execute improvements that will increase efficiency.
- Ensure that estimates and billings are calculated correctly by clients and brokers and that Aspen's share has also been correctly calculated.
- Identify, investigate and determine coverage issues so as to ensure that the company's liability is in line with its contractual commitments..
- Compliance with Service Level Agreements.
- Continuous business process improvement.
- Compliance with best practice, regulatory/legal requirements and Aspen processes and policies.
- No legal or regulatory breaches.
- No security breaches
- Progress closely monitored and reviewed.
- Implementation of, and adherence to effective controls.
- Positive feedback from key stakeholders.
- Satisfactory audits.
- Efficiency and cost effectiveness.
- Compliance with operational and procedural instructions, taking into account best practice.

Environmental Awareness/Customer Focus:

- At all times provide a professional service to brokers and clients to uphold the reputation of the Company.
- Ensure that base premiums have been received before making Claim payments.
- Where appropriate, ensure reinstatement premiums have been calculated correctly when making Claim payments.
- Respond to internal and external stakeholder requests in accordance with service standards.
- Flag broker and client expressions of dissatisfaction or complaints and at all time consider the fair and appropriate treatment of Customers throughout any interaction with Aspen or our contracted 3rd parties.
- Risk avoidance/legal compliance.

- Open and regular communication.
- Achievement of objectives.
- Quality response service provided/SLAs achieved or exceeded.
- Relevant and accurate information and reports.
- Positive relationship with colleagues.
- Effective decision making.
- Effective stakeholder analysis.
- Accurate and up to date information available e.g. risks etc.

Technical Performance:

- As required, produce regular statistical and analytical Claims information to Portfolio Managers and Senior Management to enable effective monitoring of Claims.
- Uses systems tools to develop and support operational reporting solutions to best meet business needs.
- Produces management information and data analytics to enable effective monitoring of the team's performance.
- Established profile and credibility with internal and external stakeholders.
- Quality of management information/analytics provided.
- Reporting deadlines satisfy senior management requirements.
- Management of static/slow moving claims
- Data quality improvements.

People Management:

- Supports a specific team within the function / department or specialism to ensure that people, resources and processes are aligned with business needs and fit for purpose.
- Develops own knowledge of standard procedures and processes .
- Act as a point of reference to guide and advise others to ensure the sharing of knowledge and best practice.
- Supports others in the team where appropriate to assist in the achievement of their objectives.
- Team plans and objectives are met.
- Positive feedback from colleagues.
- Asks for feedback and acts upon personal development plans.
- Core values, behaviours are upheld.
- Regular contribution to team meetings .
- Evidences coaching and development of others.

Knowledge, Skills & Experience:

- Relevant knowledge of Claims and/or Products and Policies in appropriate area.
- Working knowledge of company systems.
- Understanding of class specific Products, Policy and/or Claims knowledge .
- Strong interpersonal and communication skills.
- Good organisational skills.
- Able to work independently.
- Proficient in MS Office applications; Word, Excel and PowerPoint.
- Able to manage conflicting priorities to achieve deadlines.
- Ability to plan effectively and efficiently.
- Strong customer orientation skills.

- Ability to collaborate effectively within a team environment.
- Strong attention to detail.
- Strong Investigative skills
- Negotiation skills.
- Able to produce MI and detailed reports at various levels.
- Broad experience of working in a Claims environment within a specialized/complex Claims area (preferred)

or

- Broad experience in Policy products, understanding and interpretation.

Specific accountabilities assigned to the role of Claims Adjuster within Insurance Claims:

- Working with market technology as required, adjust and authorise claim settlements and fees within a designated individual authority limit, escalating claims referrals as required.
- Liaise and negotiate with clients, brokers, loss adjusters and lawyers in the adjustment and settlement of claims, within a designated individual authority limit.
- Work closely with and audit external service providers.
- Deal with telephone or correspondence queries for brokers and clients or make appropriate referrals, as required.
- Assist in the management of technical administration tasks such as 'static claims' and organise the provision of administrative services, maintain records and provide management information.
- Operate and utilise the in-house IT system and that of external service providers for data input, reporting, data interrogation and report generation as required.
- Oversee and manage the provision of claims experience and renewal reports for underwriters, brokers and clients.

Desirable personal attributes aligned to what success looks like in the role:

- **Independent challenger** - ability to innovate and challenge, utilising consultative questioning, current norms to drive change within the global claims function, and work with people of varying backgrounds and organisational levels
- **Knowledgeable practitioner** – deals confidently with uncertainty, leans into difficult conversations while lowering the pressure of resistance
- **Highly organised** with a demonstrated ability to multi-task, analyse and problem solve issues with minimal guidance
- **Strong problem-solving skills** with the ability to think, influence and act strategically
- **Effective communicator** – structures insights into clear messages and effectively engages others within claims and other group functions, as well as external stakeholders
- **Change agent** – leverages a skilful understanding of persuasion and influence, knowing which techniques to deploy.

To apply, please send your interest & CV to: info@rv1group.com