



Learning Outcome		Assessment Criteria		Indicative Content	
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1 12 questions	Understand the general principles in the claims handling process.	1.1	Describe the legal requirements for a valid claim.	1.1.1	Requirements for the insured to prove a valid claim.
				1.1.2	The duties and responsibilities of the insurer when assessing a claim.
		1.2	Describe the different types of policy conditions relating to claims.	1.2.1	The types of policy conditions and their relevance to claims and understand the consequences of non-compliance.
				1.2.2	What is meant by the terms express condition and implied condition and the difference between the two.
				1.2.3	Unfair or hidden terms and conditions.
				1.2.4	The duties of an insured after a loss.
		1.3	Describe what documentary and supporting evidence are typically required when notifying a claim.	1.3.1	Methods for giving first notice of loss.
				1.3.2	Claim forms and content.
		1.4	Explain what is meant by proximate cause and how it is applied.	1.3.3	Supporting evidence.
				1.4.1	Proximate cause and its application to a given set of circumstances.
2 13 questions	Understand insurance products and associated services.	2.1	Describe features, extensions and exclusions of motor policies.	2.1.1	Private motor.
				2.1.2	Motorcycle.
				2.1.3	Commercial.
		2.2	Describe features, extensions and exclusions of household policies, gadget policies, travel policies and extended warranties.	2.2.1	Household - buildings and contents.
				2.2.2	Gadget – laptop, mobile phones, etc.
				2.2.3	Travel.
				2.2.4	Extended warranty.
		2.3	Describe features, extensions and exclusions of commercial property and pecuniary policies.	2.3.1	Commercial property - combined property, all risks, theft, glass, money, fire.
				2.3.2	Pecuniary - business interruption, legal expenses and creditor insurance.
		2.4	Describe features, extensions and exclusions of commercial liability policies.	2.4.1	Liability – employers’, public liability, product liability, professional indemnity.
		2.5	Describe features, extensions and exclusions of health policies.	2.5.1	Health - personal accident, sickness, medical expenses.



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3  13 questions	Understand claims considerations and administration.	3.1	Describe the role of the claims department.	3.1.1	Function of the claims department and staff responsibilities.
		3.2	Explain the importance of service standards and managing customer expectations.	3.2.1	Why good customer service is important.
				3.2.2	Typical service standards content.
				3.2.3	How service standards benefit the insurer and insured.
		3.3	Explain the different parties to an insurance claim.	3.3.1	Describe the first, second and third parties in an insurance claim.
				3.3.2	How third party claims differ from first party claims.
				3.3.3	Explain how third party claims are managed by insurers.
				3.3.4	The various services available to third party claims when dealing with litigation costs.
		3.4	Explain the importance of claims estimating and how reserving operates.	3.4.1	Understand why claims estimating and reserving is important to the company.
				3.4.2	The process of individual case reserving.
				3.4.3	The process of actuarial or global reserving.
				3.4.4	Understand the need for static reviews.
		3.5	Explain how fraud affects insurance claims.	3.5.1	Fraud detection and indicators.
				3.5.2	Understand the various prevention methods.
				3.5.3	Detection databases.
				3.5.4	Consequences for the insurer and genuine policyholders.
				3.5.5	Consequences for third parties committing fraud.
				3.5.6	The consequences for policyholders committing fraud.
		3.6	Describe the ways in which a claims department may ensure that customers are treated fairly.	3.6.1	The importance of the fair treatment of customers and positive customer outcomes.
				3.6.2	Considering vulnerable customers.
		3.7	Describe how disputes and complaints could be resolved or escalated.	3.7.1	The various ways in which disputes can be resolved.
				3.7.2	Arbitration.
				3.7.3	Alternative dispute resolution and litigation.



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4 13 questions	Understand claims handling procedures and related claims services.	4.1	Describe claims-handling procedures for motor policies.	4.1.1	Private motor.
				4.1.2	Motorcycle.
				4.1.3	Commercial.
				4.1.4	Uninsured Loss Recovery.
		4.2	Describe claims-handling procedures for household policies, gadget policies, travel policies and extended warranties.	4.2.1	Household - buildings and contents.
				4.2.2	Gadget – laptop, mobile phones, etc.
				4.2.3	Travel.
				4.2.4	Extended warranty.
		4.3	Describe claims-handling procedures for commercial property and pecuniary policies.	4.3.1	Commercial property - combined property, all risks, theft, glass, money.
				4.3.2	Pecuniary – business interruption, legal expenses and creditor insurance.
		4.4	Describe claims-handling procedures for commercial liability policies.	4.4.1	Liability – employers', public liability, product liability, professional indemnity.
		4.5	Describe claims-handling procedures for health policies.	4.5.1	Health - personal accident, sickness, medical expenses.
		4.6	Explain the roles of external support services used in the claims process.	4.6.1	Outsourcing companies.
				4.6.2	Loss adjusters.
				4.6.3	Loss assessors.
				4.6.4	Disaster recovery companies.
				4.6.5	Surveyors.
				4.6.6	Solicitors.
				4.6.7	Authorised repairers.
				4.6.8	Risk management in the context of preventing and mitigating claims.
				4.6.9	Experts used in the valuation of a third party claim.



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5  6 questions	Understand the claims function and how it may be structured.	5.1	Describe the key features, structure and objectives of different claims systems.	5.1.1	How volume and complexity influence the design of claims handling systems.
				5.1.2	The key information that needs to be stored in a claims handling system.
				5.1.3	Advantages and disadvantages of using electronic claims handling systems.
		5.2	Describe the claims function as it appears in functional and divisional structures.	5.2.1	The different types of organisational structure and the advantages and disadvantages.
6  10 questions	Understand claims settlement.	6.1	Describe the way that claims can be settled.	6.1.1	Payment of money.
				6.1.2	Payment directly to service provider for repairs, medical treatment or other service.
				6.1.3	Replacement.
				6.1.4	Reinstatement.
		6.2	Describe why a full indemnity may not always be paid.	6.2.1	Limits.
				6.2.2	Average clauses.
				6.2.3	Betterment.
				6.2.4	Excesses and deductibles.
				6.2.5	Franchises.
		6.3	Explain how insurers can recover the cost of claims.	6.3.1	Understand subrogation.
				6.3.2	Understand salvage.
				6.3.3	Contribution and coinsurance.
		6.4	Describe the methods used to mitigate the risk of untraced and uninsured drivers.	6.4.1	Industry agreements for untraced and uninsured drivers.



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7 8 questions	Understand how expenses are managed.	7.1	Describe the role of the claims manager.	7.1.1	Claims department strategies.
				7.1.2	Cost and staffing.
				7.1.3	Skills, knowledge and qualifications of claims managers.
		7.2	Explain what claims leakage is and how to identify and reduce it.	7.2.1	Explain and identify the different types of leakage.
				7.2.2	How to prevent leakage.
				7.2.3	Consequences of leakage and improving management of leakage.
				7.2.4	Ex gratia payments.
		7.3	Explain the types of financial monitoring and how this can impact an insurance company results.	7.3.1	Why it is necessary to monitor a company's financial performance.
				7.3.2	Methods of financial reporting and control.
		7.4	Explain the basis and significance of reserving practice.	7.4.1	Outstanding loss reserves.
				7.4.2	Incurred but not reported reserves (IBNR).
				7.4.3	Incurred but not enough reported reserves (IBNER).
				7.4.4	Understand other reserves.