



Leading the Insurance Market

The Association of British Insurers (ABI) and Group Risk Development (GRiD) recently reported that the insurance industry paid out more than £5.7 billion in protection claims during 2019 - a year on year increase of over £470 million on 2018 - with the percentage of claims paid rising to 98.3%. And this just relates to the health sector, ranging from whole life through to critical illness and income protection, it doesn't touch on other policies such as buildings and content or motor insurance.



Conversational approach to claims taking can reduce call time by 30%

At Awaken Intelligence we work with a number of insurance providers across these varied and challenging markets. We, and our customers, know that the claims process for insurance can be anything but simple. Yet it doesn't have to be this way. Our recent work with a global claims handler processing insurance claims across the motor, property, casualty, accident and health sectors, has demonstrated that taking a conversational approach to claims handling not only creates a better customer experience but also can significantly reduce call time by up to 30%.

- Complex claims taking made easier for both, your client and your business
- Decrease training time for your agents up to 70%
- Significantly improve CX
- Reduce call time by up to 30%





Evolving to Dynamic Agent Guidance

Collaboratively working with one of our clients for a year now we have been able to transform their claims handling across multiple territories, replacing a legacy system that relied heavily on a team of developers to update and create new scripts. By deploying Synergy; our Dynamic Agent Guidance solution, the organisation no longer requires developers to make script changes, instead their non-technical contact centre teams build and adjust scripts that better fit the conversational claims process.

The solution acts as a **mind-map**, sitting over various systems that the agents need when processing a claim statement. However, the difference with this approach means that customers can start to share information at any point of the incident and jump to different details thanks to the flexible and dynamic process flow. The agent captures the details without having to interrupt or get into repetitive information cycles and can prompt the customer for any missing details. Agents can be flexible and engage in an empathetic conversation with customers while having access to all the information required via a unified desktop.

Our Conversational Analytics solution helps the business to ensure that not only are agents delivering the same level of experience for all customers for quality control purposes but it also enables managers to analyse agents' conversations from a compliance point of view too. Furthermore, with so many agents working from home, as a result of the current Covid-19 situation, the system closely monitors for fraudulent behaviour such as agents asking customers for their date of birth or credit card details when it is not relevant to the claims process. The system can then alert managers to potentially fraudulent behaviour amongst their agents.

Once all the information has been collated, the Dynamic Agent Guidance system then knits all the details into one claim statement for the insurance provider in question. The system allows for the monitoring of information to ensure that certain statements are communicated appropriately during the claim conversation - which helps our customers to keep abreast of compliance requirements. Meeting compliance standards is absolutely critical when supporting a variety of insurance providers worldwide across an assortment of sectors especially in the current climate of homeworking.

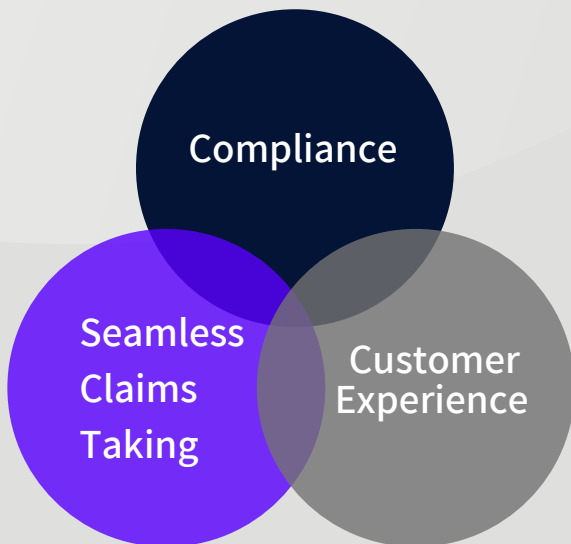
Synergy
by **Awaken Intelligence**



Another important part of the claims process is if a visit from a loss adjustor is required. The agents can access our Dispatch add-on to quickly identify one in the local area to the claimant and check their availability. All this information can be shared with the customer while on the call as well as messaged or emailed to the loss adjustor in question to carry out the next part of the claims process. With many loss adjustors working independently they're also able to manage their availability thanks to the web-based application. The app then enables them to quickly file paperwork, helping to speed up the processing of the claim as swiftly as possible.

Looking to The Future

Since deploying our solution, one of our clients has not only reported an improvement in the customer journey and a dramatic reduction in call handling times but also found that the agent attrition rate has decreased too. Another benefit has been the ability to up-skill agents' 70% faster than standard training methods. As the process is held within the application rather than needing to train the agent on the process. This means agents are taking an active role in call handling within a few days as opposed to a few weeks.



Up-skill your agents 70% faster than the traditional training methods

Time is further reduced thanks to the **automatic mail merge** of information into one statement per claim, which is then delivered to the customer after the call. By working together we have been able to simplify the complex claims process which is critical when meeting multiple compliance and regulatory requirements across different countries and markets for a variety of insurance providers.

