



Current Designation:	Sr. Executive - Claims	Proposed Designation	Senior Executive - Claims
Department/Group:	General Insurance	Occupied by	
Location:	Mumbai – Kandivali	Position Type:	Full-Time
Reporting Relationship			
Reports to:	Operation Manager	Positions Supervised	Runner
Internal Relation:	CRM, Data Management, BDM. Dispatch	External Relation:	Insurance Companies
Mandatory Skills:			
Behavioral		Functional	
<ol style="list-style-type: none"> Sharp – Claims can be of various types which may involve disputes. Empathy - Demonstrates an understanding of the situation and acts fast and cooperatively Communication Skills - Good communication skills will allow the executive to communicate sensitively. Problem Solving – The unfortunate truth about this positions is that most of the time, you're dealing with people who have an issue or problem of some sort. 		<ol style="list-style-type: none"> Knowledge – Knows the various types of dispute resolution process that exist, understanding of what is meant by 'claims leakage' and the different ways in which it can occur Process Oriented - Knows organisation's claims service management principles and procedures & complaints handling process and complaints referral procedure Relationship Management: Able to get work done effectively with the surveyors and other external officers who may be involved in the claims management process. Alert - Able to define fraud and to list the main indicators including any particular to the classes of business being handled. 	
Job Description			
Role and Responsibilities:			
<ol style="list-style-type: none"> Is responsible to examine, investigate & review client's claim in order to determine whether or not they are covered under a policy and to evaluate the extent of a settlement that the insurance company must pay. Knows the organizational processes and procedures for discouraging, detecting and handling actual or potentially fraudulent claims Knows organizational procedures for the appointment of experts/surveyors etc. Reviewing insurance claims after they are submitted to make sure that proper filing procedures have been followed. 			



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5. Assist insurance adjusters with complicated or unusual claims.
6. Ensure that the costs of a particular treatment are reasonable depending on the diagnosis a patient received.
7. Depending on the findings, claims specialists guide the client if the claim may get denied, or it may go for further investigations.
8. The primary duty is to examine complex or unusual claims to determine whether they may be covered.
9. Coordinate with Insurance company officials like disaster recovery firms, solicitors, loss adjusters, and surveyors.



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