INSUR:IT





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Proactive, AI-based claims management

With AI-based claims management, insurance companies enjoy potential efficiencies and fascinating application scenarios that go far beyond what was previously possible. The transition from adjustment-based insurer to customer-oriented service provider with higher quality, speed and cost efficiency is now within reach.

In the event of a claim, interacting with customers in a timely and high-quality manner determines whether they experience a satisfactory customer journey. In practice, information that is quick and easy to obtain is important for process automation, sophisticated claim processing and proactive claims management that goes far beyond mere claim processing.

Information that adds value - available automatically

In claims management, there are countless documents that can be accessed in the system for each case – the more complex the claim, the more numerous and extensive the documents are. This is precisely where AI-based knowledge management comes in. Firstly, those working on the cases are automatically provided with information (e.g. basic information, indications of anomalies, links and even moods in correspondence) and, secondly, they can also ask specific questions in order to obtain the information they need more easily.

The claim-specific knowledge base provides targeted data, extracted specifically and precisely from a large number of documents. During customer reactions, this means that the case handlers are always able to provide information, ask about specific issues and reach results efficiently, which speeds up the settlement process. The Al-based use cases are integrated from end to-end in automated claim processes.

Al enables multilingual processing of more than 100 languages, enabling claimants to submit claims in their native language which are then transferred directly and automatically into the respective processing language in the system.

Al can also capture the emotional, human level using key terms. Is there a special emotional aspect in the correspondence?

Communication should then be adapted accordingly in order to prevent possible escalations at an early stage, regardless of the original language of the claim.

Higher-quality adjustment

In the technical use cases, it goes one step further: existing information is not only retrieved, but also aggregated into text with validated content. For example, the question of 'What is the loss?' can be answered with a brief compilation of the key facts, or potential for recourse can be detected based on anomalies in the wording and the adjustment team told to investigate it.

AI-based use cases in claims management

msg.claim:it also offers so much more: a large number of specific use cases in the context of claims management. All not only extracts the data from the data basis, but also uses it to generate further information on complex issues for proactive claims management. The added value is in the foundation laid by a large number of different cases and the new conclusions that can be drawn from it, going beyond individual pieces of information sourced from the documents. On a meta level, this creates a 'big picture' of, for example, claims on a single property, which can be condensed into a risk assessment or combined with appropriate preventive measures for proactive claims management, bringing the insurance company twice the benefits. Firstly, it is always more cost-effective to avoid loss than reimburse it, and, secondly, the company takes a noticeable positioning as a service provider for customers.

Fraud detection is another interesting use case thanks to the Al-based links between cases, the detection of anomalies and partner-partner relationships.

AI and sustainability

Al-based claims management enables loss prevention with targeted risk information, which is becoming increasingly important in light of climate change (e.g. to prevent consequential losses in building insurance) and raises the visibility of sustainable adjustment alternatives (e.g. with cost comparisons).