

Interaction	Control/Activities	Records
<pre> graph TD     Start([Start]) --&gt; Step1[1. Receipt of Claim Notification]     Step1 --&gt; Step2[2. Obtain claim details from client]     Step2 --&gt; Step3[3. Inform Insurer of claim notification]     Step3 --&gt; Step4[4. Register claim in IBS]     Step4 --&gt; Step5[5. Request for claim documents]     Step5 --&gt; Step6[6. Send reminders to client for documents]     Step6 --&gt; Step7[7. Received documents &amp; request advise from Insurer.]     Step7 --&gt; Step8[8. Cheque received &amp; claim settled]     Step8 --&gt; End([End])           </pre>	<p>1. Claim Notification received from the clients either verbally, through fax, email or other forms of correspondences.</p>	<ul style="list-style-type: none"> <li>Letter/Fax/Email</li> </ul>
	<p>2. To obtain information from client on loss details i.e. nature, date, estimate, letter of demand, summons etc</p>	
	<p>3. Notify the Insurer via email/letter/fax on the new loss. Insurer may appoint lawyer and/or Adjuster if necessary.</p>	<ul style="list-style-type: none"> <li>Letter/Fax/Email</li> </ul>
	<p>4. To register new claim in the IBS Claim System within 7 days from the date of notification.</p>	<ul style="list-style-type: none"> <li>IBS</li> </ul>
	<p>5. Request for claim/supporting documents from client via email/letter and upon receipt of the list of required documents/information from Insurer/Adjuster. Anika to send Claim Form to client for information needed to process the claim.</p>	<ul style="list-style-type: none"> <li>Letter/Fax/Email</li> </ul>
	<p>6. If claims documents are not received from client send reminders either email or letter:-</p> <ul style="list-style-type: none"> <li>i) Send 1<sup>st</sup> reminder after 30 days of last reminder</li> <li>ii) Send 2<sup>nd</sup> reminder after 45 days of last reminder</li> <li>iii) Send 3<sup>rd</sup> reminder after 90 days of last reminder</li> </ul>	<ul style="list-style-type: none"> <li>Letter/Email</li> </ul>
	<p>7. When received claim documents from client:-</p> <ul style="list-style-type: none"> <li>a Vet through the documents to ensure all in order. Make file copy and submit to insurer/Adjuster.</li> <li>b. Send the documents to the Adjuster/Insurer quoting our reference number and the other parties' reference (if any) within 5 days.</li> </ul>	<ul style="list-style-type: none"> <li>Claim document</li> </ul>
	<p>8. Request for immediate advise from Insurer by letter/fax/email. Damages are determined by the courts. Thus, during this period all correspondences will be sent to the Insurer and Insurer will update us on the claim status and we will advise client on the same until the claim settled.</p> <p>Once cheque received, prepare cover letter and send it to client within 5 days. Update claim status "Settled" in IBS.</p>	<ul style="list-style-type: none"> <li>Letter/Fax/Email</li> <li>Cheque</li> <li>IBS</li> </ul>

**Workflow Process**

**CASUALTY/FINANCIAL LINES  
CLAIMS**

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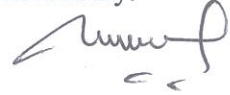
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