



Claims process revamp gets insurer 30% more cost savings and revenue





Challenge:

- *Claims process slow and labor-intensive*
- *Dependence on 3rd party software delayed claims processing time*
- *Less time and resources left to focus on more business-oriented goals*

Solution:

- *Redevelop claims process end-to-end on their existing platform*

Results:

- *Cost savings and revenue went up by 30% overall*
- *Customer satisfaction increased by 26%*
- *Operational performance improved by 15%*
- *More agile internal systems*

About the Customer

Our client is a fast-growing UK insurer and innovator in data, delivering market-leading motor insurance, underwriting, distribution, finance, technology, and legal services. They primarily operate in the property and casualty segment.

The Need

The client saw a need for innovation and continuous improvement. The insurer was also looking to improve customer services significantly and beat competitors to offer better-targeted products to customers. However, slower claims and labor-intensive work processes were causing delays in the process.

The client was looking for a solution that could reduce the claims processing time and efforts while also improving the response quality and customer satisfaction. The client wanted the improved claims management system to contain the following functionalities:

- Claims notification and management
- Split liability claims
- First notification of loss
- Fraud protection and claims accounting
- Credit hire management
- Invoice management
- Ticket handling

Business goals included improving revenue, maximizing profitability, better scalability, and reducing risk.



Aspire's Solution

The most important piece of work delivered by Aspire – both from effort and business value perspective – was the Claims platform. With **20+ years of experience in product engineering**, our domain experts understand the depth and breadth of the insurance business better than anyone else. Aspire Systems was involved from start to finish in the process - from technology consulting to strategy execution and an operating model implementation. Our teams first worked with the in-house teams of the client in implementing SCRUM first.

Giving structure and streamlining the claims process, cutting down redundancy and labor-intensive business processes were among the primary needs of the insurance provider. While better claims, personalization of services, and thus better customer satisfaction were primarily the end-user-oriented goals of the project, business goals included value creation for stakeholders, improved customer engagement & retention, resource optimization, and cutting the go-to-market.

Our approach was to **redevelop** the entire claims process on their existing insurance platform, paving the way for **accelerated delivery** and other benefits. After intensive consultations and strategisation, Aspire System's team gave the client a roadmap for the application development and system integrations to achieve the expected outcomes.





The recommended approach was to revamp the entire claims process within the client's existing in-house system, from the first notification of loss through to claim resolution. The teams together worked on protecting the existing system, identifying patterns of issues that usually arise, driving complexity to the rules engine, encouraging reuse of resolutions, and increasing scalability of the system.

By choosing that approach the new claims product was able to leverage existing capabilities of the system and the following abilities:

- **Single sign on**
- **Security**
- **Mandates**
- **Back Office portals**
- **Document generation and scanning**
- **Customer relationship management (CRM)**
- **Accounting and finance capabilities**
- **Inbound and outbound third-party communication**

The aggressive “**reuse**” philosophy and frequent code audits by our Advanced Technology Group made the platform ready for cost-efficient enhancements and made it scalable. This will help the customer to reduce the time-to-market for their innovative product and stay ahead of their competition. The coding was kept transparent and clean so that, in case of changes, developers could focus on executing them instead of spending hours thinking how not to break the system.

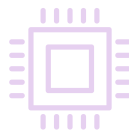


Benefits

By adopting the revamped claims systems , our client has reduced the amount of risk, code required, delivery time, and test effort. We were able to significantly **reduce the investment costs** on an external claims management system that was needed to offset the delays caused internally. The new system comprised a claims portal, a claims accounting portal, a claims rules engine, and much more. Our customer was equipped with best-in-class systems to manage their **customer claims significantly better**. The streamlined claims management system allowed us to improve our client's capabilities in **Electronic Notification of Loss (ENOL)**, which in turn reduced their claims processing costs.

The new platform application **reduced the amount of risk, code required, delivery time, and test effort**. In addition to those benefits, the new system has **increased flexibility** for future business changes. The agility of the system will come in handy to meet the client's growing demands and technological developments in the longer run.

Technology Snapshot



- » C#, ASP.NET MVC,
- » WCF,
- » MS SQL,
- » JavaScript/TypeScript,
- » Angular,
- » DevOps (TeamCity, Octopus)
- » On-premise architecture with certain modules hosted in cloud (MS Azure)



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