

## Job Description

<b>JOB TITLE:</b>	Senior Claims Adjuster - Cyber
<b>DEPARTMENT:</b>	Claims
<b>REPORTS TO:</b>	Claims Manager, Cyber

### Purpose of the Job:

To provide the effective adjustment of a range of both standard and complex claims within the FinPro division. Assisting the Head of FinPro to report on loss ratios to claims management team and underwriters. Dealing with various stakeholders on claims issues when appropriate, whilst effectively liaising with brokers and third parties in the adjustment of claims in line with company strategy and regulatory and legal compliance. To guide and advise Claims Adjusters, resolving any issues and queries and escalating any development needs to Head of FinPro Claims.

### Principal Accountabilities:

- To use concepts, theories and ideas at a strategic level.
- Provide in-depth and expert advice to customers and brokers/intermediaries.
- Apply reason to policy terms in order to negotiate, justify variation to company policy terms and settle non standard claims.
- Successfully facilitate the resolution of investigations into indemnity issues and implements changes to process in line with strategy.
- Contribute to philosophy of supplier management and to panel selection.
- Contribute methods to prevent and recognise fraud and the ability to create new solutions to alleviate.
- Apply case law, statutory breaches and the concept of “reasonableness” to the claim circumstances. Determine if claim is to be disputed and know referral process in these circumstances.
- Contribute to setting company reserving level and policy. Understand bulk reserving policy.
- Manage claims in accordance with company policy, settlement procedures.
- Actively seek feedback from customers and brokers/intermediaries in an effort to improve customer service. Is able to proactively identify trends and issues which affect customers. Maintain and develop customer service agreements in order to support strategic plans.
- Audit reports and identify trends to create economical, effective reports which actively contribute towards strategic direction.
- To negotiate settlements outside of normal company policy.
- Actively interpret latest changes in regulation and develops business requirements.
- Actively revise and edit reports to create focused, concise documents.
- To utilise financial reporting information and insurance performance measures in the management of claims
- Develop and enhance relationships both internally and externally.
- To deliver claims business and team objectives through effective leadership of others.
- Manage others in accordance with strategy.
- To conduct effective skill gap analysis for self and others. Utilise other skills to plan own professional development.
- Responsible for the delivery of strategic projects and the timely output of the team’s work.

## **Decision Making Responsibilities:**

- Make judgements and tailor existing practices to new and emerging situations.
- To make effective decisions when dealing with complex technical claims scenarios. To provide recommendations for claims decisions to team members.
- Contribute to underwriting process.
- Apply concepts, theories and ideas at a strategic level and make complex judgements.
- Determine claims handling processes in line with company strategy.
- Review process and determine potential claims “leakage” as part of the settlement process.
- To appoint appropriate approved experts and the ability to analyse specialist external reports.

## **Regulatory Conduct Rules**

1. Act with integrity.
2. Act with due skill, care and diligence.
3. Be open and co-operative with Lloyd's, the FCA, the PRA, and other regulators.
4. Pay due regard to the interests of customers and treat them fairly.
5. Observe proper standards of market conduct

## **Education, Qualifications, Knowledge, Skills and Experience:**

- ACII qualified, or a willingness to undertake continued personal and professional development
- In depth knowledge of regulation requirements and legal issues
- Knowledge of the basic principles of risk management.
- Knowledge of the legal principles giving rise to subrogation and is able to develop methods to ensure successful recovery.
- Able to identify financial trends and manage claims in line with expected loss ratios and management criteria.
- Advanced literacy and numeric skills
- Advanced communication and interpersonal skills
- Advanced negotiation, persuasion and influencing skills
- Multi tasking skills to meet timescales and deadlines.
- In depth experience of managing and settling a range of claims
- Solid claims adjusting experience gained within the Insurance industry
- Experience of establishing and maintaining effective working relationships