



Australian Government

FNSISV408 Manage handling and settlement of routine insurance claims for retail clients

Release: 1

FNSISV408 Manage handling and settlement of routine insurance claims for retail clients

Modification History

Release	Comments
Release 1	This version first released with FNS Financial Services Training Package Version 5.0.

Application

This unit describes the skills and knowledge required to handle routine retail insurance claims. It includes organising and analysing information to establish probable cause and policy coverage, determining the quantum of claims, and assessing settlement options.

The unit applies to those who use well-developed interpersonal, analytical and communication skills in organisations of various sizes and across a range of retail insurance customer bases.

Work functions in the occupational areas where this unit may be used are subject to regulatory requirements. Users are advised to check with the relevant state and territory regulatory authorities to confirm those requirements.

Unit Sector

General Insurance

Elements and Performance Criteria

ELEMENT	PERFORMANCE CRITERIA
<i>Elements describe the essential outcomes.</i>	<i>Performance criteria describe the performance needed to demonstrate achievement of the element.</i>
1. Analyse insurance claim to determine validity	1.1 Source and analyse information, and check its accuracy and completeness 1.2 Determine and evaluate probable cause, parties to the claim, insurable interest, additional information requirements, and if loss assessor is required 1.3 Evaluate application of relevant statutory and common law principles relevant to claim 1.4 Confirm insured's entitlement to cover based on terms and conditions of insurance policy

ELEMENT	PERFORMANCE CRITERIA
	1.5 Seek confirmation and/or approvals by required stakeholders 1.6 Evaluate option to fast track claim in cases of financial hardship 1.7 Identify suspicious, fraudulent and non-standard elements of claim 1.8 Document decision, including evidence and information collected
2. Monitor progress of insurance claim	2.1 Monitor provision of service provider reports according to relevant codes of practice 2.2 Provide progress reports to the insured according to relevant codes of practice 2.3 Liaise with internal and external stakeholders relevant to claim
3. Determine scope of insurance claim and settlement options	3.1 Review information to identify scope of claim and deficiencies 3.2 Determine extent of loss according to organisational policies and procedures 3.3 Confirm insured and non-insured items 3.4 Determine basis of settlement and settlement options according to terms and conditions of insurance contract 3.5 Review recovery options and their impact on settlement of claim 3.6 Obtain approval for basis of settlement, as required
4. Provide claims response to the insured	4.1 Prepare or review statement of claim for offers of cash settlement in part or full, according to regulatory requirements and organisational policies and procedures 4.2 Negotiate claim settlement with the insured 4.3 Inform the insured of the internal complaints process and external dispute resolution process and of insured's right to information 4.4 Settle claim in line with the insured's preferred settlement method
5. Finalise and document settlement decisions	5.1 Confirm final payments were made to insured within required timeframes 5.2 Document decisions and all evidence and information considered in determining claim according to organisational policies and procedures

Foundation Skills

This section describes those language, literacy, numeracy and employment skills that are essential to performance but not explicit in the performance criteria.

SKILL	DESCRIPTION
Numeracy	Performs mathematical calculations to process settlement payments

SKILL	DESCRIPTION
Oral communication	• Presents complex information using vocabulary, tone and pace suitable to audience and purpose • Uses questioning and active listening techniques to clarify and confirm understanding
Reading	• Analyses and consolidates information and data from a range of sources against defined criteria and requirements • Analyses and interprets reports
Writing	• Records and completes organisational documentation and correspondence using clear language and correct spelling, grammar and terminology
Planning and organising	• Plans tasks and workload considering required timeframes and involved stakeholders • Makes low-impact decisions within familiar situations based on a range of predefined or routine practices
Self-management	• Applies systematic and analytical decision-making processes to determine and implement investment solutions that meet client needs and financial requirements
Teamwork	• Complies with work instructions and contributes to work group discussions using accepted conventions • Negotiates with a range of people, identifies common cultural and other differences in the work context, and makes adjustments to address the differences
Technology	• Uses digital technologies to access, enter and store information

Unit Mapping Information

No equivalent unit. Newly created unit.

Links

Companion Volume Implementation Guide is found on VETNet -

<https://vetnet.gov.au/Pages/TrainingDocs.aspx?q=c7200cc8-0566-4f04-b76f-e89fd6f102fe>

Assessment Requirements for FNSISV408 Manage handling and settlement of routine insurance claims for retail clients

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Performance Evidence

The candidate must demonstrate the ability to complete the tasks outlined in the elements, performance criteria and foundation skills of this unit, including evidence of the ability to:

- handle and settle routine insurance claims for at least two different retail clients.

In the course of the above, the candidate must:

- assess and interpret a variety of insurance product wording and associated endorsements to validate the claims.

Knowledge Evidence

The candidate must be able to demonstrate knowledge to complete the tasks outlined in the elements, performance criteria and foundation skills of this unit, including knowledge of:

- legislative and common law requirements and codes of practice relevant to the claim, including those relating to the application of the Insurance Contracts Act
- principles of Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) Act, General Insurance Code of Practice, and collection of monies relating to routine insurance claims
- organisational policies and procedures relating to handling and settlement of retail clients' routine insurance claims
- effective analytical and communication skills
- principles of utmost good faith
- key features of internal complaints process and external dispute resolution process
- interpretation of proximate cause, relevance of causation and impact on indemnity of a claim
- principles of indemnity relating to settlement of a claim
- principles of subrogation relating to settlement of a claim
- insurance product and policy types and their terms and conditions
- roles and responsibilities of insurance claim stakeholders, including colleagues, loss assessors, specialists and/or other authorities.

Assessment Conditions

Skills in this unit must be demonstrated in a workplace or simulated environment where the conditions are typical of those in a working environment in this industry.

This includes access to:

- organisational records
- organisational policies, procedures, legislation and regulations as they relate to contracts of insurance
- common technology and software required to manage claims.

Assessors of this unit must satisfy the requirements for assessors in applicable vocational education and training legislation, frameworks and/or standards.

Links

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