



Australian Government

Department of Education, Employment and Workplace Relations

FNSISV512A Work with legal teams to resolve complex claims

Revision Number: 1

FNSISV512A Work with legal teams to resolve complex claims

Modification History

Not applicable.

Unit Descriptor

Unit descriptor	This unit describes the performance outcomes, skills and knowledge required to support legal proceedings to resolve a non-routine, complex claim. It encompasses establishment of terms of reference for working with a legal team, the provision of timely, accurate information to support the legal proceedings for the claim, and participation in the settlement of a non-routine, complex claim that involves legal resolution. This unit is applicable to individuals working within enterprises and job roles subject to licensing, legislative, regulatory or certification requirements including legislation administered by the Australian Securities and Investments Commission (ASIC).
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Application of the Unit

Application of the unit	This unit applies to job roles involving specialist knowledge and functions in a range of insurance sectors and may be applied within organisations of various sizes and across a range of customer bases. It may be applied where it is necessary to work with legal teams in resolving a non-routine/complex insurance claim such as major losses, bodily injury losses and long term settlement.
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Licensing/Regulatory Information

Not applicable.

Pre-Requisites

Prerequisite units		

Employability Skills Information

Employability skills	This unit contains employability skills.
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Elements and Performance Criteria Pre-Content

Elements describe the essential outcomes of a unit of competency.	Performance criteria describe the performance needed to demonstrate achievement of the element. Where bold italicised text is used, further information is detailed in the required skills and knowledge section and the range statement. Assessment of performance is to be consistent with the evidence guide.
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Elements and Performance Criteria

ELEMENT	PERFORMANCE CRITERIA
1. Establish the requirements of legal proceedings for an insurance claim	1.1. Comprehensive <i>terms of reference or instructions</i> relevant to the legal proceedings for the <i>non-routine and complex claim</i> are established 1.2. Terms of reference are checked to ensure they are within organisation and legislative guidelines, codes of practice and personal authorities and are clearly documented 1.3. Roles and responsibilities of all parties involved in the legal proceedings for the claim are negotiated, confirmed and documented 1.4. Requirements and procedures of legal systems involved in the claim proceedings, including domestic and/or other relevant countries, are clarified
2. Provide relevant claims information to the legal team	2.1. Legal team representatives are identified and information requirements confirmed 2.2. Options for obtaining the <i>legal data/information</i> are discussed and <i>sources of legal data/information</i> are identified 2.3. Facts, evidence and information relevant to claims proceedings, is collected thoroughly, systematically and accurately 2.4. <i>Historical data</i> is researched, as required 2.5. Legal data/information is analysed for relevance 2.6. Information deficiencies are identified and additional information is sought from appropriate <i>sources</i> 2.7. Legal data and information is provided to legal team in compliance with organisation policies and procedures, compliance, ethical and legal requirements and within required timeframes and authorities
3. Support the legal process from a claims/underwriting perspective	3.1. Instructions for and receipt of legal advice pertaining to the claim occurs as required 3.2. Liaison with legal team, doctors or other relevant parties occurs as required to expedite insurance claim resolution 3.3. Documents passed as part of the legal proceedings comply with organisation, regulatory and legislative considerations 3.4. Timelines are negotiated for provision of relevant

ELEMENT	PERFORMANCE CRITERIA
	documents to the legal team and adhered to 3.5. Insurers manage matter before the court in a matter that achieves the best and most expeditious resolution at minimum cost 3.6. All appropriate methods within organisation, legislative, codes of practice or other guidelines are employed to clarify conflicting evidence or information 3.7. All actions, procedures and outcomes in supporting the legal team are documented and recorded promptly
4. Participate in settlement arrangements	4.1. Participation in mediation and negotiation activities occurs, as required 4.2. Meeting is arranged with instructing legal practitioner to discuss settlement meeting and to review settlement documents 4.3. Settlement meeting is attended at prescribed venue 4.4. Documentation is checked to ensure it is correct 4.5. Documentation is exchanged with the appropriate parties 4.6. Letter of confirmation of settlement is drafted, forwarded to instructing legal practitioner for review and despatched to relevant parties 4.7. Relevant documents are registered/lodged/recorded as appropriate 4.8. Stakeholders are informed of outcome
5. Report outcomes and update records	5.1. Actions, procedures and outcomes are documented and recorded promptly and accurately according to organisation policy and legislative requirements and codes of practice, as applicable 5.2. Stakeholders are provided with accurate and timely advice regarding the claim settlement

Required Skills and Knowledge

REQUIRED SKILLS AND KNOWLEDGE

This section describes the skills and knowledge required for this unit.

Required skills

- highly-developed communication skills to:
 - determine and confirm information, using questioning and active listening as required
 - relate effectively to customers
 - liaise with others, share information, listen and understand
 - use language and concepts appropriate to cultural differences
- well-developed numeracy and IT skills to:
 - perform calculations related to achieving required outcomes
 - use computer applications (word processing, spreadsheet, database, specific purpose computer systems) to assist in achieving required outcomes
 - access and update records electronically
 - access web-based information services
- well-developed literacy skills to read and interpret documentation from a variety of sources and record and consolidate relevant related information
- learning skills to maintain knowledge of changes to compliance legislation and requirements
- problem solving skills to identify any issues that have the potential to impact on work outcomes and to develop options to resolve these issues when they arise
- self-management skills for complying with ethical, legal and procedural requirements research and analysis skills for accessing and interpreting relevant information
- organisational skills, including the ability to plan and sequence work

Required knowledge

- claims management
- contract and commercial law principles
- data analysis techniques and procedures
- insurance law, relevant legal systems and procedures, relevant acts
- IT and communications systems
- loss adjusting principles and practice
- organisation policy, procedures, underwriting guidelines and authorities
- policy coverage, requirements and policy wording
- relevant industry compliance requirements, legislation and industry codes of practice
- research methodologies and practices
- risk prevention/loss minimisation methods and application

REQUIRED SKILLS AND KNOWLEDGE

- roles, responsibilities and jurisdiction of specialists and other authorities
- rules of evidence and information gathering and documenting principles
- types and categories of insurance policies

Evidence Guide

EVIDENCE GUIDE	
The Evidence Guide provides advice on assessment and must be read in conjunction with the performance criteria, required skills and knowledge, range statement and the Assessment Guidelines for the Training Package.	
Overview of assessment	
Critical aspects for assessment and evidence required to demonstrate competency in this unit	Evidence of the ability to: interpret and apply organisation policy and procedures and compliance with legislation and regulations and industry codes of practice in working with legal teams in all aspects of the managing the legal process associated with a claim and resolving the legal aspects of a claim.
Context of and specific resources for assessment	Assessment must ensure: - competency is demonstrated in the context of the work environment and conditions specified in the range statement either in a relevant workplace or a closely simulated work environment - access to and the use of a range of common office equipment, technology, software and consumables - access to organisation records - access to organisation policies and procedures.
Method of assessment	A range of assessment methods should be used to assess practical skills and knowledge. The following examples, in combination, are appropriate for this unit: - evaluating an integrated activity, which combines the elements of competency for the unit, or a cluster of related units of competency - observing processes and procedures in workplaces - verbal or written questioning on underpinning knowledge and skills - evaluating samples of work - accessing and validating third party reports - setting and reviewing workplace projects and business simulations or scenarios.
Guidance information for assessment	

Range Statement

RANGE STATEMENT

The range statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Bold italicised wording, if used in the performance criteria, is detailed below. Essential operating conditions that may be present with training and assessment (depending on the work situation, needs of the candidate, accessibility of the item, and local industry and regional contexts) may also be included.

Terms of reference or instructions may include:

- date and location of loss, damage or injury
- estimate of loss, damage or injury
- instructions for scope of information required
- insurers reference
- legal procedures and timelines associated with the claim
- name of insured and initial contact
- other parties involved
- period of insurance
- policy cover
- policy number
- proposed documents to be passed
- type.

Non-routine and complex claims may involve:

- claims involving legal procedures, including those that involve working across international boundaries
- claims involving long-term settlements
- complex claims involving major losses/bodily injury losses
- complex technical determinations
- high monetary impact
- important client base.

Non-routine aspects may include:

- disputes in other jurisdictions
- special inclusions and exclusions.

Legal data and information may include:

- claimant medical history
- claimant medical records and reports
- claimant test results
- correspondence to a range of medical/hospital professionals on claimant related matters
- forms
- interview records
- legal case reports

RANGE STATEMENT	
	• legal, government, professional and other documents • letters • meeting notes • minutes • official, general, other correspondence • policy documents (including current and archival policies relevant to the claim) • records of telephone conversations • reports from others such as loss adjusters, assessors, insurers, medical providers, rehabilitation providers and others as applicable • time sheets.
Sources of legal data/information may include:	• employer and industry associations • employers • insurance brokers • legal team members • loss adjusters, specialist and other claims staff • medical and like providers • rehabilitation providers • relevant data bases and documentation: • legal • insurance • organisation • risk managers • the community • underwriters • union • work team members.
Historical data may include:	• archival policies.
Documentation may include:	• legal team reports, correspondence and records • legal, government, professional and other documents • meeting notes • minutes • official, general and other correspondence • reasons for recommending certain actions and decisions over others • records of telephone conversations • reference to all data and information considered • reports from others such as:

RANGE STATEMENT	
	• loss adjusters • assessors • insurers • medical providers • others • the basis on which the decision was determined.
Stakeholders may include:	• broker or agent • claims managers and specialists • client • government or statutory authorities • insurance broker • insured • principal • reinsurers • third party • trustee • underwriters • other relevant parties.

Unit Sector(s)

Unit sector	Insurance services
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Competency field

Competency field	
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Co-requisite units

Co-requisite units		

