



Job Description

NAME:

JOB TITLE: Claims Validation Unit Handler

Grade: 4

REPORTS TO: Claims Validation Unit Team Leader

LOCATION: Swansea

Purpose:

To directly manage a portfolio of claims, respond to fraud referrals and conduct appropriate investigation in line with Company Claims Philosophy, reserving accuracy standards and limits of authority, best practice and regulatory requirements to deliver optimum outcomes and control of indemnity spend.

Key Responsibilities

- Investigate and resolve fraud claims in order to drive optimum outcomes whilst controlling the investigation and litigation costs based on commerciality or ERS strategic objectives.
- Manage referral allocation to ensure that appropriate cases are retained, development feedback provided to individuals on cases that are returned to the business units and to use the information to constantly review the Fraud Indicators & Mandatory Referrals into CVU
- Proactively examine and evaluate claims to ensure accurate reserving of claims held within the portfolio of cases
- Assist with development and application of claims strategies in order to conclude claims in an economical and efficient way and to drive down the length of 'claims lifecycle'
- Identify contribution and other recovery issues and ensure that these are successfully pursued where appropriate
- Liaison and discussion with other relevant areas of the business and key stakeholders to include Underwriters, Underwriting Validation Team and Commercial.
- Participate in all relevant meetings in order to share knowledge and best practice.
- Use knowledge from referrals and quality audits to contribute to and deliver process improvement initiatives to continually build operational and technical capability
- Assist with identifying threats and opportunities in the market and external environment, contributing to the development of change solutions to optimise ERS technical and operational response
- Be aware of and act upon all compliance matters e.g. TCF, Data Protection, and Money Laundering etc.
- Support compliance with Lloyd's, FSA & FOS regulations

Product & Technical Knowledge

- Good knowledge of fraud indicators and mandatory referrals
- Good knowledge and understanding of liability and indemnity issues
- Awareness of pre and post litigation procedures (appropriate to level of claims handling ability).
- Understanding of CRU/NHS procedures in PI Claims Handling.
- Understanding of the purpose and remit of the IFB & IFED
- Current knowledge of compliance, regulatory and statutory requirements
- Experience of working in a Motor claims environment with an understanding of personal injury claims.

Skills & Competencies

- **Effective Communication Skills**

Candidate is able to express themselves clearly and effectively when communicating (may include written, verbal or listening as forms of communication)

- **Driving & Delivering Results**

Motivation to complete work and deliver the desired outcome in line with job requirements and timescales, both independently and/or by management of a team.

- **Planning & Organising**

Making good use of time, establishing effective goals based upon priorities and establishing clear and efficient work practices.

- **Problem Solving**

Defines problems clearly and logically, effectively using an appropriate problems solving and decision making style to address situations. Seeks to find solutions.

- **Decision Making**

Effectiveness and ability to make decisions to achieve goals.

- **Commercial Awareness (including Financial Awareness)**

Aware of internal and external commercial and financial markets and the financial and commercial impact their decisions may have on the success of the business/department.

Role holder Name (PRINT).....

Role holder Signature.....

Date:.....