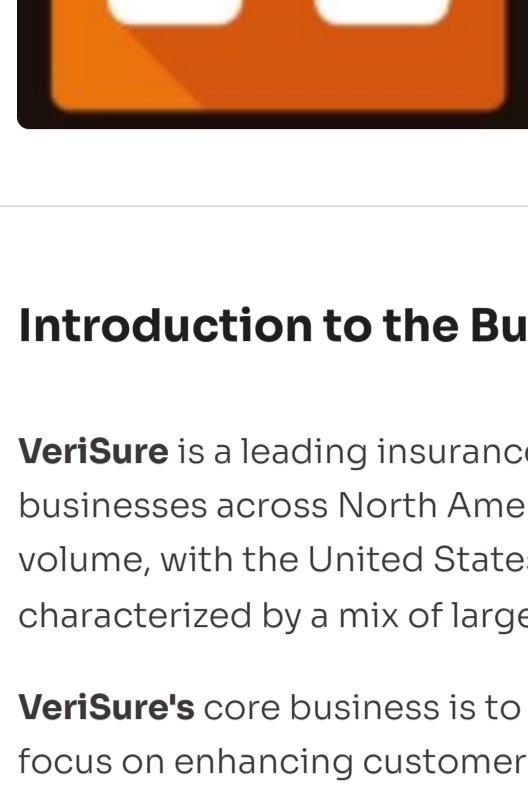


Proceess Mapping For Verisure using **Draw.io**

Project done by **Asekhamo Efeomo Blessing**

# Verisure Insurance – Process Improvement Project

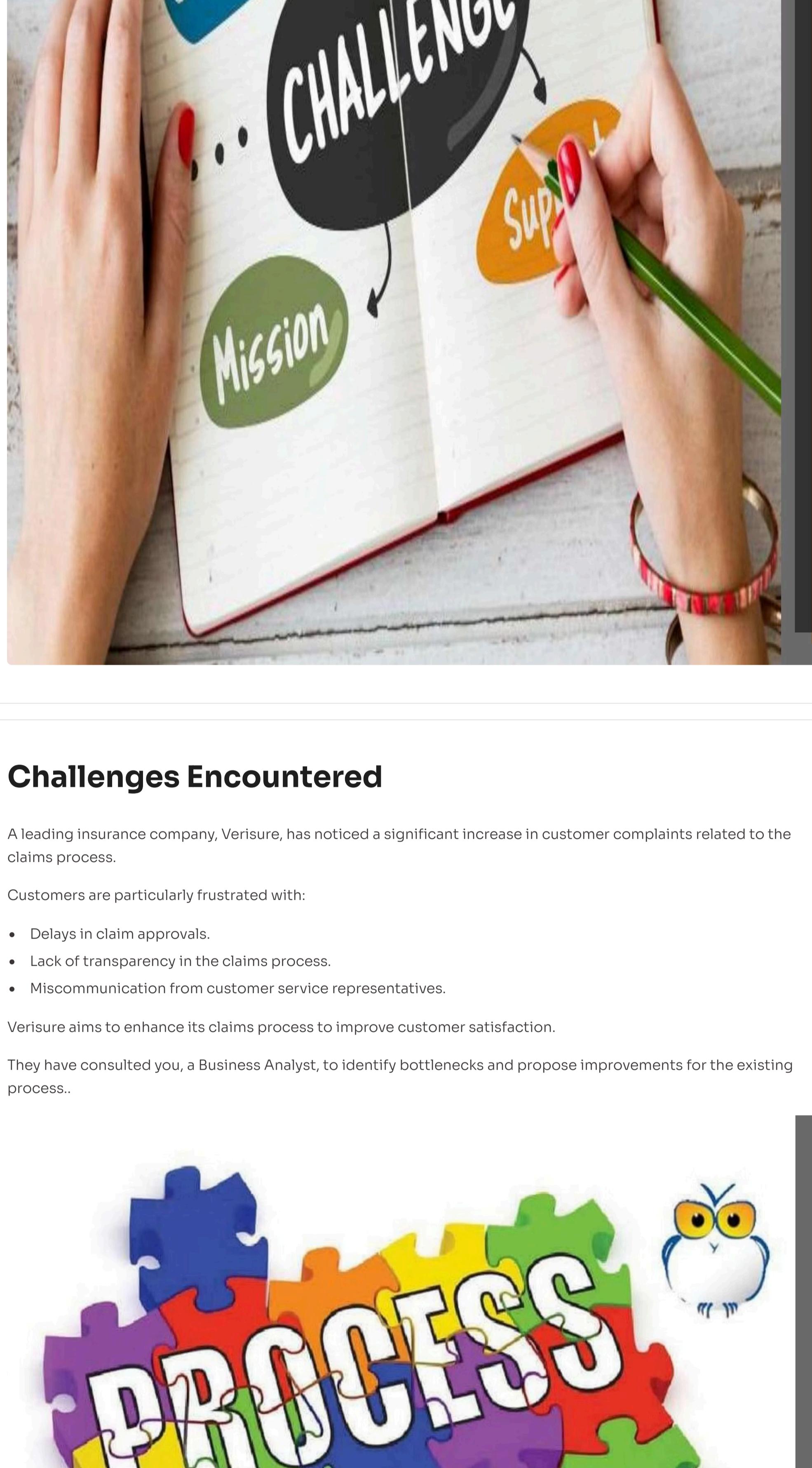
The project focuses on enhancing efficiency and customer experience in claims management



## Introduction to the Business

**Verisure** is a leading insurance company providing a range of financial and protection services to individuals and businesses across North America. The insurance industry in North America is the largest globally by premium volume, with the United States alone accounting for nearly half of the world's direct premiums. The market is characterized by a mix of large, multiline conglomerates and smaller, specialized insurers.

**Verisure's** core business is to deliver resilience through insurance and risk management services, with a strong focus on enhancing customer satisfaction and improving operational efficiency. The company offers a variety of insurance products, including property and casualty, life, and annuities, catering to a diverse consumer base.



## Challenges Encountered

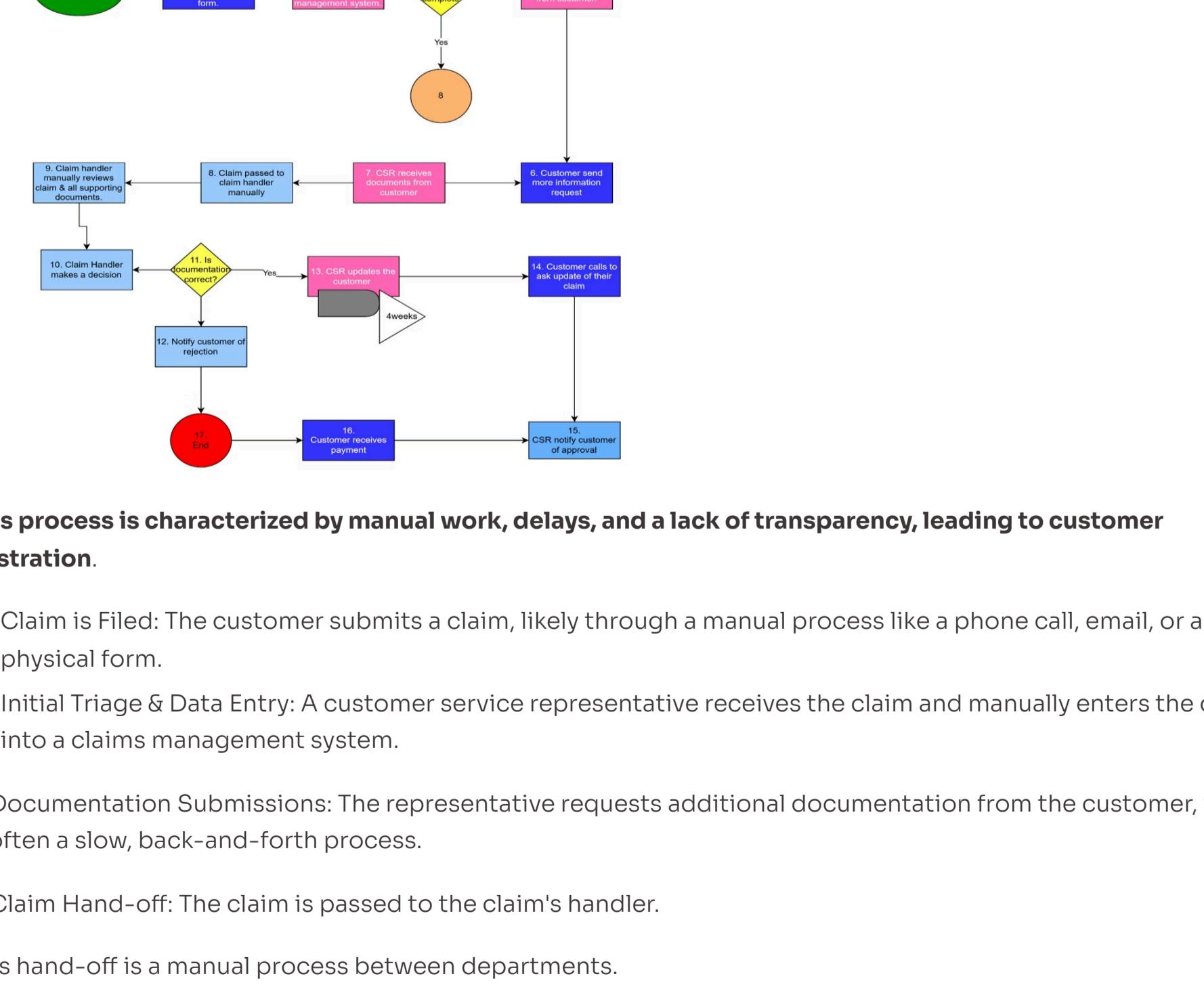
A leading insurance company, Verisure, has noticed a significant increase in customer complaints related to the claims process.

Customers are particularly frustrated with:

- Delays in claim approvals.
- Lack of transparency in the claims process.
- Miscommunication from customer service representatives.

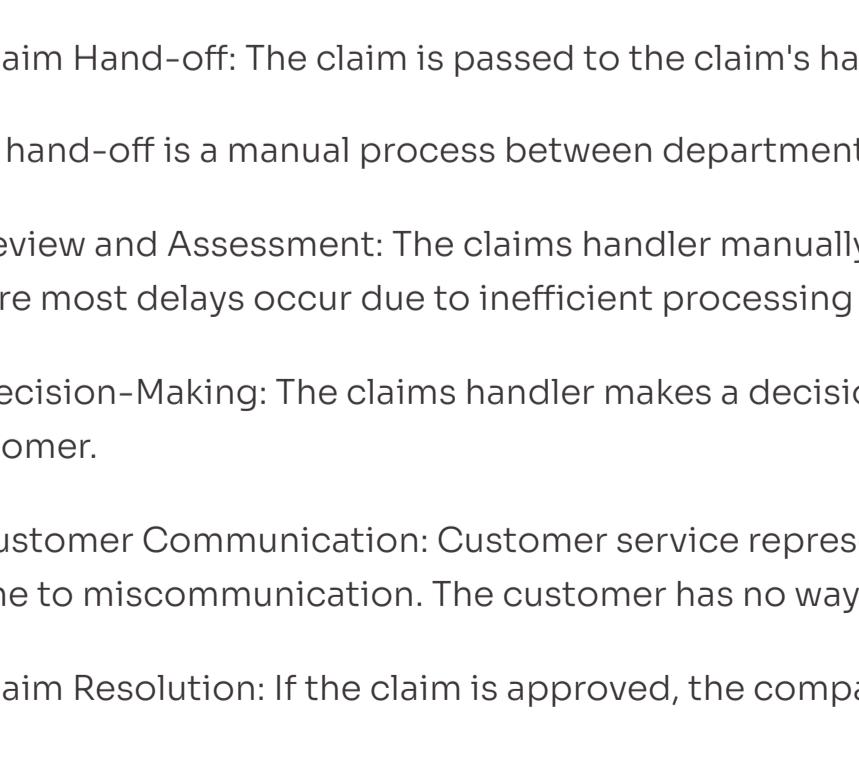
Verisure aims to enhance its claims process to improve customer satisfaction.

They have consulted you, a Business Analyst, to identify bottlenecks and propose improvements for the existing process..



## Current and Future Process flow

After the Elicitation session, the Business Analyst will have a clear understanding of the customer complaints related to the claims process and processing steps. You will review the current process and map out a proposed solution.



This process is characterized by manual work, delays, and a lack of transparency, leading to customer frustration.

1. Claim is Filed: The customer submits a claim, likely through a manual process like a phone call, email, or physical form.
2. Initial Triage & Data Entry: A customer service representative receives the claim and manually enters the details into a claims management system.
3. Documentation Submissions: The representative requests additional documentation from the customer, which is often a slow, back-and-forth process.

4. Claim Hand-off: The claim is passed to the claim's handler.

This hand-off is a manual process between departments.

5. Review and Assessment: The claims handler manually reviews the claim and all supporting documentation. This is where most delays occur due to inefficient processing and a lack of resources.

6. Decision-Making: The claims handler makes a decision on the claim, and the results are communicated to the customer.

7. Customer Communication: Customer service representatives provide updates, but this is often inconsistent and prone to miscommunication. The customer has no way to track the claim on their own.

8. Claim Resolution: If the claim is approved, the company processes the payment.

### Rationale for the Project

(What is the Importance of the project to the business)

1. Increased efficiency: By revamping the process, the company seeks to streamline operations, automate routine tasks, and reduce manual work. This will free up staff and make the claims process more efficient.

2. Improved customer experience: Provide a solution that addresses customers' frustrations with delays, a lack of transparency, and miscommunication, leading to declining satisfaction. The project aims to address these issues directly to create a better experience.

3. Enable Data-driven decisions: The project will allow the company to use data to prioritize improvements, which is essential for making informed decisions on technology, processes, and personnel.