

Analysis notes

The goal of your project is to model and enhance the business process for handling claims at a car insurance firm. Three essential positions in this process have been interviewed by you, including a claims manager, a claims handler from the claims handling department, and a customer service representative from the customer service department. Below are the pertinent sections of the interview transcripts for each role.

Customer service representative:

"I first make sure a customer's claim is full when I receive it. If it is incomplete, I request that the customer fill in the blanks and resubmit the claim. I register and forwards complete claims to the claims handling division after receiving them. I then watch for a message from the claims manager informing me that a choice has been made. I send the consumer a customer satisfaction survey after obtaining this notification. If a customer returns a completed survey, I first enter it into our database of customer satisfaction. I then examine it more closely to determine if the total level of satisfaction the customer indicated is at least 5 on a scale of 1 to 10. If so, my work is finished. All that is left for me to do is inform the claims manager if it is not. I make a no reply item in the customer satisfaction database if, after delivering the survey to the client, I don't hear back from them within two months."

Claims handler:

"When I receive a claim from customer service, I first verify that the claimant has a valid insurance policy." If this is not the case, I notify the claimant that the claim has been denied owing to an invalid policy. Otherwise, I assess the claim's seriousness. I transmit applicable forms to the claimant based on the results of this review. I also verify that the form is complete. I only enter the claim into the claims management system if the form is completely filled out. Otherwise, I request that the claimant revise and complete the form. When you receive the revised form. I double-check it for accuracy. After registering the claim, I begin analysing it as either simple (for minor car accidents) or complex (for major car accidents). When a claim is complicated, I must also obtain the related car accident report from a police report database. Based on the claim and, if necessary, the police report. I generate a first claim estimate and action plan. Finally, I provide the claims manager both the initial claim estimate and the action plan."

Claims manager:

"I make a final decision after receiving an initial claim estimate and action plan from the claims handling department." I notify the customer of my choice based on the outcome of the decision (accept or reject). I then update the claim file to reflect the decision and alert customer service that one has been reached. Following that, there are two options:

- I receive news from customer service that the results of a customer satisfaction survey show that the client's overall satisfaction is very low (i.e., fewer than 5). In this instance, I obtain the relevant survey and claim from our databases. I extensively examine them to determine whether our internal operations could have been handled differently or may be improved in the future to better delight our customers. Finally, I apologise in writing to the claimant and promise to deliver better services in the future.*

- *I have not received a response from customer service within two months. In this scenario, I am not compelled to take any further action!"*

Following that, you took an active position in witnessing how this process works by assuming the role of the claimant. You ran this process numerous times with a fake identity (as agreed with the process owner) and made the following observations.

Claimant:

The claimant fills out a claims form and submits it to the auto insurer's customer care department. After that, the applicant must wait for a response, which could be one of the following:

- *Customer service notified me that my claim had been approved; in this situation, I don't need to take any more action.*
- *In response to a request from customer service to complete a form's missing information, the claimant edits the form and resends it to claims handling.*
- *Rejection from claims processing: In this situation, the claimant does not continue with their claim.*

The claimant waits for the claims manager to provide him or her the final decision after submitting a completed form to the claims processing department. After that, the customer service sends the claimant a customer satisfaction survey. The claimant has the option of disregarding this form entirely. He or she may also decide to complete it; often, the claimant does this when he or she is dissatisfied with the service and sends the form back to customer service. If this is the case, the claims manager may send the claimant a letter of apology within two months; otherwise, the claim is over.

Make a BPMN model of the as-is claim registration process using the information from above. Make appropriate assumptions.