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Specification of business processes

1. Business goals of the organization

"Asinus" is an automobile insurance company. The scope of operations is national with 37 stationery offices in:

- 1 miasto powyżej 1 000 000: *Warszawa**
- 4 miasta od 500 000 do 1 000 000: *Kraków**, *Wrocław**, *Łódź**, *Poznań**
- 6 miast od 250 000 do 500 000: *Gdańsk**, *Szczecin**, *Bydgoszcz*, *Lublin**, *Białystok**, *Katowice**
- 26 miast od 100 000 do 250 000: *Gdynia*, *Częstochowa*, *Radom*, *Rzeszów**, *Toruń*, *Sosnowiec*, *Kielce*, *Gliwice*, *Olsztyn*, *Zabrze*, *Bielsko-Biała*, *Bytom*, *Zielona Góra*, *Rybnik*, *Ruda Śląska*, *Opole*, *Tychy*, *Gorzów Wielkopolski*, *Elbląg*, *Płock*, *Dąbrowa Górnicza*, *Wałbrzych*, *Włocławek*, *Tarnów*, *Chorzów*, *Koszalin*

and the main one being in Warszawa. The company was founded in early 2010's and since then is systematically expanding in terms of cities, employees and customers.

When a new customer wants to use our services he can do it stationary or online, where in both cases the branch responsible for evaluating the price will be chosen depending on the place of origin of the client, e.g. customer is from Poznan - Poznan branch will handle that customer.

The most important business issues are to properly evaluate the price of an insurance for customers and keeping the time needed for claim processing as low as possible. The prices cannot be too high to ensure competitive pricing to attract new customers but also cannot be too low to keep the business profitable. Claim processing is also a vital part of the business that determines its profitability. The company workers are experts, who have to properly evaluate damages and propose relevant compensations for the claims.

Claims can be submitted physically at every stationary office or online, via website. In both cases the victim is the one who needs to submit the claim to receive given compensation for his losses.

The victims are perceived as potential (if not already) customers. Keeping them satisfied throughout the claim processing makes it more likely that when they will be searching for new insurance they will reach out for our services or they will recommend them to their family or friends.

Main goals:
- Increasing the number of new customers by 3% per year.
- Keeping customer's satisfaction above 80% percent level, checked monthly.

2. Business processes

Processing claims

a. *A general description of the business process and a description of the performance metrics generated by this process, possible current analytical problems.*

The process of processing customers' claims starts when a car accident happens.
First the victim of such an accident files a claim via website or in one of our stationary offices. Then a claim processing is divided into four parts:
1.) **Initial validation** - this is the first step where a worker checks if the policy number given in the claim is an existing and valid policy number of our customer. Also the brief check of document correctness is made - if PESEL numbers, customer name and city names are correct (eg. without typos) and if all necessary information is provided. If the claim passes all of that it is being accepted and awaits evaluation.
2.) **Evaluation** - the process where the specialist tries to fairly evaluate the true damages based on given information. This is also the stage where all hidden incorrectness can be discovered (e.g. some mistakes in a police report or incomplete medical history), thus it may require the worker to contact the person submitting the claim.
3.) **Final decision** - offering the victim the compensation we are ready to pay out.
4.) **Survey** - person submitting the claim is asked to fill a survey regarding the claim processing. The survey is optional as we cannot force a person to fill it and it asks questions about customer satisfaction throughout the whole process.
* Jumps between phases 2. and 3. are common things. Contact, if needed, is maintained preferably via email (phone calls in certain situations).

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b. *Typical questions:*

What is the acceptance rate of customer claims?
How many submissions were submitted last year?
How much money was paid out in compensation?
What was the average lifetime of a claim - from submitting till final decision?
Which worker handled the most and which the least claims?
What month did the most accidents occur? (early winter?)
What is the average payout per claim?
What is the percentage of clients with no claims made quarterly/monthly?
What is the average customer satisfaction level?

The data is taken from an internal database of customers' information and their claims. The information about customer satisfaction is derived from excel sheets (exported Google forms) and then linked with the claim and stored in a database.

Analyzing, evaluating and calculating stakes for clients

a. *A general description of the business process and a description of the performance metrics generated by this process, possible current analytical problems.*

The process of analyzing, evaluating, and calculating stakes for clients in an insurance company involves assessing the potential risk associated with providing insurance coverage to a client, determining the appropriate coverage amount, and calculating the premium to be paid by the client. The analysis is usually based on various factors such as the client's driving history, age, location, type of vehicle, and the level of coverage required.

b. *Typical questions*

What is the average car age and drivers age for the 10% of the most expensive policies?
Which agent is setting the highest prices and which the lowest?
Which correlation is higher: driving experience and insurance price or car price and insurance price?
What is the average time needed for branch to evaluate insurance in relation to the number of inhabitants of the city? (Can it be true that more inhabitants=more competition=more precise analysis?)
Which city has the highest and which the lowest average prices of evaluated policies? (We can find a target city to focus our advertisement campaign on)

c. *Data*

The data is taken from the company's database, where detailed information about the customer and their car is held. There is also an external database UFG (Ubezpieczeniowy Fundusz Gwarancyjny) where the comprehensive history of a driver can be found.