



The UAE's Third Largest Insurance Firm Automates its End-to-end Claims Process with Newgen

Achieves straight-through processing for 63% of cases Saves over AED 2 million annually

Overview

Our customer is a leading insurance company in the UAE, founded in 1975. It offers diverse products to individuals and businesses, including healthcare, motor, property, travel, life, engineering, marine, aviation, energy, and liability. Despite its successful business operations, the company faced inefficiencies and lower productivity due to a manual approach to claims management. It collaborated with Newgen to modernize its end-to-end claims process.

Customer Pain Points





Manual Claims Process

The existing claims process relied heavily on manual intervention, which slowed down operations and increased the likelihood of errors



Lack of Digital Tools

The existing system did not allow users to manage claims digitally, resulting in inconvenience and a poor customer experience



Operational Losses

The absence of a unified platform and standardized procedures led to poor operational effectiveness



Compliance Issues

Lapses in risk management and inconsistencies in processes caused compliance challenges

Regular Industry Approach

The insurance industry is increasingly embracing digital transformation to streamline claims management.
Current systems employed in the sector include automated claims processing software, Al and machine learning for fraud detection and risk assessment, and digital platforms for a more integrated approach to handling

claims. Despite such advancements, many insurance providers face challenges with their digital transformation journey due to integration issues with legacy systems. Insurers need a more personalized customer approach, and the ability to adapt to the rapidly changing regulatory landscape. This can only be solved with a unified approach.

How Newgen Made a Difference

The insurer embarked on a transformative journey with **Newgen's Claims Management** solution to automate its claims operations, from intimation to closure. Built on a low-code platform, this solution seamlessly integrated with the existing core system, allowing claim handlers to revamp processes without any disruptions.

Key highlights of the implementation include:

- Automated Claim Initiation: The implementation enabled automatic initiation of the claims process upon incident detection or reporting. Customer self-service portal, available via mobile and web, enabled real-time registration of claims
- Unified Interface: The deployment allowed the insurer to view, manage, and assess all claim-related activities through a comprehensive dashboard, eliminating the need to use multiple platforms or contact multiple departments
- enabled the insurer to collect a wide range of data, including claimant information, incident details, and any other information that could help assess and process the claim accurately by supporting various information in various formats
- Data Retrieval & Verification: The Al-enabled platform fetched all relevant information once the user filled a few key fields. It also prevented the submission of multiple claims for the same incident by flagging duplicate entries
- Compliance Checks: The automated compliance checks ensured that all claims are processed legally and in accordance with company policies, reducing the risk of errors or disputes

- Comprehensive Reporting: The deployment provided detailed reports on the claims' status, offering stakeholders better visibility and insights into the process
- Surveyors: The solution made it easier for repairers and surveyors to send in their cost estimates and get them approved quickly by the insurer. It also offered the flexibility to add new stakeholders (garages, assessors, loss adjusters, surveyors, investigators, claim officers, etc.) or modify existing ones
- Document Identification and Extraction:
 The solution comprised an intelligent document classifier that used AI/ML algorithms to automatically recognize various types of documents (such as invoices, contracts, etc.) and extract meaningful information
- Credit and Debit Note Generation: The solution helped automatically determine when a credit or debit note needs to be created, fill in all the necessary details, and produce a professional-looking note in PDF format
- Authority Matrix: The company was able to define clear financial limits for decision-making roles in the claims process using the authority matrix. It helped clarify the extent of financial authority that each role possessed

Business Benefits

Simplified Claim Processing

Around 63% of claims were settled through straight-through processing, resulting in accelerated settlement and disbursal



Cost Savings

The company achieved an impressive reduction in operational expenses, saving more than AED 2 million per annum



Faster Repairs

Integration with third-party garages & repairers led to a 50% reduction in the service or repair turnaround time, resulting in improved customer satisfaction

Lower Carbon Footprint

Comprehensive digital transformation helped to eliminate 2+ million prints and establish more eco-friendly claims practice



Conclusion

Newgen's advanced Claims Management solution steered the insurance provider on a profitable path by automating end-to-end claims processing. The upgraded system reduced the turnaround time for various functions, improved collaboration with partners, and led to superior customer satisfaction.

About Newgen

Newgen is the leading provider of a unified digital transformation platform with native process automation, content services, communication management, and Al/ML capabilities. Globally, successful enterprises rely on Newgen's industry-recognized low code application platform to develop and deploy complex, content-driven, and customer-engaging business applications on the cloud. From onboarding to service requests, lending to underwriting, and for many more use cases across industries, Newgen unlocks simple with speed and agility.

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