



Working together to benefit insurance claimants

The claim is the 'moment of truth' for the general insurance (GI) industry. Insurance is unique in that it is a service you buy hoping never to have to use. So when a customer makes a claim, it provides the opportunity for the insurer to fulfil its promise. At this moment, when a customer may feel vulnerable and emotional, how the insurer treats that customer can greatly impact satisfaction, advocacy, loyalty, profitability and the reputation of the industry as a whole.

In today's world, where switching insurers is relatively easy and social media allows disgruntled customers to quickly air their views to a wide audience, it is more important than ever for insurers to be delivering superior claims handling.

Solution: A syndicate of insurers within GIMRA (General Insurance Market Research Association), currently numbering twelve, has been collaborating since 1998 to improve satisfaction with household and, more recently, motor claims handling. The approach is a shining example of how competing profit-making organisations can put aside their competitive rivalry to act as one, using market research for the common good of the customer.

The overarching objective of the research, conducted with partner Harris Interactive, is to improve key areas of the claims service in line with customer needs and priorities. To ensure the syndicate has a full understanding of the customer viewpoint, the continuous quantitative survey takes the customer through each key touchpoint of the claim journey.

Creating the right measurement design was critical. Different drivers of satisfaction, conscious drivers, latent motivators, top-of-mind and those relatively unimportant are identified and linked to key aspects of the service experience. The gap between expectations and performance is monitored using actionable descriptive scales, producing a detailed understanding of what insurers need to do to meet or exceed customer expectations. This enables insurers to better deliver service that prioritises what really matters to customers, to more effectively manage internal resources and tailor the right communication messages. Qualitative insight keeps the content aligned to changing customer needs and industry challenges.

The research allows subscribers to understand their individual positions in the marketplace and provides tracking over time. Insurers also have the facility to have updated results on a monthly basis via an online portal and, if desired, data in real time.

Action: The research delivers a cost-effective and comprehensive view of the marketplace, enabling insurers to benchmark their performance, and learn from others how to improve service to their customers. This results in the industry raising its standards across the board even among the weaker players, and we have seen satisfaction with the claims process rise over time.

Given the importance of "the claim", many of the insurers use the results as a vital tool in measuring the status of their relationships with customers and to monitor process performance, improve processes and communications across the customer journey.