The Digital Claims Customer Journey

Protecting Insurance Claim Management against Fraud with the Power of Analytics
Customers now demand claims services and experience tailored to align with their evolving digital lives.

01 Increasing adoption of connected cars, smart home solutions and AI tools is gradually changing the face of existing claims functions; additionally, insurers with “digital-first” business models are innovating the claims business through a digitally superior value proposition.

02 Cumulatively, these trends are altering the process of filing a claim into a fast, simple, and satisfying experience.

03 To leverage the value of digital, claims functions should be more customer centric and must excel in Customer Experience (CX), efficiency and effectiveness.
The claims business is undergoing a radical, digitally infused transformation.

02
To leverage the value of digital, claims functions must become customer-centric and excel in Customer Experience (CX), efficiency and effectiveness.

03
Modern day customers demand instantaneous resolution of claims, transparent processes and personalized claims journey.

87% policyholders believe claim experiences impact their decisions to remain with insurers.

87%
Digital transformation helps in meeting customer expectations.

Digital claims transformations generate impact across all of claims’ foundational key performance indicators.

01 Efficiency

Reduce claims expenses by 25%-30%

- Analyzing historical repair/maintenance
- Data to decrease estimate times and manage costs
- Leveraging telemetric and IoT to drive claims prevention and FNOL*
- Social media, drone imagery, AI intuitive apps are being deployed for efficient claims processing

02 Effectiveness

Significantly improve claims handling accuracy

- Insurers are observing customer needs, customer value and executing specific actions based on predictive algorithms
- Data science is being deployed at every step of the customer’s digital journey
- Biometrics, vendor analytics, risk evaluation tools are used to ensure accuracy in claims handling

03 CX

Increase CSAT score by ~20% points

- Insurers can customize their offering to meet the new needs of the customer, and executing specific actions based on their behavior
- Data engineering can be deployed at all critical step of the digital journey
- Look at modern technologies like biometrics, vendor analytics, risk evaluation tools are used for enabling accurate claims handling
01. Product Simplification
Insurers should improve UX by simplifying product content, enabling quicker interactions and transactions.

03. Intelligent Case Management
Supporting the entire journey with automated, intelligent case management is critical to establish an end-to-end digital customer journey.

05. Back-office automation
Insurers can fully automate their back-office processes; Digital Technologies can support and assist the decisions of claims handlers, leading to better outcomes.

02. Customer & Intermediary Self-service
Insurers can transfer routine transactions from claims handlers to agents, brokers or customers themselves.

04. Frontline & back-office process digitization
Digital Technologies and systems can standardize manual processes, which will result in leaner processes and reduced follow-ups, recalculations and litigations.

06. Frontline & back-office process digitization
Insurers should provide customers with the necessary information in digital channels, which makes gives them the sense of control they desire.
InsurTech Transformation

Introduction

Digital Claims Transformation Strategy

Digital Claims Technology Matrix

Adoption Drivers and Opportunities - India

Growth Drivers – Who is Doing What?

Analyst Recommendations
Insurer can achieve digital value throughout the insurance value chain

<table>
<thead>
<tr>
<th>Stages</th>
<th>Activities</th>
<th>Current State</th>
<th>KPIs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PRODUCT MANAGEMENT, PRICING &amp; UNDERWRITING, DISTRIBUTION, ADMIN &amp;</td>
<td>Market analysis, profitability simulation, Actuarial analyses, risk selection,</td>
<td>Marketing, sales, distribution, channel management, Lack of SFA</td>
</tr>
<tr>
<td></td>
<td>CUSTOMER SERVICE, CLAIMS &amp; PAYMENT</td>
<td>limited personalisation and policy bundling, High deductibles, Manual</td>
<td>planning, Agent driven sales process, Manual, on premise admin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>processing, lack of experience, historical regression analysis</td>
<td>handling, lack of integrated CRM to handle complex issue</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increased revenue/policy, Ease of product bundling, Increased risk</td>
<td>Claim processing, invoicing, fraud detection, Lack of synchronised</td>
</tr>
<tr>
<td></td>
<td></td>
<td>prediction accuracy</td>
<td>payment, leakage, time consuming process</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increase % of sales growth, Higher net income ratio</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Increase customer satisfaction, Reduce case cycle</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Combat fraud, optimize claim recovery, lower handling cost</td>
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</tr>
</tbody>
</table>

**ADVANCED PREDICTIVE ANALYTICS WITH AI MODULES**

- Personalised and data driven policy bundling, Lower deductibles per usage
- Precise risk selection and actuarial prediction for underwriting
- Shorter sales cycle, personalisation via omni-channel touch point
- Standardization and contextualised case management, lower FCR and TAT
- Automated payment cycle, lower under/over payment, faster claim processing
Proliferation of Internet and affordable devices is expected to further Insurtech adoption

Smartphone Users Growth – India (mn)

During 2017 – 2022, Smartphone user base is expected to grow at a CAGR of 11%

Presently, India holds the position of offering the lowest average data tariff plans

The combination of Smartphone and affordable internet plans is anticipated to create the ecosystem necessary for digital insurance
During 2017 – 2022, Smartphone user base is expected to grow at a CAGR of 11%

### Smartphone Growth

In 2018 India accounted for 10% of global smartphone shipments.

**Unit shipments** increased y-o-y **9.6%** in 2018.

- **2017**: 125mn
- **2018**: 137mn

### Key Growth Drivers

#### Affordable Mobile Data Plans

Average Data Tariffs

- **Indonesia**: $0.02
- **Brazil**: $3.5
- **UK**: $6.66
- **China**: $8.89
- **US**: $12.37

Zimbabwe has the highest price at $7, global average is $8.5.
Insurers have the option to digitize their claims process, irrespective of their position in the maturity curve

**Digital Maturity Roadmap**

**Foundational**
- Pilot automated notifications and use of chatbot
- Pilot “no-touch” claims handling

**Intermediate**
- Expand automated claims handling and use of chatbot
- Deploy drones as “adjusters”
- Establish analytics CoE* in claims
- Seek more external data sources

**Advanced**
- Use visualization and modelling to assess claims risk
- Implement machine learning for anti-fraud
- Expand claims volumes handled via RPA
- Evaluate medical treatments and repair effectiveness

*Source: E&Y *CoE: Center of Excellence*
Insurers can begin with existing data, before looking to external data streams or adopting RPA, AI or any other advanced technology.

Data should be used to create full views of individual claims and utilized to evaluate future risks and leakage risks.

Mature organizations can leverage data lakes as the basis for advanced analytics and real-time visualization.

Machine learning and visualization techniques can help predict claims risk with greater accuracy and certainty.

Provide a consistent claims handling approach relative to unbiased reserving, litigation, subrogation and other claim processes.

Early and intermediate adopters can establish analytics labs or CX CoEs, to carry out low-risk and low-cost pilot projects.
Digitizing the claims process is essentially redesigning the process flow from the customer perspective.

01
The key to claims transformation is to consider the processes from the customer perspective and calibrate technology to facilitate each step in the back-end of the customer journey.

02
Digitalization helps insurers to be more responsive, automate low value transactions and expedite the claims process.

03
Advanced predictive analytics and Big Data are fueling the rise of a digitally enabled ecosystem.
End-to-end digitization of the customer journey

Predictive Analytics & Big Data

- **AI & ML based data analysis** to identify high risk situation and stakeholders
- **AI & ML based data analysis** for risk selection
- **Claim event prediction** based on real time data
- **Processing time prediction**
- **Biometric authentication & Chatbot based FNOL**
- **Real time prediction** of claims characteristics
- **Risk segmentation by complexity**
- **Risk segmentation by complexity**
- **Automated Total Damage Prediction**
- **Claims assessor route optimization**
- **Invoice analysis** to avoid under/over payment
- **Fraud Detection and Prevention**
- **Salvage opportunity identification**

High Relevance
Insurers are now facilitating streamlined customer journeys through digital ecosystems.

01 Insurers are increasingly expanding their footprints across the insurance ecosystem by integrating with technology enablers, claims surveyors and other third party service providers.

02 The aim is to achieve competitive differentiation by maintaining the sole ownership of customers throughout their claims journey.

**FIRST RESPONDERS**
- Invoice-verification service provider(s)
- Claims assessors
- Direct repair-shop
- Network
- Roadside assistance service providers

**THIRD PARTY SERVICE PROVIDERS**
- Rental-car companies
- OEM repair shops
- Law firms and law enforcement agencies
- Weather-information providers

**TECHNOLOGY ENABLERS**
- Insurtechs
- IoT providers and OEMs
- AI solution providers
- Telematics solution providers
Digitalization helps in normalizing high cost drivers across major claims functions

<table>
<thead>
<tr>
<th>Manual Process</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Claims setup</td>
<td>• High personnel costs</td>
</tr>
<tr>
<td>• Liability validation/ coverage</td>
<td>• Human error in recording, validating and diverging assessments</td>
</tr>
<tr>
<td>• 3rd party identification</td>
<td>• Duplication of efforts</td>
</tr>
<tr>
<td></td>
<td>• Diverging assessments due to different skill sets</td>
</tr>
<tr>
<td></td>
<td>• Extensive data challenges manual data processing</td>
</tr>
</tbody>
</table>

**Digitalization Benefits**

- “Can route upto 80% of P&C claims through digital evidence recording ”
- “Can process 50% of P&C straight-through”
- “Can save up to 5% of FTE through technological levers “
Digitalization helps in normalizing high cost drivers across major claims functions

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>FNOL</th>
<th>LOAN ASSESSMENT &amp; REPAIR</th>
<th>SETTLEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Digital channels can process “simple” claims straight-through and route to personal channels for complex issues</td>
<td>• Filter out claims for straight-through processing and enhance manual processes with smart assessment tools</td>
<td>• Relieve service center with chat bots and increase control through portal solutions</td>
</tr>
<tr>
<td></td>
<td>• Relieve service center and technical staff through automation of repetitive tasks</td>
<td>&quot;Can route upto 80% of P&amp;C claims through digital evidence recording “</td>
<td>“Can save up to 5% of FTE through technological levers “</td>
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Analyst Recommendations
Cost benefit analysis
—
digital insurance business models

Irene van den Brink, Director of Business Development at InShared, claims that her company’s digital model has ensured strategic advantage over traditional players.

• She highlights the biggest advantage of having a digital model is the ability to scale up businesses with comparatively lesser Fixed Time Employees (FTEs).

• The company has managed to maintain the highest NPS score in the Dutch market as well as the lowest cost ratio.

• She claims digital business model enables one InShared FTE handles roughly 14,286 policies.

• InShared presently maintains a 10% cost level, as compared to traditional direct players maintaining a cost level between 20% and 30% and broker models even higher than that.

Market share in digital auto insurance, achieved within a span of 5 years
Policies managed by a core team of 35 ftes
Additional policies can be handled by “just a few more ftes”
Cost level to run a portfolio of P&C insurance
Digital technologies matrix by business functions

Tools Implemented

- IoT sensors
- Smart home & monitoring devices
- IoT sensors
- Biometrics
- Chatbot
- Digital point of contact
- Algorithms for claims classification
- Image and video recognition tools
- Drones as assessors
- Chatbot
- Digital supplier management portals
- Algorithm for invoice verification
- Automated payment processing
Digital technologies matrix by business functions

**Actions Taken**

- → Analysis of device data
- → Identify usage or consumption patterns
- → Detect and predict risks
- → Push notifications and safety warnings are sent
- → Claims event detection
- → Biometric Authentication
- → AI chatbot deployed as digital POC to detect fraud
- → Algorithms help in predicting processing time
- → Identification of claims type and characteristics
- → Real-time segmentation of claims by complexity
- → Support claims-handling through intelligent algorithms for optimal case management
- → Leveraged chatbot to handle claims service requests
- → Enabled communication of claims handler, clients and suppliers
- → Digitized invoice reviews
- → Automated payment processing
Progressive Insurance collaborated with Zubie for claims prevention; both the companies leverage telematics to determine premiums for usage based auto insurance.

Zubie drivers plug in a ‘Zubie Key’ into their car’s on-board diagnostic port and a built-in program then provides feedback directly to the drivers' smartphone.

Zubie offers customers the option of sharing their driver data with Progressive in order to earn a discount on auto insurance through Progressive's ‘Snapshot’ program.

Through this collaboration, Progressive managed to engage its customers much before a claim occurrence; the transparency in driving data sharing makes the customer feel empowered of their data, thereby boosting brand trustworthiness.
The company has worked towards redefining customer experience with chatbot-based FNOL system that creates automated claims payouts within seconds.

It deploys machine learning to underwrite customer risk and handle claims; it uses big data to predict risks and quantify losses by placing the customer in a risk group and thereby quoting a relevant premium.

The company’s “AI Jim” does its assessments by cross-referencing home information, compares it to the customer’s policy, runs fraud algorithms, and finally approves or rejects a claim.

This transparent fee model, instant claims settlement and introduction of chatbot to minimize human interventions earns the company customer trust and delight.

Our analysis suggests, building trust and instant service delivery at the beginning of customer journey is imperative for the digital model to succeed.
Ageas has worked jointly with AI specialist Tractable for its AI and image recognition application called “AI Approval”, designed for claims management.

“AI Approval” connects with Ageas’ back office systems and analyzes images based on which it makes instant assessments. It also identifies and flags suspicious claims for investigation to help prevent fraud.

The company in its pilot program, analyzed “several thousand” vehicle images involved in accidents or in need of repair. The motor engineers inferred “that repair efficiencies in a proportion of claims could be realized, enabling cost savings and engineers to focus on more complex matters.”
• ‘ControlExpert’ has positioned itself as a Digital Claims Ecosystem player in the claims and maintenance management sector; it digitally integrates with insurance carriers for claims processing services.

• Its platform reviews claims sent to insurers, compares them to expected costs, and flags up any unusual figures for verification by experts; it claims to have the ability of processing 4 million cases per year in Germany alone.

• The company combines its expertise of automotive knowledge and digital prowess to make claims and maintenance management easier, faster and more efficient for all parties involved in the digital claims ecosystem.

Real Use-case Scenarios

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Analyst Recommendations
Advanced predictive analytics further fuels insurance claim management process

- Bringing the power of big data analytics at the point of decision making to help insurers improve performance
- Digital transformation requires insurers to deep dive into core business functions

INT Risk Predictive Modelling for Insurance Claim

Actuarial  |  Risk Manager
---|---
Risk/ Tariff Evaluation  |  Claims Management  |  Fraud Monitoring
Real-Time Evaluation  |  Case Management  |  Fraud Reporting

Small set of identified positive claims
B Score

Investigation  
Train Model  
Model Selection  
Test Model  
Parameter Adjustment

Optimize Prediction

Adapting to Feedback

Claims Data  |  Policy Data  |  Party Role Data  |  Risk & Asset Data

External Data Warehouse
SOGEl, MCTC, ANIA/IS VAP, Others

Internal Data Warehouse
Contract, Customers, Claims, Fraud block list

Train Model
Parameter Adjustment

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Contract, Customers, Claims, Fraud block list
Advanced predictive analytics helped Israeli insurance giant with risk modelling and accurate prediction of damage claims

Business Problem
The insurance company wanted to predict “total damage (TD)” arising on account of car accident for their underwriting risk selection and pricing model

Proposed Solution
Designed and implemented a robust risk modelling algorithm in order to:

- Gain better understanding and insights from their historical data
- Correlation testing between Predictor Variables and Target Variable (Total Damage)
- Performed statistical analysis such as Normality Test, Variance Inflation Factor etc. to gain better understanding and insights about the data
- Total damage forecasting with the help of Machine Learning Algorithm
Implementation Approach

- Descriptive analytics were performed in Power BI/ Python so as to facilitate smooth and better model building
- Principal Component Analysis (Dimensionality Reduction technique) was used for variable reduction
- Normality test was conducted to check Target Variable distribution
- XGBoost Regressor, a powerful Machine Learning (ML) algorithm, was used to predict “total damage (TD)” arising on account of car accident
- XGBoost Classifier was used to predict the probability whether policy holders will raise claims or not
Real Use-case Scenarios

Advanced predictive modeling to address fraud risks, underwriting and cyber resilience lies at the core of digital claims assessment and management.

Cyber Resilience to give underwriters and brokers the ability to cover cyber risk with utmost efficiency.

Data analytics on internal cyber security systems within a business are compared with the latest information on the threat landscape to identify the gaps in coverage, allowing insurance customers to manage it better or insure it.

Adopt “Human Brain” like cognizance for global banks and insurers to fight fraud and grow revenue

Enterprise fraud management software provides extreme real-time, cross-channel Enterprise Fraud Management to detect and prevent sophisticated internal and external fraud with precise contextual interventions.

An active player in the data analytics space for decades, helping insurers to better assess risk as a key part of its business.

Cyber Underwriting Report — software embedded with AI-based modelling capabilities that draws on data from 12.4 million businesses and 100,000 cyber attacks.
Real Use-case Scenarios

Advanced predictive modeling to address fraud risks, underwriting and cyber resilience lies at the core of digital claims assessment and management.

A $37m bump in investment-led venture capital companies Lightspeed Venture Partners and Founders Fund, Arceo is actively working to expand its customer base.

They believe that their granular security information, advanced analysis, and transparent risk modeling are critical to improving cyber security and risk transfer.

Anti Money Laundering platform ensures an End-to-end AML platform with Suspicious Activity Monitoring, Customer Risk Categorization, Entity Identity Resolution, Watchlist Filtering, Case Management and Entity Link Analysis.

The programmed outputs a cyber-risk score based on the internal cyber security measures taken by a company and the current threat landscape, benchmarking it against industry peers with a separate score and revealing which interconnected companies could be affected by an attack.
As insurers foray into ecosystems, open API ecosystems are the next logical move for the industry

It is anticipated that decision makers will mostly consider the positive impact on scalability, new revenue channels and cost efficiency of APIs; however we believe an open API insurance ecosystem contributes to increased customer experience, as well.

Open APIs enable insurers to integrate third party developers to build applications and source data from multiple sources to furnish a more personalized offering from a single touch point.

Allstate is a leading example, when it comes to API integration for its insurance ecosystem

Business situation

Allstate sought to offer superior experience for its customer’s claims prevention journey

It wanted to furnish “meaningful” and accurate data personalized for individual customers pertaining to their home purchase

Allstate wanted to enable its customer to better protect their home.
**Business Solution**

Allstate selected T3 for designing a responsive site that highlights risks and delivers personalized data insights pertaining to a user’s home and location.

The solution designed was capable of importing data from nine different APIs including Google Maps, Onboard Informatics, Weather Underground, Berkeley Lab Home Energy Saver and Allstate’s Common & Costly Claims.

**Business Results**

Post deployment of the solution, the company witnessed “a remarkable time on page”, wherein users on average spent 6 to 7 minutes.

The company has also observed that an user is over 350% more likely to get a quote 50% of the users also entered multiple addresses, which depicted that the tool was gaining traction and acceptance among the target group.
Ping An has diversified into businesses to form an ecosystem and this has truly delivered good results for them.

Ping An began as an insurance company and gradually diversified into a wide range of business; This ecosystem provided opportunity to up-sell insurance products; since then the market cap has grown 2X to reach USD 200 bn.

To advance its ecosystem, the company moved its infrastructure to the cloud, replaced its legacy platform, launched automated underwriting, facial recognition and voice printing technology to make high volume of phone calls into machine readable textual data.

"Ping An has succeeded in cross-selling internet services and insurance policies, and the company could surpass China Life Insurance,“ - Yuki Katayama, NLI Research Institute.
Ping An has diversified into businesses to form an ecosystem and this has truly delivered good results for them.
Adoption of insurance apps are at its nascent stage and provides ample growth opportunities

- Digital communication is the most preferred channel for seeking authentic information; online aggregators are gaining popularity as an integral part in the value chain.

- Chatbots have emerged as a popular customer’s PoC with the potential of expanding into customer engagement roles.

- According to a PWC survey, 51% respondents prefer digital mode of communication for insurance claims processes.

- The PWC survey also claims that at the service/ claims stage, 47% respondents faced challenges due to lengthy and complex paperwork while 35% faced challenges related to responsiveness of agents.

- We believe digitalization of the claims journey answers most of the challenges faced by insurance customers in India; customer centricity led personalization will have a positive impact on insurance penetration.

Source: PWC Survey; Competing in a new age of insurance: How India is adopting emerging technologies.
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Who is doing what?

ACQUISITIONS

EXPANSION

ECOSYSTEM

NEW PRODUCT LAUNCHES

Incumbents

Insurtechs
Who is doing what?

- InsurTech firms are disrupting an otherwise traditional sector by leveraging digital tools and data driven decision making to offer highly personalized services.

- These services yield the highest customer experience possible, mostly among city dwelling millennials; some Insurtechs are venturing into property, travel and travel luggage and lifestyle segments.

- Insurtechs are challenging the incumbents with “pay-as-you-go” model which is preferred by the younger cohort that demands value for money in all their purchase decisions.

- Insurtechs are building open system platforms that are encouraging growth of ecosystems which increases their wallet share of the clients.

- Incumbents are seen scrambling to respond, wherein they are mostly working on core systems including policy administration, underwriting, billing, and claims functions.
Insurtechs and smaller tech firms are still continuing to be the choice of acquisition for both insurtechs as well as the incumbent insurers.

**Acquisitions (Incumbents)**

- **Feb 2019** – Zurich North America acquired 100% of Sea Pine Technologies in a move to expand into Finance & Insurance (F&I) for auto dealers and car owners segment, in the US.

- **Mar 2019** – SPB UK acquired insurtechs Loyal Insurance Services Limited and Square Pound Limited; this move expands SPB’s presence within the UK mobile phone insurance marketplace.

- **May 2019** – Max Life expressed its aim of buy 100% stake in insurtechs, that align with their business goals.

- **Aug 2019** – Arch Insurance entered into a definitive agreement to acquire Ventus Risk Management with the aim to support its underwriters, deliver best-in-class analytics and modelling capabilities and provide a superior customer experience.
Insurtechs and smaller tech firms are still continuing to be the choice of acquisition for both insurtechs as well as the incumbent insurers.

Acquisitions (Insurtechs)

- **May 2019** – Certua acquired insurtech firm The Surely Group. With this acquisition, Certua aimed to “offer genuinely differentiated propositions in alternative digital markets”

- **May 2019** – Global PE firm The Riverside Co. acquired ACTINEO, a German insurtech, with the objective to solidify its position in the bodily injury claims segment

- **Jun 2019** – Avinew, a U.S.-based insurtech, acquired another US based insurtech, Betterdrive, to enhance its proposition in predictive risk calculations and related pricing discounts

- **Jun 2019** – Acko insurance acquired Mumbai based online car buying portal VLeer Technology with the objective of “strengthening their auto-ecosystem”
While expansion plans remained mostly on insurtech’s agenda, other tech firms seemed bullish about the larger insurance ecosystem.

**Expansion**

- **Jan 2019** – Root Insurance expressed its plans to continue expansion across the US throughout 2020. The company predicts a workforce increase of 150% during 2019, adding more than 350 employees.

- **Jun 2019** – Zego an insurtech focusing on gig economy workers like Deliveroo riders and Uber drivers revealed plans to double its workforce from 75 to 150.

- **Jun 2019** – Lemonade marked its entry in Germany with the launch of its new policy in Europe, backed by a reinsurance arrangement with AXA Germany.

- **Jul 2019** – London based company, Insurtech Gateway launched its insurtech incubator led by Australian entrepreneur Simon O’Dell and backed by Envest.
While expansion plans remained mostly on insurtech’s agenda, other tech firms seemed bullish about the larger insurance ecosystem.

Ecosystem

- **Feb 2019** – Arceo.ai launched its platform designed to enable carriers securely, automate their cyber insurance solutions specifically for the SME sector.

- **Jul 2019** – Vericred launched its Disruption Analysis API that enables InsurTech companies to build decision support tools that can assess what percentage of an employee population would be affected, positively or adversely, by switching health or dental insurance networks.

- **Jul 2019** – Farmers Edge, a digital agriculture servicer, launched an insurtech platform that aims to digitally transform conventional crop insurance, to provide a streamlined experience for all stakeholders.
Insurtechs and smaller tech firms remained the choice of acquisition among both insurtechs as well as incumbent insurers.

**Product Launches**

- **Jan 2019** – Bunker, a San Francisco-based insurtech, launched its program to provide real-time proof of insurance through its ‘Live CoI (Certificates of Insurance)’ solution.

- **Jan 2019** – Toffee Insurance launched India’s first Salary Protect Plan, aimed to provide cover against loss of income in case of hospitalization

- **Feb 2019** – Axinan, a Singapore based insurtech firm launched its on-demand digital insurance product ‘igloo’, that provides cover for “everyday lifestyle needs of today’s millennials”

- **Mar 2019** – Zego, a London based insurtech launched its pay-as-you-go insurance products for scooter delivery riders and private hire vehicle fleets in Spain

- **Mar 2019** – Slice Labs introduced its new business unit called Slice Mind, which leverages artificial intelligence, machine learning and behavioral psychology to predict insurance risk and make recommendations
Insurtechs and smaller tech firms are still continuing to be the choice of acquisition for both insurtechs as well as the incumbent insurers.

Product Launches

- **May 2019** – Chisel AI launched its AI powered intelligent workflow that enables commercial insurance carriers automate submissions, and expand the company’s quoting and underwriting capacity.

- **Jun 2019** – Flock, the London based insurtech introduced its ‘Flock Enterprise’, an insurance and risk management solution for drone fleets.

- **Jun 2019** – Payments service provider MobiKwik forayed into insurance tech sector with its partnership with Max Bupa to offer bite-size insurance products in the medical insurance segment.


InsurTech Transformation

Introduction

- Digital Claims Transformation Strategy
- Digital Claims Technology Matrix
- Adoption Drivers and Opportunities - India
- Growth Drivers – Who is Doing What?
- Analyst Recommendations
Analyst insights

• Moving forward, RPA (Robotic Process Automation) coupled with AI tools will be at the center stage for a customer’s digital claims journey

• The industry is bullish about newer data channels, better data processing capabilities and advancements in virtual chatbot with intelligent algorithms

• Automated insurance agent SPIXII interacts with customers through a mobile app and other messenger platforms to help in the purchase of the right policies, another insurtech Tyche deployed a AI based claim likelihood for accurately underwriting and determine risk for higher profitability
Analyst insights

• We predict that bots will become mainstream in both the front and back-office to automate policy servicing and claims management, much like Lemonade’s claims bot “Jim” which has the ability to pay out property claims in three seconds

• Key business functions to be impacted by the adoption of RPA in digital claims management included customer queries on policy, policy purchase, assessment and payment

• Businesses are most likely to benefit from hiked customer experience, cost optimization, operational efficiencies, market competitiveness and newer business models.