

Claims Management

An efficient and cost-effective lawyer solution

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Market leaders, Claims management specialists

Our approach to managing claims is proactive, with lawyers at the core of all claims management activities and decisions.

By having lawyers leading the claims management solution and working closely with our clients, we are able to ensure decisions are taken as early as possible in the claims cycle leading to the control of third-party costs, reduced litigation rates and indemnity spend. We work with our partners where required, such as FNOL, field services and rehabilitation, to deliver a best-in class, end-to-end service.

We take a blue-chip approach to our client relationships – we value our reputation and yours. We are mindful of our professional duties, ensuring an ethical code of conduct and protection of client monies. Client confidentiality is also protected by legal professional privilege, secure IT systems and high standards of data protection in line with GDPR.

Our claims process

We have implemented a triage process from acknowledgement of claim and assessment of coverage position to responding to the claim and eventual resolution. The aim of our claims process is to advance claims to their optimum resolution point in as short a lifecycle as possible.

Within 2 hours:

- Acknowledgement

Within 2 hours of conflict check clearance:

- Make initial contact with Insured / Broker

Within 5 working days:

- Assess notification, identify route map to resolution, flag coverage concerns and any potential referrals out of DA
- Write to Insured / Broker setting out strategy / next steps
- Place initial reserves

If covered / under investigation

- Assist Insured in responding to claim
- Set reserves for 21 days
- Review and update reserves every 90 days
- If dormant, close file after 6 months for precautionary notification (i.e. no claim) and after 12 months for inactive claim

Where cover is declined

- Confirm cover may be declined
- Write to Insured / Broker to formally decline cover
- Update reserves
- Close file after 3 months

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Our operations and reporting (SLAs and MI)

We provide an entirely bespoke reporting service, customised to our insurers' requirements.

Our approach is to build a custom-made portal, designed to encourage transparent monitoring of the cases we handle. The easy-to-use web-based system shows fields, milestones, workflow and key data, without the need for extensive systems training.

Available fields could include any of the following:

Key Financial Data: Reserved value; Claimed value; Paid value; Dates (loss, instructed, Part 36 etc.)

Key Statistical Data: Reserved accuracy; Average claim cost; Litigation ratio (%); Lifecycle; Trial ratio (%)

Workflow: Claims status; Pre-action protocol; ADR; Proceedings

Key Underwriting Data: Type of claim and Claimant; Outcome

We understand that the business environment in which we operate is not static and will seek to support you with a granular insight on market trends, issues and risks

Through our experience, we have built a clear understanding of key challenges and business drivers in the claims sector.

Market leaders, Claims management specialists



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We provide a 'cradle to grave' claims handling function across the insurance sector

Casualty

Our end-to-end service includes prelitigation advice, fraud identification, defence litigation and costs recovery. Our pre-litigation proposition for handling our clients' claims encompass the following:

- Obtaining early evidence initially via our client's designated team.
- Developing and maintaining close working relationships with our client's key personnel
- The availability of field adjusters to carry out site investigations where appropriate both pre and post litigation.
- Making objective-based decisions on liability.
- Taking a commercial view of claims where it is appropriate.
- Obtaining contribution/indemnity from other parties wherever possible.
- Lawyer involvement on points of law and tactics at all stages of a claim.
- Embedding Clyde & Co Newton innovative solutions in the process to include predictive analysis tools.

We have a proven track record of prelitigation claims services for clients maximising defensibility and savings with over £200m of claims managed under the lawyer solution per annum. Our solution supports the right decision being made first time and cost being taken out of the process.

- Our innovative and cost-effective prelitigation service, provides:
- One team handling all claims from each client.
- One consolidated management information portal with data captured on a single system.
- A single point of contact.
- A secure remote system access to key case information.
- An integrated case management system.
- A set of innovative data analytics tools to identify and mitigate leakage and support business improvement.
- Increased fraud identification.

Our Casualty solution enables us to provide our clients with immediate and consistent interaction with the lawyer leading the claim and engaging our clients' preferred claims handling firm.



19% reduction in average claims costs for clients

Minimising litigation, achieving a rate **below 10%** on average across all lines

Clyde & Co Casualty Claims

Motor

For motor claims, the solution starts from the point of incident report right through to the conclusion of a claim, encompassing:

- Client liaison and intervention
- MOJ portal management
- Incident investigation, including fraud
- Liability and quantum assessment
- Handling and negotiation of claims, redirection and recovery
- Analysis of claims and risk
- Litigation handling

Clyde & Co has considerable experience of working with First Notification of Loss (FNOL) and third-party repair providers.

We recognise the importance of close integration to ensure a seamless service, which includes:

- Intrinsically linked FNOL, intervention and claims processes
- Full system integration to create an instant incident record
- Working jointly as a senior management team to strategise future service delivery, product innovations and improvement opportunities

- Collaborative preparation and attendance at all client review meetings as a team
- Rapid and seamless on-boarding processes, with processes and technology links already in place
- Reciprocal training programmes to ensure crossover of skills and knowledge in core areas

Throughout the process our overall objective is to settle claims promptly, manage the claims lifecycle and control indemnity spend for our clients. Our overall objective is to settle claims fairly and promptly where possible, whilst managing the claims' lifecycle and controlling indemnity spend for our clients.

Financial Lines

Our UK claims handling function is led by Louisa Robbins supported by two experienced claims managers Bronwyn Jones and Elizabeth Walker.

In the UK, we currently have claims handling contracts spanning over 13 different insurance clients in each of our Edinburgh, Manchester, Bristol and London locations.

Our ethos is to work in close partnership with our clients in adopting their own claims handling philosophy so that we operate to the same high standards as their own.

Our intention is to take on as much of the burden as possible from clients in managing claims. We have the resources and expertise to deal with this cost effectively whilst delivering a high-quality service, including being the first port of call for notifications. We also, where appropriate, operate within our own clients' case management systems.

In the UK and around the globe, we offer claims handling services across a wide spectrum extending cyber and media liability.

Marine

Marine insurance is one of our core specialities. Whilst we understand the business of your policyholders, we have

maintained a resolute focus on our relationships with insurers throughout a time of decreased marine market activity. During this period, a number of firms have refocussed to favour policyholders over insurers, whereas we have kept our focus on acting for insurers, which allows us to advise without conflict concerns.

Our processes are strong and wellestablished given our ample resources globally, with over 150 marine lawyers worldwide and marine insurance expertise stretching across a large proportion of our 60+ international offices.

Our clients have the option of our dedicated marine claims and recoveries service, Trident (Claims & Recoveries) LLP, with escalation of claims to Clyde & Co when appropriate. Our processes are designed to minimise claim lifecycles and maximise third-party recovery opportunities through:

- early identification and analysis of marine coverage issues;
- analysis of third-party liability and/or recovery merits by best in market marine subrogation specialists;
- expert support (including our in-house master mariners' involvement when needed) from the point of claim notification, for example with evidence gathering, appointing experts and identifying time limits;

- strong system driven diary management supporting monitoring of marine time limits and proactive case progression in accordance with client SLAs;
- focussed advice and reporting on key legal points such as limitation, time limits, jurisdiction and claim/costs reserves;
- client involvement throughout the claim lifecycle as desired, with the option to act on delegated authority; and
- database systems that support bespoke MI reporting at case and account level and allowing for remote audit.

We understand our clients' objective to obtain a swift, cost-effective and commercial resolution, incurring as little cost as possible. We keep this objective in mind at all times and we believe that our pre-eminence in this area leads to better results in shorter time frames.



I have been supported by Clyde & Co (formerly BLM) for many years as a corporate Policyholder I could not ask for better service levels, advice and quality. They really are the top of their game in this area and always have the right experts for the right cases. Working with a Delegated Authority saves me precious time and resource, and I know that the cases are in extremely safe hands. They are quite simply an extension of my team. I can't rate them highly enough.

Insurance Manager, A.S. Watson (Health & Beauty UK) Ltd

Fraud detection

Detecting and preventing fraud is an integral part of our standard procedures. New claims are data washed through our counter fraud solution – Sentry – a bespoke, fully integrated tool linked to our case management system, which provides a tool used to screen claims data to score for fraud leakage. The system is automated to deliver the benefits of being quick, easy to pass data through for screening purposes and produces a Red/Amber/Green scoring for fraud. We are able to take our client's claims data at an early stage of the claim's lifecycle and screen it through Sentry for fraud identification.

Clyde & Co also has a Fraud Hub comprised of specialist fraud lawyers and intelligence analysts who solely manage portfolios of suspected fraudulent claims. Our lawyers are some of the most experienced in the industry having dedicated their careers to tackling fraudulent claims on behalf of the industry.

We also have an intelligence unit integrated into Our Fraud Hub. This means our analysts work alongside our lawyers to maximise the output of case investigations. Our intelligence team undertakes bespoke data washing projects for our clients each designed to maximise identification in line with the individual client's strategic fraud priorities. We currently wash data on a

daily basis for a number of major UK insurers as well and national retailers.

Our data washing unit can assist with adding an additional layer of fraud identification. For one motor client we have a 6% identification rate for suspected fraud risk and this process has formed the cornerstone of their initial claims and policy fraud identification strategy.

Our approach to fraud management means that:

- Genuine claims are processed swiftly, improving the customer (policyholder) journey
- Any fraud risk is identified early, allowing for the intervention of the most appropriate resource at the first opportunity
- Claims costs are controlled by using a proportionate approach to fraud screening and management
- We are able to successfully identify organised fraud and fraudsters operating across different classes of business

We deploy our Fraud Edge solution to provide a detailed risk profiling which can be incorporated into the client's own fraud scoring models and handling strategies. This can provide insight into case conclusions and prospects of success with

valuable insight into opponents to help manage fraud exposure to suspicious entities. Interrogation of claim types allows us to explore own exposure and deploy relevant claims handling tactics.



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A Clyde & Co Motor client

Data, Digital & Innovations

Clyde & Co Newton

Combining Clyde & Co's legal expertise with automated intelligence, to deliver the lowest overall indemnity spend for our clients.

The insurance industry is changing as never before. Digitalisation, big data, the potential of artificial intelligence, fierce competition, pent-up pressure to achieve growth and new regulations are all increasing the need for insurers to adapt at speed while extracting maximum value from the premiums they earn.

We have developed a series of innovative products as part of our new technology platform for casualty claims handling. As the biggest legal provider to the UK casualty market, with the largest data set, all our innovations draw on the deep experience of our legal, forensic and fraud teams, to provide automated solutions that span the claims lifecycle.

The Clyde & Co Newton offering also includes:

- Automation and Machine Learning Combing machine learning with Al to automate routine claims processes.
- Calculation tools A range of calculation tools to ensure quick and accurate claims handling.
- Data Extraction and Analytics Deep dive analytics to enhance processes and decision-making

Product spotlight:

- Fraud Screen and Fraud Edge brings enhanced fraud detection and risk profiling. They combine AI with marketleading counter-fraud expertise and opponent insight, making use of internal and external datasets or holistic fraud view.
- Fraud Edge enhances the claims management service by providing detailed risk profiling, and insight into case conclusions and prospects of success.

Sector specialisms

Our expertise providing claims management services across a wide of industry sectors enables us to tailor our support. We work alongside a range of global corporations, FTSE 250 companies, midsized businesses and SMEs.

Construction and Engineering

Facilities Management

Health and Care

Leisure and hospitality

Manufacturing

Property

Retail

Technology

Transportation and logistics

Utilities

480

Partners

2,400

Lawyers

5,000

Total staff

3,200

Legal professionals

60+

Offices worldwide*
*includes associated offices

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