

Consultant, Claims – General Insurance at Zamara Kenya

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Company: JobWebKenya

Location: Kenya

Category: other-general

Job Description

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Zamara is a financial services firm that primarily offers Actuarial Services, Pensions Administration and Consulting and Insurance Brokerage Services. Zamara has been in the Kenyan Market for over 23 years, initially operating as Hymans Robertson and more recently as Alexander Forbes. Working at Zamara offers our people the opportunity to work for a Truly Pan-African Financial Services firm.

Roles and responsibilities

Achieving Zamara's ambitious strategic priorities will be complex and challenging. Its continued success will be dependent on building and retaining a world-class team.

The job holder will be responsible for ensuring seamless service delivery to clients by offering support and assistance to general insurance policy holders. This will be done through the claims processes in accordance with company regulations and departmental standards of services whilst always maintaining cordial customer service.

In more detail, the areas of responsibility include:

Claims Management

Requesting for claims documents, verifying, and updating the insured on any additional information required.

Timely registration of claims data into the system, for ease of management and reference.

Attending to client's queries and resolving them soonest possible or escalating as per the

escalation matrix.

Timely dispatch of claims correspondences to the respective recipients.

Reporting claims to the insurer within the set timelines.

Analyzing claim documents shared by the client for completeness before forwarding to the insurance company.

Ensuring service providers i.e motor assessors, loss adjusters, investigators, advocates etc. are appointed as per the SLA.

Following up and ensuring payment refund to clients are settled as per the set SLA.

Checking the underwriting file / policy document to determine scope of cover/charges that are eligible for reimbursement and advising the client accordingly.

Engaging service providers to ensure speedy and smooth processing of claims.

Forwarding Risk improvement recommendation to underwriting unit-based loss adjustment report and loss experience of a portfolio.

Advocating for settlement of borderlines claims on a timely manner-Ex-gratia.

Any other duty assigned from time to time.

Experience and Personal Qualities

Bachelor's degree in business or insurance related to course.

Diploma in Insurance or equivalent – ongoing

3-5 years' working experience in a similar role

Good knowledge of insurance policies

Team player

Capacity to build Relationships

Problem Solving

Self-Driven

Flexible to train

Analytical Skill and keen in details

Interpersonal and Communication skills

Highest level of personal and professional integrity

Ability to work well under pressure in a fast-paced work environment

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