

**SKILLS FRAMEWORK FOR SEA TRANSPORT
TECHNICAL SKILLS AND COMPETENCIES (TSC) REFERENCE DOCUMENT**

TSC Category	Investment and Financial Management					
TSC	Marine Insurance Claims Handling					
TSC Description	Handle assessment and investigation of marine insurance claims to ensure efficiency and effectiveness of claims functions and reduce risk exposure					
TSC Proficiency Description	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
			STP-FIN-3031-1.1	STP-FIN-4031-1.1	STP-FIN-5031-1.1	
			Investigate the authenticity of, and process, marine insurance claims	Develop procedures for marine insurance claims processing and investigate payment discrepancies	Drive claims function strategies and ensure effectiveness of marine insurance claims processing	
Knowledge			<ul style="list-style-type: none"> Documentation required to support expenses Maritime laws and regulations Procedures for monitoring recovery and salvage value of claims Types of maritime vessels and their characteristics Types of cargo documents and measurements Logistics and sea freight terminology Insurance and underwriting knowledge Methods to handle claims relating to collisions, pollution, charterers' liability, war and strikes, cargo, hull and machinery, loss of hire, container damage and freight demurrage 	<ul style="list-style-type: none"> Documentation required to support expenses Maritime laws and regulations Touchpoints for liaising with underwriting team during claims handling processes Maritime industry trends and developments Organisation portfolio and key client accounts Procedures for monitoring claims handling processes Techniques for monitoring, evaluating and reviewing claims handling processes Types of precautionary measures to observe before a claim occurs Insurance and underwriting knowledge Negotiation techniques 	<ul style="list-style-type: none"> Maritime laws and regulations Insurance principles and terms Maritime industry trends and developments Claims handling strategies and guidelines Market intelligence Organisation's catastrophe modelling outcomes Industry best practices for fraud identification 	
Abilities			<ul style="list-style-type: none"> Check calculations of expenses for completeness and ensure required 	<ul style="list-style-type: none"> Monitor and evaluate claims handling processes 	<ul style="list-style-type: none"> Endorse organisation's standard operating procedures for collecting claims and payments 	

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			<p>supporting evidence is included</p> <ul style="list-style-type: none"> • Determine that claims amounts are correct, and are in line with the amounts payable • Conduct investigations to accept or reject claims • Process valid claims for expenses within agreed timelines • Maintain accurate and up-to-date records of claims made • Determine salvage and recovery amounts • Maintain communications with brokers, cedants and insureds • Consolidate claims exposure data based on organisational catastrophe codes and catastrophe modelling outputs 	<ul style="list-style-type: none"> • Maintain regular communication touchpoints with brokers, cedants and insured clients to obtain feedback on claims services • Identify new methods and systems for handling claims • Monitor payments and ensure systems are updated timely and accurately • Investigate payment discrepancies • Review claims handling key performance indicators based on client feedback • Identify exposure in the event of catastrophic occurrences • Analyse and detect potentially fraudulent activities against common indicators of fraud • Document the organisation's standard operating procedures for claims handling processes 	<ul style="list-style-type: none"> • Evaluate the organisational impact of changes to claims handling processes • Formulate claims handling strategies • Evaluate the effectiveness of the claims function and claims handling approaches • Engage key clients with relevant underwriting stakeholders to enhance organisational claims services • Estimate overall exposure in the event of catastrophic occurrences, in collaboration with catastrophe modelling team to • Escalate potentially fraudulent activities to risk and compliance team • Report to management team on high-level claims that may adversely impact organisation's loss reports 	
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