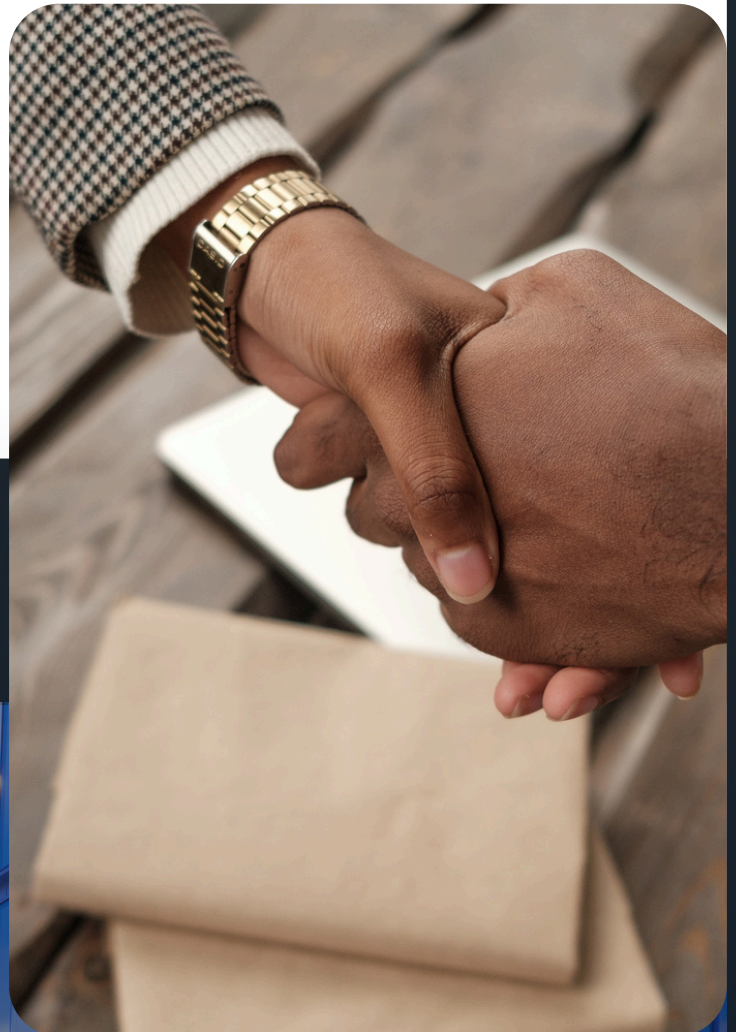




WE'RE HIRING!



Competitive pay, great benefits,
vibrant workplace.



POSITION

Claims Analyst

Location: Lusaka, Zambia

Reporting To: Claims Manager

Responsible For: NIL

Grade: Klap 6

COMPANY OVERVIEW

Klapton Reinsurance Limited is a leading reinsurance company committed to delivering innovative risk solutions and exceptional service to our clients. As part of our strategic growth into non-traditional reinsurance facilities, including collateralized reinsurance portfolios and MGAs, we are seeking a diligent and experienced Claims Analyst to join our team.

POSITION OVERVIEW

The primary purpose of the Claims Handler role is to execute a range of vital support duties within the Claims Department, specifically focusing on processing insurance claims transactions. This includes responding to internal and external queries for information, as well as meticulously preparing documents, policy information, and files for further handling by colleagues. The overarching goal is to ensure the seamless and efficient operation of the reinsurance claims process.



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Key Responsibilities

1. Claims Management

- Assists in the process of settling Claims as assigned by Superior.
- Review and analyse reinsurance claims to ensure compliance with policy terms and conditions as assigned by the Immediate Supervisor.
- Maintain accurate and complete records of all relevant information related to each claim, including correspondence, reports, and supporting documents.

2. Workload Management

- Takes personal responsibility for own workload, continually reorganizing and prioritizing tasks to ensure key company objectives are met.
- Conduct thorough reviews of claims files to ensure accuracy, completeness, and compliance with regulatory requirements.
- Proactively, enthusiastically, thrives on taking responsibility in a fast-paced team-based environment.
- Performs other related support duties as requested, such as answering queries, processing mail, assisting customers, scanning, photocopying and insurance check processing.
- Take personal responsibility for workload, reorganizing and prioritizing tasks to meet company objectives.
- Complete ad-hoc projects assigned by the supervisor.
- Assist in performing regular quarterly audits.
- Adjust protocols based on company needs.
- Demonstrates subject matter expertise and continuously builds product, procedural and technical systems knowledge.
- Follows procedures and applies advanced-level administrative skills and insurance knowledge to accomplish both routine and non-routine tasks and duties.

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3. Processing of Applications

- Collaborate with internal teams, underwriters, and external parties to gather necessary information and clarify details related to claims.
- Interpret reinsurance and insurance policies and contracts to make informed decisions regarding claim settlements.
- Assists in the creation of new applications/processes and the development of reference and resource materials.
- Completes ad-hoc projects as assigned by superior.
- Reviews, evaluates, and categorises incoming documents, verifies information for accuracy/appropriateness and follows up with others for missing or questionable data,
- Prepares and assembles documents for additional handling by other associates or for distributing to outside contacts.

4. Information Processing

- Enters and retrieves information of varying complexity using computer systems and applications to update records, obtain information for others and respond independently to most questions and problems with adjusters and verification questions with customers and vendors. And potentially adjusts a portion of the customer submission.
- Prepare and present regular reports on claims activities, trends, and recommendations for process improvements.
- Uses advanced skills and business knowledge to prepare correspondence and process other insurance transactions to provide customer service and support efforts.

5. Human Resource Management

- Building and motivating the team to hit productivity goals.
- Adjusting protocols based on company needs.
- Provide training to juniors to manage all outstanding claims and design an efficient duty program and coordinate with HR team to facilitate same.

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6. General

- Performs other related support duties as requested, such as answering queries, processing mail, issuing payments and generating claim associated documents and assisting customers or vendors.
- Build and motivate the team to achieve productivity goals.
- Perform related support duties such as answering queries, processing mail, issuing payments, and generating claim-associated documents.
- Stay informed about industry regulations and compliance requirements, ensuring that claims processes align with legal and regulatory standards.
- The Supervisor may assign any other related duties to the job holder as and when required.



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Qualifications

Bachelor's degree in insurance, Business Administration or equivalent. Formal Customer Service training is added advantage. Ability to work independently and collaboratively in a team environment. Proficient in using Microsoft Office suite and SICS reinsurance software.

Experience:

Minimum of two (2) years' experience in (Re)insurance with proven experience in claims examination with a strong understanding of reinsurance principles.

Skills:

- a. Reporting and writing skills.
- b. Detail-oriented
- c. Able to collect and analyses technical information.
- d. Problem-solving skills
- e. Customer service skills
- f. Strong computer skills

7. COMPLEXITY/PROBLEM SOLVING: Handles customer disputes, works on complex cases, and determines revenue goals based on past performance.

8. DECISION MAKING: Works under the supervision of the Claims Manager, implementing standard policies and making decisions about delegated assignments.

9. MATHEMATICAL/NUMERICAL COMPUTATION SKILLS: Basic appreciation of finance and accounts is desirable.

10. ACCOUNTABILITY FOR FINANCIAL RESOURCES: Ensures proper utilization of financial resources according to budgetary allocation.

11. COMMUNICATION SKILLS: Communicates with the Head of Claims, line managers, other staff, customers, brokers, and key stakeholders.

12. HUMAN RELATIONS SKILLS: Requires diplomacy and tact in dealing with high-ranking staff, brokers, customers, and key stakeholders.

13. PHYSICAL SKILLS: Ability to use a computer, basic office equipment, and drive a motor vehicle is essential.



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Why Join Klapton Re?

- **Impact:** Play a key role in shaping the financial management of innovative reinsurance facilities.
 - **Growth:** Advance your career within a dynamic and forward-thinking organization.
 - **Innovation:** Join a company committed to developing cutting-edge financial solutions in the reinsurance sector. If you are a detail-oriented financial professional with a passion for innovation, we invite you to apply for this role at Klapton Reinsurance Limited.
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