PLAN OF SESSION

• There are 4 corners:
  • you will have registered for 2
  • the 3rd slot is free time to attend another corner or speak to a ‘floating’ representative if you have any specific questions
KEY TOPICS

• Background
• Outcomes from the analysis
• Today’s objectives
BACKGROUND

• The claims lifecycle project was initiated in 2014 to realise the customer service benefits associated with increased speed, and promote greater communication between the agreement parties and to the end client
• After conducting analysis and gathering feedback from carriers and brokers, it was evident that training and behaviour required addressing
• Inconsistent processes are being used within brokers and carriers, some of which differ from classes of business
• There is also a lack of awareness of process or system functionality and this causes work arounds that don’t align with best practice, causes a higher level of queries or the re-querying of the same claim/transaction.
WHAT DID THE ANALYSIS TELL US

• The most common queries raised are easily fixed
• There is unnecessary re-work being completed for simple errors
• Queries are being used instead of communicating with each other
• When a transaction is queried, it adds an average of 30 days per transaction to the lifecycle. Here is an example of the impact:

<table>
<thead>
<tr>
<th>Transaction</th>
<th>Queried Y/N?</th>
<th>Time taken to complete</th>
<th>Time if not Queried</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transaction 1</td>
<td>N</td>
<td>5.6</td>
<td>5.6</td>
</tr>
<tr>
<td>Transaction 2</td>
<td>Y</td>
<td>35.6</td>
<td>5.6</td>
</tr>
<tr>
<td>Transaction 3</td>
<td>N</td>
<td>5.6</td>
<td>5.6</td>
</tr>
<tr>
<td>Transaction 4</td>
<td>Y</td>
<td>35.6</td>
<td>5.6</td>
</tr>
<tr>
<td>Transaction 5</td>
<td>N</td>
<td>5.6</td>
<td>5.6</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>88</td>
<td>28</td>
</tr>
</tbody>
</table>

60 day delay!
Here is a breakdown by class of business showing average working days for queried vs non-queried transactions in the 4th quarter of 2015:

<table>
<thead>
<tr>
<th>Class of Business</th>
<th>Queried</th>
<th>Non-Queried</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident &amp; Health</td>
<td>28.3</td>
<td>4.9</td>
<td>7.0</td>
</tr>
<tr>
<td>Aviation</td>
<td>26.3</td>
<td>5.6</td>
<td>9.5</td>
</tr>
<tr>
<td>Casualty</td>
<td>41.3</td>
<td>6.1</td>
<td>8.0</td>
</tr>
<tr>
<td>Casualty Treaty</td>
<td>76.4</td>
<td>4.5</td>
<td>8.2</td>
</tr>
<tr>
<td>Energy</td>
<td>43.2</td>
<td>7.4</td>
<td>10.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Class of Business</th>
<th>Queried</th>
<th>Non-Queried</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marine</td>
<td>37.0</td>
<td>5.5</td>
<td>8.6</td>
</tr>
<tr>
<td>Overseas Motor</td>
<td>20.1</td>
<td>7.2</td>
<td>8.1</td>
</tr>
<tr>
<td>Property (D&amp;F)</td>
<td>28.8</td>
<td>5.4</td>
<td>6.8</td>
</tr>
<tr>
<td>Property Treaty</td>
<td>42.3</td>
<td>4.1</td>
<td>6.9</td>
</tr>
<tr>
<td>UK Motor</td>
<td>8.3</td>
<td>4.8</td>
<td>4.8</td>
</tr>
</tbody>
</table>
TODAY’S OBJECTIVES

• Clarity around what should be provided as part of the first advice

• When an ECF transaction should be queried and when not

• Understand a better way of dealing with queries

• Understand best practice, to ensure where possible, questions are added within comments whilst approving the transaction (rather than querying) and why it’s important that brokers read and respond to such comments

• Improve communication between all parties!
Any Questions?
KEY TOPICS

• Things to know when setting up the claim
• Responding to queries
• Impact on claim / other parties
• Improving communication
CONSIDERATIONS

• Some brokers use batch systems which all differ, some online

• Today’s training is based on on-line entry, but the same quality concepts apply to the batch process

• Populate as many fields as possible, and with the highest quality data first time, including narrative fields. Value in getting it right first time

• Communication – don’t be afraid to pick up the phone or email
FIRST ADVICES – UNSIGNED RISKS

- Trigger risk signing urgently

- Handle first advice actions via other media – email etc.

- As soon as signing received backload complete file (including any comments) on to ECF.

- Do not delay this action so that a large file ends up being backloaded
PREVIOUSLY ADVISED OUT OF ECF

• Legacy claims - use the ‘T’ indicator to advise that a previously non-ECF claim is converting to ECF
  • This includes paper claims or where an SCM has been issued following a first advice presented on email/phone - for example because risk was previously unsigned

• This indicator is critical in ensuring that XCS ‘link’ the first ECF transaction to the pre-existing XCS claim record

• For paper claims, scanning and conversion service is available free of charge – essential that pro forma is full completed – for details visit: www.lloyds.com/ctpscanning
CLAIM DETAILS

CLAIMS DATA ENTRY : CLAIM DETAILS LLOYD'S

LA0120M  0199 CLAIM002  21/01/16 09:17:04

UCR : B 9979 MANFRT  TR : B 9979 001

UMR : B

BPR CLAIM REF1:  CLAIM REF2:

BPR CONTACT : PAUL TUVEY

BROKER ADVISED:  SLIP LEAD ADV:

BUREAU LEAD:

SLIP LEAD (CARRIER CODE):  

TYPE OF CLAIM : N  PARTIAL MARKET COLLECTION : N (Y/N)

UNCLOSED POLICY : Y (Y/N)  BROKER SUPPLIED POLICY DETAILS: Y (Y/N)

ECF CLAIM : Y (Y/N)  LOSS PREV ADVISED NON-NETWORK : N (Y/N)

CONTRACTUAL AGREEMENT: N (Y/N)  CEDANT IN LIQUIDN : N (Y/N)

ASSOC'D UCR :

ASSOC'D TR :

1=HELP  3=EXIT
CONSORTIUMS

• Irrespective of the number of members, a consortium is treated as a single insurer
• If 100% of the risk is written, it is a singleton risk and outside CTP
• If written as part of a subscription market it might be a leader or second, but the second never comes from within the consortium if there are other following syndicates that are not part of the consortium
• When notifying the claim, don’t enter the consortium number – enter the individual insurers code for each consortium leader
• Batch brokers may have to process claims with a consortium on-line
WARNING FOR BATCH USERS

• If you have a consortium as part of your security, the batch systems will submit data using the consortium number

• System actually needs the split of insurers

• Therefore enter any claims on risks with consortium security using on line system
## Loss Details

**La0121m 0199 Claim002**

**Claims Data Entry : Loss Details Lloyd's**

- **UCR**: B 9979 MANPRT
- **TR**: B 9979 001
- **Loss Name**: [Field missing]
- **Loss Location**: [Field missing]
- **Vessel/Aircraft**: [Field missing]
- **Loss Date**: [Field missing]
- **Loss Details**: [Field missing]
- **Loss Date Narr**: [Field missing]
- **Cat Codes**: [Field missing]
- **Loc Cat**: [Field missing]
- **Pcs**: [Field missing]
- **War Loss**: [Field missing]
- **Lawyer**: [Field missing]
- **Ref**: [Field missing]
- **Adjuster**: [Field missing]
- **Ref**: [Field missing]

**FGU Narrative**: IF NO FGU ESTIMATES TO SUBMIT PLEASE ENTER NARRATIVE BELOW:

- [Field missing]

**Additional Loss Details**: Present: N

**Display Screen**: N

**FF**: 1=Help 3=Exit 7=Back
## ESTIMATES

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orig Curr</td>
<td></td>
</tr>
<tr>
<td>FDU Estimate</td>
<td></td>
</tr>
<tr>
<td>0/S Qual</td>
<td></td>
</tr>
<tr>
<td>Outstanding</td>
<td></td>
</tr>
<tr>
<td>Fees in 0/S</td>
<td></td>
</tr>
<tr>
<td>Prev Paid</td>
<td></td>
</tr>
<tr>
<td>Incurred Qual</td>
<td></td>
</tr>
<tr>
<td>Interest</td>
<td></td>
</tr>
<tr>
<td>Tax in Int</td>
<td></td>
</tr>
<tr>
<td>Fees</td>
<td></td>
</tr>
<tr>
<td>VAT</td>
<td></td>
</tr>
<tr>
<td>OPF 0/S Sett</td>
<td></td>
</tr>
<tr>
<td>XR/SETT Curr</td>
<td></td>
</tr>
<tr>
<td>Settlement</td>
<td></td>
</tr>
<tr>
<td>Loc Ref</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- At least one numerical entry must be entered.
- FF: 1=HELP 3=EXIT 7=BACK
Free Flow Narrative: use as much as required
The most common query reason is missing or incorrect documents

Some tips to reduce these types of queries are:

- Ensure all required documents are added to the claim (including non premium endorsements which commonly aren’t added by placing teams)
- Always link to a transaction
- Never load documents larger than 20 MB
- Documents embedded in emails will be split out for the first level only
- Don’t submit any transaction (even closing advices) without supporting documents

To avoid further re-work, it is helpful to put reinstatement docs at both UMR and UCR/TR level or put a broker comment pointing claims adjuster to the UMR

Remember:

- **NEVER** add documents to an authorised transaction
- When adding documents to a partially authorised transaction, **re-release** the transaction
- Don’t forget to check if a re-instatement premium is required
SIGNING

CLAIMS DATA ENTRY - SIGNING DATES FOR LLOYD'S

LA0143M  0199 CLAIM002  21/01/16 09:20:04

CLAIMS DATA ENTRY : SIGNING DETAILS LLOYD'S

UCR: B 9979 M99999
TR: B 9979 001

ORIG/SETT CURRENCY: USD USD

ORIG SIGNING:

BUREAU CASH :

SIGNING MUST BE ENTERED WITH ORIGINAL CURRENCY
PF: 1=HELP  3=EXIT  7=BACK
RESPONSES

• There are two parts to a carrier response
  • Response code and comments – important to interpret both

• They might be asking for more information

• They might want an increased reserve – and have told XCS already but are letting you know

• Good practice to put a note in the next transaction in broker comments to acknowledge the comments sent
## WHAT ARE THE POSSIBLE RESPONSES

<table>
<thead>
<tr>
<th>Lloyds</th>
<th>ILU</th>
<th>LIRMA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seen/Action     - AUT</td>
<td>A – transaction accepted</td>
<td>CAA – advice accepted</td>
</tr>
<tr>
<td>Agree/Pay       - AUT</td>
<td>B – broker present to update</td>
<td>INF – more info</td>
</tr>
<tr>
<td>Query           - QUE</td>
<td>P – pended to allow update</td>
<td>FIL – should not use on ECF!</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DIS – dispute on an advice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes/CES – settlement agreed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AAC – settlement agreed in concept but accounting issues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No – Insurer is in dispute</td>
</tr>
</tbody>
</table>
SOLUTIONS TO QUERIES

• Do not just add more transactions to answer query
  • Queried TR will continue to block the system for Lloyd’s/ILU systems
  • Do not delete queried TR without carrier agreement
  • Just re-releasing the queried TR having removed the query comments but not solving the problem will not help!

• If solution to query is to add further documents always re-release the transaction again for Lloyd’s or notify for LIRMA

• Remember - never add documents to a completed transaction
KEY POINTS TO REMEMBER

• Provide full information as early as possible
• Take care over signing and provide APs
• Make sure documents are sensibly named and attached
• Read all comments even if the code response is positive
• Use the narrative to broke the file
• Pick up the phone and talk
• Respond to queries in a timely fashion
KEY TOPICS

• Lead’s responsibilities
• Guidance on expert management and consortiums
• Common queries and what to do about them
• Improving communication
UNDERWRITING REFERENCE ISSUES

• If the OSND is otherwise right then it is a signing problem at XIS
  • This is not a broker issue or correction
  • Early rectification is key

• You can ask for your reference to be changed in the Lloyd’s premium signing system

• Don’t query the transaction when the policy reference is wrong:
  • Contact XIS to correct by emailing XIS – (Enquire@xchanging.com)
  • Complete the necessary form – available in the Knowledge Base on the Insurance Portal
  • It is not for the lead to pick up if the follower’s policy reference is incorrect, followers will be able to identify it when the SCM comes through
OSND

• It’s the leader’s responsibility to check that the right signing has been used
• Wrong OSND can cause delays, post lead queries and chargeable corrections if allowed to slip through
• Brokers can – but shouldn’t – change the OSND mid-term

  • There are multiple sources where the OSND can be checked
  • There may be signings for different risk codes
  • There could also be different signings in a single risk code due to different regulatory codings
  • If it’s an FDO signing, the broker needs to provide the AP signing as soon a possible but with the settlement request at the latest
AGREEMENT PARTIES

• Check the slip for details
• Contact the broker as soon as possible to advise them if the leader is incorrect
  • If it’s a first advice and the transaction hasn’t been authorised, the broker can change it and re-release the transaction
  • If it’s a subsequent advice or the transaction has been authorised, the broker will need to cancel and replace
  • No further action needed from “wrong” leader

• Second should be stated in the slip, if not, call the broker for clarity. Default position will be second syndicate stamp
• Pre 2010 claims scheme – Maintain existing second if there is one. If not advised in slip, default to second syndicate stamp
CONSORTIA

• Irrespective of the number of members, a consortium is treated as a single insurer
• If writing 100% of the risk, it is a singleton risk and outside CTP
• If writing as part of a subscription market it might be a leader or second. If leading, the second never comes from within the consortium, it would be a following syndicate that is not part of the consortium
• Consortium members may have agreed different agreement party structures by way of side agreement
• If there are no other following Lloyd’s syndicates external to the consortium, the 2006 & prior claims scheme indicator applies
• In ECF, there is an indicator to show it is a consortium
PREVIOUSLY ADVISED OUT OF ECF

- ECF claims that have previously been advised non-ECF (e.g. paper or email for unsigned risk) *must* have ‘T’ indicator set for first advice
  - Leads should **reject** ‘transitional’ transactions where ‘T’ not set, since XCS may create duplicate entry on XCS CLASS

- Paper scanning service is available – visit: [www.lloyds.com/ctpscanning](http://www.lloyds.com/ctpscanning)

- Lead *must* agree to conversion to ECF by completing their section of broker-provided pro forma
CARRIER APPLIED QUALIFIER CODES

A qualifier code must be added to any currency entry with a nil reserve

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>First Advice, Await Adjuster’s Report</td>
<td>A</td>
<td>Await Advice from Cedant / Insured / Coverholder</td>
</tr>
<tr>
<td>L</td>
<td>Long Tail Advice</td>
<td>R</td>
<td>Recovery</td>
</tr>
<tr>
<td>P</td>
<td>Precautionary Advice on High Layers</td>
<td>S</td>
<td>Subrogation</td>
</tr>
<tr>
<td>C</td>
<td>Closed</td>
<td>X</td>
<td>Erroneous Entry to be Closed</td>
</tr>
</tbody>
</table>

Plus the new Uber Precautionary code ‘U’
EXPERT INFORMATION

• It is the Lead’s responsibility to instruct XCS to set up an expert(s) on XCS CLASS
• Leaders – always provide as much information as possible to XCS in private comments
• ECF does not allow the broker to enter indemnity and fee reserves separately – only one field is available to them
• Where the broker’s reserve contains both indemnity and fee/expense elements it is the Lead’s responsibility to instruct XCS TP how the broker’s reserve should be split
• Alternatively, the Lead may wish to set up a fee/expense reserve *in addition* to the broker-provided indemnity reserve
• Be aware – always check the expert field to make sure the broker hasn’t entered a full stop
• Parallel UCRS – Be mindful of erroneously deleting reserves
RESERVES

- Broker only has one field to use
- The accurate capture of the claim reserve is the lead’s responsibility
- The lead reserve fields are not visible to the broker nor are they editable by claims agreement parties
- Always provide supporting narrative to XCS in private comments for processing
- The lead reserve field should be reviewed on each transaction as the previous financials remain until the lead requests an update
- If the broker applied reserve is incorrect, the adjuster has three options available:
  - Call the broker, request an amendment and re-release (best practice)
  - Enter the correct reserve in lead reserve field and private comments
  - Query – as a last resort
COMMON QUERY - MISSING DOCUMENTS

• The most common query reason is missing documents
• Best practice is to contact the broker to update the incorrect or missing document
• TR should be re-released
• Consider whether TR can be accepted with further information requested for next time
• Remember that there is a time lag between Class entry being sent and documents being loaded – particularly with batch
COMMON QUERY - SETTLEMENTS

• A common query reason is due to incorrect / missing financials to enable settlement

• If the settlement amount is incorrect, the best practice is to call/email the broker to get it amended. If this fails, the only option is to query.

• Remember to split settlements between indemnity and any fees

• Make clear in comments for which expert a payment might be
IMPACT OF RESPONDING

• Responding to a transaction in ECF is not in itself a positive affirmation of coverage

• It is just the same as writing on a paper file, like was previously done

• Therefore you can positively accept a transaction on ECF and within your comments still be declining/querying the claim
QUERY FACTS

• Queries cause delays – an average of 30 days per transaction is added to the lifecycle of the claim!

• A query should not be raised to ask questions

• If a query is raised, best practice on advice transactions is for the broker to re-release the transaction with confirmation that the additional information has been sought to remove it off query status

• Examples of queries that should not have been raised:
  • Transaction put on query as claims adjuster handling the claim was on holiday
  • Query function used to decline the claim
  • To buy time (using as a pend function)
  • DOL – querying when this is wrong or not entered. Can just put it in the private comments and XCS will add it and request broker puts on next transaction
  • Sanctions – asking brokers if they have done the check
REINSTATEMENT PREMIUMS

- Requesting the reinstatement premium is the leads responsibility
- Check the numbers
- Click Yes button for SIM RIP, this gives clear instruction to XCS to process RIP as well as claim
- Failure to request a simultaneous reinstatement creates a lot of additional work for all parties
GETTING IN CONTACT

• We now have the broker email address functionality, which is improving communication

But,

• Brokers do not see the screens with carrier contact details on them

• Therefore it is important to identify yourself by putting your full name at the end of your comments
<table>
<thead>
<tr>
<th>Claims Scheme :</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triage category :</td>
<td>CTP-Standard</td>
</tr>
</tbody>
</table>

- Remember that this should be considered and updated on every TR
- Singleton business should be manually amended to 2006 and prior as not CTP
- It’s helpful to provide the triage decision in the comments so the broker knows if they are also awaiting a second lead response
KEY POINTS TO REMEMBER

• Make sure you check the areas you're responsible for as a lead to avoid queries and delays
• Queries cause delays! Don’t automatically query a transaction – think about if there is another way to get what you need
• Provide clear and detailed instructions to XCS to ensure claims are processed correctly
• Pick up the phone and talk
KEY HIGHLIGHTS

• Impact of circulating transactions
• What happens when you respond
• Workflow
• The facts about DFV
PRESENTATION ISSUES

• A large number of queries can be resolved quickly without going into the query loop

• Contact the broker rather than automatically Rejecting or Pending

• This will reduce the lifecycle of the claim and avoid re-work for each party

• Will also open the lines of communication between each party
CIRCULATION AS A LIRMA LEADER

• When a claim is circulated, it feeds into the following markets systems

• If you circulate and any facts or figures are wrong or missing, the transaction cannot be undone (including by the broker) and may need cancelling and replacing to rectify, creating additional work for all parties and slowing down the claim

• So best practice is - do not circulate until your happy with the presentation
WHAT DO LIRMA RESPONSES DO?

• **FIL** must not be used on an ECF claim, the file is electronic and available
• **CAA** – used to agree an advice
• **INF** should be used to request more information but remember to always go back and change the status from INF once that information has been received
• **DIS** – should be used on advices only if the claim is considered not to be covered under the contract
• **CES** – your share of settlement is triggered with a same day signing irrespective of anyone else
  - Subject to any reinstatement that might be present
• **YES** – your share will only move once the last insurer has responded and won’t move if someone says No
  - You can change your YES to a CES – your funds will then move on the Friday of the following week
• **NO** can be used on settlement transactions only if you do not wish to settle
• **ACC** should be used if there is an accounting issue with the cedant
WHAT DO ILU RESPONSES DO?

• **A** – authorise
• **P** – pend the entry
• **B** – broker advise / amend. This is for when the broker is with the claims adjuster and the claim needs to be amended. The broker can use the underwriter’s PC to sign on and amend the sequence; this prevents the claim from being held up from signing

• Did you know that on settlements if the lead has requested a follower to respond then it will show as **NAK** on the market response screen. This means no acknowledgement has been received
THINGS TO CONSIDER FOR LIRMA

• The required fields to be completed are:

- Business Class: XL - NON MARINE EXCESS OF LOSS
- Claim Category: A - PROPERTY
- Claim Sub Category: ST - STORM/HURRICANE
- Simultaneous RIP Required: Yes

• As well as your name, phone number and lead comments
• Don’t forget to ask yourself ‘does this collection generate a reinstatement premium?’ if so, make sure you change the Simultaneous RIP Required field to Yes
Ensure that comments are meaningful – no full stops only!
## Workflow

### Process Work

<table>
<thead>
<tr>
<th>Select</th>
<th>мор</th>
<th>Pager of All</th>
<th>Morser Number</th>
<th>Total Count : 73</th>
</tr>
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<tbody>
<tr>
<td>Target</td>
<td>SRC</td>
<td>Required</td>
<td>Date of</td>
<td>Work Placement</td>
</tr>
<tr>
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<td>24/07/2016</td>
<td>LEAD</td>
<td>Hand-</td>
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<td>Hand-</td>
</tr>
<tr>
<td>12 Jan 2016</td>
<td>EN0160517003594</td>
<td>12 Jan 2015</td>
<td>LEAD</td>
<td>Transfer</td>
</tr>
<tr>
<td>12 Feb 2009</td>
<td>EN0160517003594</td>
<td>12 Feb 2009</td>
<td>LEAD</td>
<td>Hand-</td>
</tr>
<tr>
<td>13 Nov 2002</td>
<td>EN0160517003594</td>
<td>13 Nov 2002</td>
<td>LEAD</td>
<td>Hand-</td>
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<tr>
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<td>LEAD</td>
<td>Transfer</td>
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<td>9 Nov 2015</td>
<td>LEAD</td>
<td>Transfer</td>
</tr>
<tr>
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<td>18 Feb 2016</td>
<td>LEAD</td>
<td>Transfer</td>
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<tr>
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</tr>
<tr>
<td>10 Oct 2009</td>
<td>EN0160517003594</td>
<td>10 Oct 2009</td>
<td>LEAD</td>
<td>Transfer</td>
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<td>10 Oct 2009</td>
<td>EN0160517003594</td>
<td>10 Oct 2009</td>
<td>LEAD</td>
<td>Transfer</td>
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<tr>
<td>10 Oct 2009</td>
<td>EN0160517003594</td>
<td>10 Oct 2009</td>
<td>LEAD</td>
<td>Transfer</td>
</tr>
</tbody>
</table>

### Log of:

- Dashboard
- Process Work
- 94x480
DOCUMENT FILE VIEWER

• Allows the user to group together documents in a number of different categories to read like a book:
   All claims documents
   Documents for this TR
   Documents for the last 4 TRs
   Documents with a particular classification

• Policy documents can be viewed as a separate book – or together with claims if preferred

• Remember:
   DFV works like a print preview function
   Therefore Excel and some other file types will not always convert well so use the IMR to view the original document
   There is a search function available
All search functionality works the same way as searching any other Adobe document.
KEY POINTS TO REMEMBER

• Meaningful comments
• Check quality before circulating
• Remember what responses actually do
• Pro-actively manage the INF status of your claims
• Try the DFV – you might like it!
KEY TOPICS

• Key data that is required

• Impact of not providing clear information

• What XCS can and cannot do without help from other parties
THE FACTS

• XCS can only respond to transactions in the right order

• If the lead has queried a transaction, the only option XCS have is to query. Remember, an average of 30 days per transaction is added to the lifecycle of the claim!

• XCS can query transaction themselves.

• If a queried transaction is not resolved it will continue to block the system

• Lead is the owner of any query raised by Xchanging.
### Reserves

<table>
<thead>
<tr>
<th>PTT Loss</th>
<th>O/S Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PTT Exp</th>
<th>O/S Exp</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PTT Fee</th>
<th>O/S Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PTT Total</th>
<th>O/S Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>0</td>
</tr>
</tbody>
</table>
SETTLEMENT CURRENCY

- This has to be entered at first advice by Xchanging – leader should tell them which currency they want at first advice. Notify in private comments e.g SCC = GBP

- If not provided then XCS will default to using the policy/premium currency

- Any changes if required will be chargeable
OUTSTANDING QUALIFIER CODES

• The code set by the broker is not the same as the one that has to be entered at XCS
• Leaders should give clear instructions to XCS in the private comments as to the code to use
• Remember, outstanding qualifier codes are required on open claims with a Nil reserve and must be completed for each currency
• The outstanding qualifier must be monitored on subsequent movements as it may need to be changed as the claim progresses
## Outstanding Qualifier Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>Closed</td>
<td>A</td>
<td>Await advice from Cedant</td>
</tr>
<tr>
<td>D</td>
<td>See loss details</td>
<td>C</td>
<td>Closed</td>
</tr>
<tr>
<td>F</td>
<td>Fee’s expected</td>
<td>L</td>
<td>Long tail advice</td>
</tr>
<tr>
<td>L</td>
<td>Part of block claim</td>
<td>M</td>
<td>First advice, await report</td>
</tr>
<tr>
<td>N</td>
<td>Nil</td>
<td>X</td>
<td>Erroneous entry to be closed</td>
</tr>
<tr>
<td>P</td>
<td>Precautionary</td>
<td>P</td>
<td>Prec advice on high layers</td>
</tr>
<tr>
<td>R</td>
<td>Recovery expected</td>
<td>S</td>
<td>Subrogation</td>
</tr>
<tr>
<td>S</td>
<td>Subrogation</td>
<td>U</td>
<td>Uber precautionary</td>
</tr>
<tr>
<td>T</td>
<td>To be advised</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V</td>
<td>Salvage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
WHAT INFORMATION TO PROVIDE

**Private Comments**

- SCM narrative - settle fee Kennedys invoice 1234
- reserves 100%
- indemnity USD1,000,000
- Kennedys Defence USD100,000
- Kennedys fees USD50,000

**Actions**

- Year of Account: 2015
- Risk Code: KG
- Lloyd's Cat Code: 
- PCS Cat Code: 
WHAT NOT TO DO!

• XCS should not be creating split entries on XCS Class where there are disagreements between the markets (i.e. the reserve)
• If the 2nd lead/ follow markets do not agree with the lead, follow the dispute resolution process in the CTP guidelines
• XCS should also always follow the instructions given and if they think doing it a different way would be better, they should speak to the lead
## LEADER ROLES & RESPONSIBILITIES

<table>
<thead>
<tr>
<th>Original Signing Number &amp; Date (OSND)</th>
<th>Current Broker</th>
<th>Claim Narrative</th>
<th>Vessel / Aircraft / Conveyance (if appl.)</th>
<th>Cover Period</th>
<th>O/S Loss *</th>
<th>PTT Fees</th>
<th>100% VAT amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Insured Name</strong></td>
<td>Coverholder (if appl.)</td>
<td>Loss Location</td>
<td>Voyage (marine &amp; energy only)</td>
<td>Policy Period</td>
<td>O/S Fees *</td>
<td>PTT Expense</td>
<td>Loss Fund? (Y/N)</td>
</tr>
<tr>
<td><strong>Reinsured Name (if appl.)</strong></td>
<td>CAT / MLTC Code</td>
<td>Date of Loss</td>
<td>Limits</td>
<td>Perils / Conditions</td>
<td>O/S Expense *</td>
<td>Expert Type: Lawyer / Adjuster (if appl.)</td>
<td>Direct Reporting? (Y/N)</td>
</tr>
<tr>
<td><strong>Claimant Name (if appl.)</strong></td>
<td>PSC Code</td>
<td>Date Claim Made (liability only)</td>
<td>Excess</td>
<td>Settlement Currency</td>
<td>TBA Code (if appl.)</td>
<td>Expert Firm Name (if appl.)</td>
<td>In Litigation? (Y/N)</td>
</tr>
<tr>
<td><strong>Medicare Claimant (if appl.)</strong></td>
<td>Cause Code</td>
<td>Loss Date Narrative (if no DOL e.g. ‘Various’ for blocks)</td>
<td>Slip Order</td>
<td>Settlement Rate of Exchange</td>
<td>PTT Loss</td>
<td>Expert Reference (if appl.)</td>
<td>In Subrogation? (Y/N)</td>
</tr>
</tbody>
</table>
KEY FOR ALL PARTIES

Pick up the phone or email if not sure what the leader wants

Leaders - be responsive to such queries!
KEY POINTS TO REMEMBER

• Each party needs to update what is required of them to enable XCS to process the claim

• Make sure information is clear both from broker and leaders

• Good communication between parties will minimise the need for queries