

Specification of Competency Standards of the Insurance Industry

**Unit of Competency**

**Functional Area: Claims**

Title	Establish procedures and guidelines on handling suspected fraudulent claims
Code	105617L6
Range	This unit of competency is applicable to those who are responsible for directing the screening and handling of suspected fraudulent claims. It involves establishing and implementing supporting guidelines and procedures, and providing training to relevant units on detecting and handling fraudulent claims.
Level	6
Credit	5 (for reference only)
Competency	<p>Performance Requirements</p> <ol style="list-style-type: none"> <li>1. Possess knowledge in screening and handling fraudulent claims <ul style="list-style-type: none"> <li>• Well versed company claim policies</li> <li>• Comprehend techniques of detecting potential fraudulent claims</li> <li>• Comprehend methods used in dealing with fraudulent claims</li> <li>• Comprehend common fraudulent claims cases in the insurance industry</li> <li>• Comprehend techniques to train staff on screening and handling suspected fraud claims</li> </ul> </li> <li>2(a). Set up guidelines and procedures on screening and handling suspected fraudulent claims <ul style="list-style-type: none"> <li>• Establish guidelines on screening suspected fraudulent claims</li> <li>• Establish procedures in reporting of suspected fraudulent claims</li> <li>• Establish procedures in handling suspected and confirmed fraudulent claims</li> <li>• Implement screening and handling fraudulent claims guidelines and procedure</li> </ul> </li> <li>2(b). Provide training to relevant units <ul style="list-style-type: none"> <li>• Provide training to relevant units in using the guidelines to detect potential fraudulent claims</li> <li>• Provide training to relevant units in following the procedures to handle potential and confirmed fraudulent claims</li> </ul> </li> <li>2(c). Evaluate the effectiveness of procedures and guidelines <ul style="list-style-type: none"> <li>• Work with relevant units to review records of suspected and confirmed fraudulent cases</li> <li>• Evaluate the effectiveness of the guidelines and procedure of screening and handling of suspected fraudulent claims from time to time</li> <li>• Adjust guidelines and procedure based on review findings</li> </ul> </li> <li>3. Set up effective guidelines and procedures to guide staff members in screening and handling suspected fraudulent claims <ul style="list-style-type: none"> <li>• Develop guidelines that covers possible approaches to tackle suspected and confirmed fraudulent claims</li> <li>• Ensure fraudulent claims handling procedure and guidelines are in line with company claims policies</li> <li>• Ensure guidelines and procedures effectively enable screening and handling of suspected fraudulent claims.</li> </ul> </li> </ol>
Assessment Criteria	<p>The integral outcome requirements of this unit of competency are:</p> <ul style="list-style-type: none"> <li>• Able to organize screening and handling of fraudulent claims into step-by-step procedures</li> <li>• Able to describe screening and handling procedures in writing</li> <li>• Able to establish procedure and guidelines on screening suspected fraudulent claims</li> <li>• Able to ensure the guidelines and procedures of suspected fraudulent claims screening and handling are in line with company claims policy</li> <li>• Able to introduce the procedure and guidelines to claims staff.</li> </ul>
Remark	This unit of competency is also applicable to general insurers and life insurers.