

Claims Representative – Complex Auto & PIP

POSITION SUMMARY:

Responsible for the investigation, evaluation, negotiation and settlement of personal and commercial automobile first party physical damage and third-party property damage insurance losses. Initiates contact with injured parties to obtain claim information and establish potential exposure. Handles complex PD claims involving several parties. Handles and responds to arbitrations, large losses, 93A demands and suit papers. Assumes the handling of automobile physical damage claims, to include complex coverage issues, policy limit exposures, and pre-suit. Assumes the handling of Personal Injury Protection claims during peak periods and in support of the PIP team business goals.

PRINCIPAL ACCOUNTABILITIES

Job Knowledge

- Evaluates coverage, investigates and determines liability.
- Negotiates and settles property damage claims and applies comparative negligence where warranted.
- Conducts recorded statement interviews.
- Refers cases of suspected fraud to the Special Investigation unit.
- Applies knowledge of company processes and procedures to explain requirements to callers.
- Maintains self-control in difficult situations.
- Communicates over the telephone in a courteous and pleasant manner, projecting confidence with a positive tone.
- Handles all returned company claim checks and checks made payable to the company in a timely fashion.
- Assesses PIP claim eligibility, verifies compliance with regulatory standards, and collaborates with medical professionals, legal advisors, and cross-functional teams.

Judgment

- Take the initiative to bring claims to a reasonable and appropriate resolution in a timely fashion using sound conflict resolution tactics.
- Analyze and interpret policy language and case law in conjunction with specific loss facts to reach appropriate coverage decisions.
- Orchestrate the investigations of losses with external experts when appropriate.
- Determine coverage and liability in a prompt and judicious manner based upon the information at hand, demonstrating effective critical/ strategic thinking and sound decision making.
- Clearly and professionally write correspondence, including letters/emails to attorneys in compliance with various state statutes and regulations.
- Demonstrate reliability and dedication to fully execute responsibilities of the role.
- Exercise good judgment with imperfect information.
- Direct and control the activities and costs of outside vendors.
- Identifies potential fraud and opportunities for potential subrogation or risk transfer.

Communication, Relationship Building and Teamwork

- Possesses and demonstrates professional conduct, sharing their knowledge with others, collaborating with internal and external business partners, counsel, and other important stakeholders.
- Responds timely to demands in a timely and appropriate manner.
- Effectively present and discuss loss facts and issues in discussion to peers and members of management.
- Presents appropriate claims during file conference to gain insight, guidance, and authority to resolve claims based upon their merits.
- Maintain well-documented and organized claim files and efficiently manage file inventory.
- Approach difficult conversations in a well-prepared, professional manner.
- Create and maintain a positive work environment and culture built upon teamwork and collaboration.
- Foster positive, constructive working relationships within the Company and with assigned counsel and experts.

Technology & Information

- Safeguard systems and information within the scope of work against misuse, fraud, malware, and cyberattacks.
- Maintain strict confidentiality with sensitive information.
- Utilize resources provided by the Company to appropriately adjudicate claims.
- Participates during user acceptance training, providing specific feedback to the implementation team on gaps requiring attention.

Skills:

- Solid verbal and written communication skills with the ability to clearly articulate coverage and liability determinations in a prompt, professional, and courteous manner.
- Skilled in managing multiple priorities and claim-related issues simultaneously, while maintaining attention to detail and meeting deadlines in a fast-paced environment.
- Proficient in independently reading, interpreting, and applying insurance policies, relevant laws, and regulations to make informed decisions and ensure compliance.
- Strong interpersonal skills, including ability to negotiate claims towards a quality claim resolution.
- Possesses and exhibits strong initiative, responsibility, and work ethic.
- Collaborative thinking and strategizing with others come naturally to them.
- Familiar with varying laws of comparative negligence and state regulations.
- Familiar with window-based PC applications.
- Knowledge of company policies and procedures pertaining to processing liability automobile claims
- Superior organizational skills

JOB REQUIREMENTS:

EDUCATION:

- Bachelor's degree or equivalent experience.
- Associate in Claims (AIC) preferred
- Must obtain and maintain CT, RI and all required state adjuster licenses

EXPERIENCE:

- Minimum of 1 to 2 years handling auto physical damage claims or prior insurance experience.
- Must have intermediate knowledge of computer programs in a Windows environment including Word, Excel and e-Mail.

SKILLS:

- Familiar with varying laws of comparative negligence and state regulations.
- Familiar with window-based PC applications.
- Capable of analyzing information presented and making decisions based on company guidelines.
- Knowledge of company policies and procedures pertaining to processing liability automobile claims.
- Knowledge of automobile policies in the states of CT, MA and RI.
- Licensing as required to be obtained within 6 months of hire.
- Superior verbal and written communication skills.
- Superior organizational skills