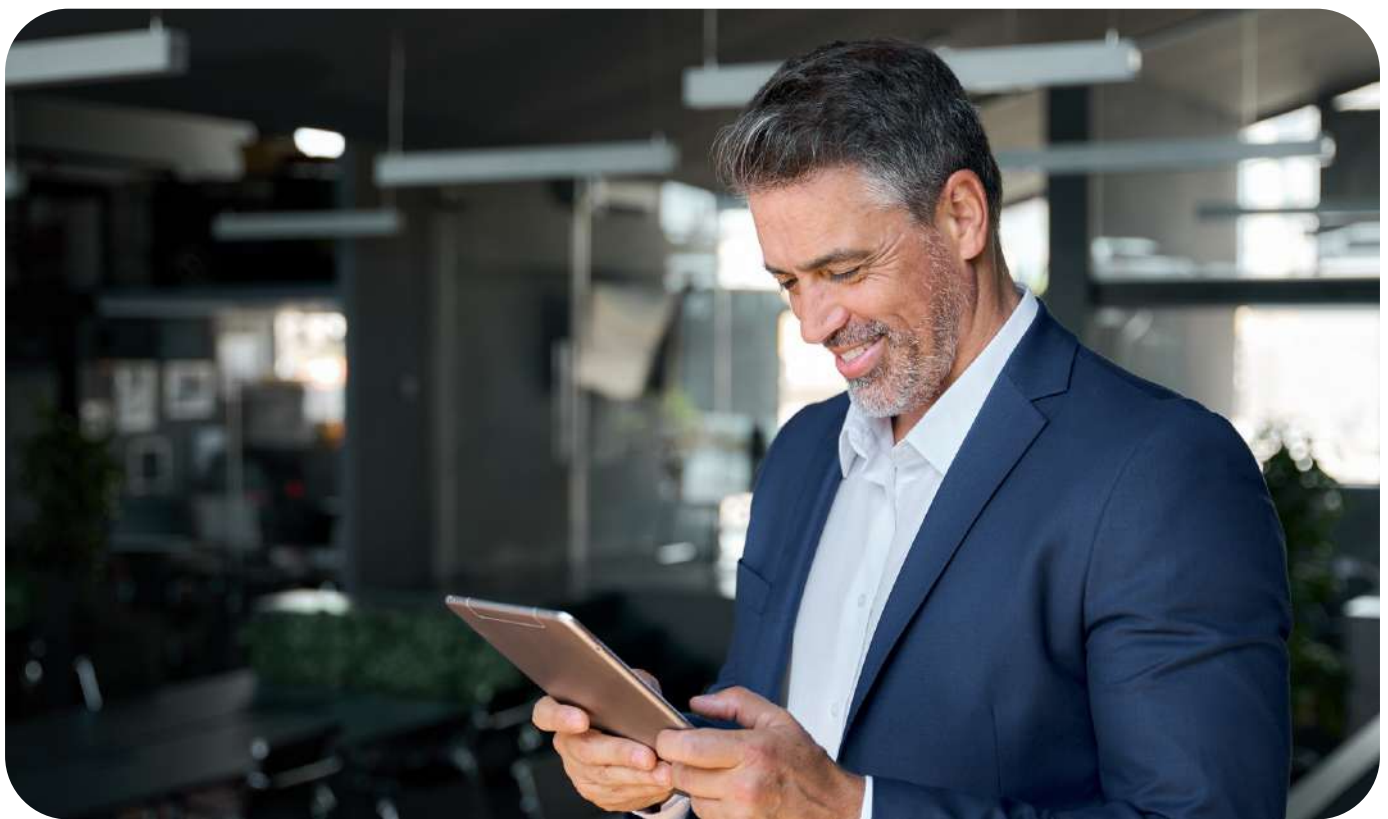# ENABLING A TRANSFORMATIVE FNOL EXPERIENCE

We enabled a 70% reduction in the turnaround time for auto claims, helping the insurer reimagine claims intake with an AI-based FNOL solution.

Customer's challenge

The client, a US-based standard market insurer, offers multiple personal and commercial lines products. Their major offering is the standard auto program, managing over 100,000 active policies across 12 states and handling approximately 5000 claims annually. The client focused on faster claims processing and managing omnichannel claim intake processing. This delayed the coverage verification and claim intake process, leading to low customer satisfaction and more administrative work while handling smaller claims.

The pressure points

- Unstructured information and handwritten reports from multiple channels cluttered the first stage of the claims intake process.

- Existing automation solutions were not delivering the desired results, and an innovative solution was needed fast.

Our solution

We successfully implemented our Digital FNOL (First Notice of Loss) solution by integrating it with the insurer's Duck Creek Claims on time, addressing all the challenges rapidly. Our solution leveraged AI/ML capabilities, allowing the insurer to register their FNOL quickly, with minimal effort, and even with limited information.

▶ We empowered the insurer to take their first step, FNOL, with higher accuracy, easily, and in a smart way.

▶ We helped set the foundations for seamless, connected, interactive, and digital-focused processing, including the coordination of critical claims process.

▶ Our solution processes the unstructured data reported through various channels with its NLP and AI models. It helped the insurer understand the type of reported loss, complete the coverage verification, and claim intake process.

▶ We used ML models to perform damage analysis to assess the loss amount for damages accurately.

Results that speak volumes

HTC's AI-based FNOL solution enabled the insurer to achieve the dual goal of cost reduction and improving experiences for both customers and employees in claims intake. Moving away from manual-based/expensive claims intake processes, the insurer built new digital capabilities, enhancing customer experiences and retaining their loyalty.

Our solution resulted in the following benefits:

▶ Zero-touch processing for lower claim amounts.

▶ 70% reduction in the turnaround time for auto claims, from 7-15 days to 1-2 days, based on the severity of the claim.

▶ 40 to 50% reduction in cost per claim.

▶ Reduced manual data extraction needs.

▶ 3-7x enhanced claim processing time for adjusters.

▶ Improved customer experience with a faster claim settlement process.