

JOB POSTING TEMPLATE

Specialized knowledge

- Communication skills to interact with dynamic personalities to obtain information
- Logical thinking to make the right judgement to support or deny a claimant's case
- The ability to handle multiple tasks at one time.
- Work in an organized manner.
- Ability and willingness to learn and adapt to the working environment and to do whatever it take to close a case
- Proficient in Microsoft Office (Word, Excel, Access, PowerPoint)

Problem solving

- Create strategies and methodologies for identification of fraud indicators
- Build strong investigation team, make instruction clearly, manage investigation budget
- Skilled and proactive working across functions such as Compliance, Legal, Complaint handling, Medical team...

Education and experience

- University graduated.
- Knowledge of law, medical, insurance and police
- Relevant Working Experience: At least 8 years of experience in Investigate Claims field
- Have good knowledge of life insurance and well skills

Communication scope

- Internal contact: colleague in Client services and other sections such as Legal, Compliance, IT, A&P, Finance...; advisor, sales force to handling issues related client's claim case, process, project...
- External contact: to serve customer, or contact hospitals, clinics, police station, people in the field during investigation trip, or claim employee in the market...

Management scope

Total number of direct reports: 6

Total number of staff managed (direct and indirect): 6

Metrics (if applicable)

Travel required (express as % of working time): 10% - 40%