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OCCUPATIONAL QUALIFICATION CURRICULUM DOCUMENT TEMPLATE

IN LINE WITH THE OQSF POLICY (2021) OCCUPATIONAL QUALIFICATION TYPE (NOMENCLATURE)

QUALIFICATION	TYPE (NOMENCLATURE)	TITLE (DESCRIPTOR)	NQF LEVEL	CREDITS
Qualification	Higher Occupational Certificate	Insurance Claims Handler	5	120
CURRICULUM CODE	431204-001-00-00			

PARTNER DETAILS	ORGANISATION NAME	WEBSITE ADDRESS	TELEPHONE NUMBER	LOGO
QUALITY PARTNER - DEVELOPMENT	Insurance Sector Education and Training Authority (INSETA)	www.inseta.gov.za	0113818900	inseta INSURANCE SECTOR EDUCATION AND TRAINING AUTHORITY Working together for a skilled tomorrow
QUALITY PARTNER – ASSESSMENT	Insurance Sector Education and Training Authority (INSETA)	www.inseta.gov.za	0113818900	inseta INSURANCE SECTOR EDUCATION AND TRAINING AUTHORITY Working together for a skilled tomorrow

DESIGNATION	NAME AND SURNAME	SIGNATURE	DATE
SUBJECT MATTER EXPERT (SME)	Dr Yolande Hagedorn-Hansen		…
QUALITY PARTNER REPRESENTATIVE	Mr Sibusiso Zulu		…

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SECTION 1: CURRICULUM SUMMARY

1.1 Occupational Information:

1.1.1 Associated, Organising Framework for Occupations (OFO) Occupational Code and Title

N/A

1.1.2 Occupation Programme Type, Title, NQF Level, Credits and Curriculum Code, addressed by this Curriculum.

TYPE	TITLE	NQF LEVEL	CREDITS	CURRICULUM CODE
Higher Occupational Certificate	Insurance Claims Handler	5	120	431204-001-00-00

1.1.3 Alternative titles used by industry:

- Claims Handler
- Claims Negotiator
- Insurance Claims Clerk
- Claims Analyst

1.2 Curriculum Information:

1.2.1 Articulation for Qualifications

(a) Horizontal Articulation:

This qualification articulates horizontally within the OQSF and between other sub-framework(s) as follows:

Within OQSF -

There are limited formal horizontal articulation possibilities within the OQSF at the time of curriculum development

Between sub-frameworks -

There are limited formal horizontal articulation possibilities between sub-frameworks at the time of curriculum development

(b) Vertical Articulation:

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There are limited formal horizontal articulation possibilities between sub-frameworks at the time of curriculum development.

(c) Diagonal Articulation:

There are limited diagonal articulation opportunities across sub-frameworks at the time of curriculum development.

(d) Validation of Entry Requirements into articulation possibilities provided:

N/A

1.3 Curriculum Structure:

1.3.1 Knowledge/Theory Modules:

- 431204-001-00-KM-01, Overview of Insurance and Risk Management NQF Level 5, Credits 3
- 431204-001-00-KM-02, Understanding the Fundamental Legal Principles of Insurance and Risk Management, NQF Level 5, Credits 5
- 431204-001-00-KM-03, Concepts and Classes of insurance, NQF Level 5, Credits 5
- 431204-001-00-KM-04, Policy Administration and Documentation, NQF Level 5, Credits 5
- 431204-001-00-KM-05, Introduction to the South African Insurance Industry, NQF Level 5, Credits 3
- 431204-001-00-KM-06, Communication and Financial Skills, NQF Level 5, Credits 5
- 431204-001-00-KM-07, Claims Administration, NQF Level 5, Credits 10
- 431204-001-00-KM-08, Legal and Regulatory Framework in Insurance, NQF Level 5, Credits 4

Total number of credits: 40

1.3.2 Practical Skills Modules:

- 431204-001-00-PM-01, Receive, register and capture insurance claims, NQF Level 5, Credits 5
- 431204-001-00-PM-02, Assess the cause of loss, interpret policy conditions, verify insurance cover and determine liability, NQF Level 5, Credits 8
- 431204-001-00-PM-03, Quantify losses and evaluate claims value, NQF Level 5, Credits 8
- 431204-001-00-PM-04, Communicate and negotiate claim outcomes, NQF Level 5, Credits 5

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- 431204-001-00-PM-05, Finalise claims in compliance with legislation and ethical requirements, NQF Level 5, Credits 4

Total number of credits: 30

1.3.3 Work Experience Modules:

- 431204-001-00-WM-01, Insurance Claim Registration and Capture Processes, NQF Level 5, Credits 10
- 431204-001-00-WM-02, Processes of Assessing the Cause of Loss, Interpreting Policy Conditions, Verifying Insurance Cover and Determining Liability, NQF Level 5, Credits 15
- 431204-001-00-WM-03, Insurance Loss Quantification and Claim Evaluation Processes, NQF Level 5, Credits 10
- 431204-001-00-WM-04, Insurance Claim Communication, Negotiation and Stakeholder Engagement Processes, NQF Level 5, Credits 10
- 431204-001-00-WM-05, Claim Finalisation and Compliance Processes, NQF Level 5, Credits 5

Total number of credits: 50

1.4 Entry Requirements:

NQF Level 4 qualification or 1 year of work experience in the insurance industry.

1.5 Recognition of Prior Learning (RPL):

1.5.1 RPL for Access to Training/Exemption:

Learners may use the RPL process to gain access to training opportunities for a qualification, if they do not meet the formal, minimum entry requirements for admission. RPL assessment provides an alternative access route into a qualification.

Such an RPL assessment may be developed, moderated, and conducted by the accredited Skills Development Provider which offers that specific qualification. Such an assessment must ensure that the learner is able to display the equivalent level of competencies required for access, based on the NQF level descriptors.

For exemption from modules through RPL, learners who have gained the stipulated competencies of the modules of a qualification through any means of formal, informal, or non-formal learning and/or work experience, may be awarded credits towards relevant modules, and gaps identified for training, which is then concluded.

1.5.2 RPL for Access to the External Integrated Summative Assessment (EISA):

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Learners who have gained the stipulated competencies of the modules of a qualification through any means of formal, informal, or non-formal learning and/or work experience, may be awarded credits towards relevant modules, and gaps identified for training, which is then concluded.

A valid Statement of Results is required for admission to the EISA in which confirmation of achievement is provided that all internal assessment criteria for all modules in the related curriculum document have been achieved.

Upon successful completion of the EISA, RPL learners will be issued with the QCTO certificate for the qualification. Quality Partners are responsible for ensuring the RPL mechanism and process for qualifications is approved by the QCTO.

1.6 Quality Partner for Assessment:

NAME OF BODY:	Insurance Sector Education Training Authority (INSETA)
ADDRESS OF BODY:	18 Fricker Road, Illovo, Sandton, 2196
WEBSITE:	www.inseta.org.za
TELEPHONE NUMBER:	011 381 8900

1.7 List of Qualification(s) Related to this Curriculum

None

SECTION 2: OCCUPATIONAL QUALIFICATION PROFILE

2.1 Purpose

The purpose of this qualification is to prepare a learner to function as a Claims Handler.

Learners will develop the knowledge, practical skills and workplace competence required to receive, assess, process, communicate and finalise insurance claims in accordance with policy conditions, organisational procedures, legislation, regulatory requirements and ethical standards.

Successful completion of the qualification may provide employment opportunities in insurance claims-handling roles within insurers, underwriting management agencies, insurance intermediaries and other organisations performing insurance claims functions.

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2.2 Tasks

TASK	LINKS TO ELO
Task 1: Receive, register and capture insurance claims.	ELO 1: Receive, register and capture insurance claims in accordance with organisational procedures.
Task 2: Assess the cause of loss, interpret policy conditions, verify insurance cover and determine liability.	ELO 2: Assess the cause of loss, interpret policy conditions, verify insurance cover and determine liability in accordance with policy terms and organisational procedures.
Task 3: Quantify losses and evaluate claim value.	ELO 3: Quantify the loss and evaluate the claim value using relevant information, supporting documentation and applicable policy provisions.
Task 4: Communicate and negotiate claim outcomes.	ELO 4: Communicate and negotiate claim outcomes with relevant stakeholders in accordance with organisational procedures and delegated authority.
Task 5: Finalise claims in compliance with legislation and ethical requirements.	ELO 5: Finalise claims in accordance with applicable legislation, regulatory requirements, organisational procedures and ethical principles.

2.3 Occupational Task Details:

2.3.1 Task 1: Receive, register and capture insurance claims. (NQF Level 5)

(a) Unique Product or Service:

Insurance claim received, registered and accurately captured in accordance with organisational procedures.

(b) Responsibilities:

Responsible for the accurate, efficient and compliant administration and handling of insurance claims from notification through to finalisation, within delegated authority and organisational procedures. This includes applying policy terms and conditions, verifying cover and liability, evaluating supporting information and loss documentation, communicating with relevant stakeholders, supporting the determination and settlement of claims, maintaining accurate claims records, and ensuring that claims are processed in accordance with applicable legislation, regulatory requirements, organisational standards and ethical principles.

(c) Occupational Contexts:

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- Receive claim notifications through appropriate communication channels.
- Register the claim on the insurance claims administration system.
- Capture claim and policy information accurately.
- Identify and record required supporting documentation.
- Verify information received against available policy and client records.
- Initiate the claims administration process in accordance with organisational procedures.

2.3.2 Task 2: Assess the cause of loss, interpret policy conditions, verify insurance cover and determine liability. (NQF Level 5)

(a) Unique Product or Service:

Insurance claim assessed to establish the cause of loss, applicable policy conditions, insurance cover and liability.

(b) Responsibilities:

Responsible for assessing the circumstances and evidence relating to an insurance claim, applying relevant policy conditions and contractual requirements, verifying insurance cover and applicable limitations, and determining liability within delegated authority and organisational procedures.

(c) Occupational Contexts:

- Examine and assess the circumstances and evidence relating to the loss.
- Establish the cause and circumstances of the loss.
- Interpret applicable policy conditions and contractual obligations.
- Verify insurance cover, exclusions, limits and applicable conditions.
- Assess the available evidence against the policy requirements.
- Determine liability in accordance with policy conditions and organisational procedures.

2.3.3 Task 3: Quantify losses and evaluate claims value. (NQF Level 5).

(a) Unique Product or Service:

The claim is assessed to determine the quantum of the loss and the appropriate claim value.

(b) Responsibilities:

Responsible for assessing and quantifying insured losses where authorised to do so, or coordinating the assessment and quantification through an appointed assessor or loss adjuster where required by organisational policy; evaluating assessment reports and supporting evidence; applying relevant policy conditions, excesses and limits; and determining or recommending the appropriate claim value within delegated authority and organisational procedures.

(c) Occupational Context:

- Assess and quantify insured losses directly or, subject to organisational policy, coordinate the assessment and quantification through an appointed assessor or loss adjuster.

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- Co-ordinate with an appointed assessor or loss adjuster where required by organisational procedures.
- Obtain and evaluate assessment reports, estimates, invoices, valuations and other supporting documentation.
- Compare quotations and repair, replacement or settlement options.
- Apply relevant policy conditions, excesses and limits.
- Perform or verify relevant financial calculations.
- Determine or recommend the appropriate claim value in accordance with organisational authority and procedures.

2.3.4 Task 4: Communicate and negotiate claim outcomes. (NQF Level 5).

(a) Unique Product or Service:

Claims assessment findings, settlement proposals and claim outcomes communicated and negotiated with the insured and relevant stakeholders.

(b) Responsibilities:

Responsible for communicating claim information, assessment findings, settlement proposals and outcomes to the insured and relevant stakeholders; coordinating with internal and external parties involved in the claim; facilitating the resolution of claims; and negotiating claim outcomes where authorised, in accordance with organisational procedures, delegated authority and applicable requirements.

(c) Occupational Contexts:

- Communicate with the insured regarding the progress and assessment of the claim.
- Liaise with brokers, underwriters, loss adjusters, attorneys and other relevant stakeholders.
- Co-ordinate with loss adjusters in accordance with organisational procedures where required.
- Explain claim assessment findings and proposed settlement outcomes.
- Negotiate claim outcomes where applicable and within delegated authority.
- Liaise with relevant internal departments to facilitate the claim outcome.
- Provide appropriate customer service throughout the claims process.
- Maintain professional relationships and appropriate verbal and written communication.

2.3.5 Task 5: Finalise claims in compliance with legislation and ethical requirements. (NQF Level 5).

(a) Unique Product or Service:

The claims outcome is concluded, and the claim is finalised in accordance with legislation, regulatory requirements, organisational procedures and ethical principles.

(b) Responsibilities:

Responsible for ensuring that the claim outcome is appropriately concluded and processed in accordance with the policy contract, applicable legislation, regulatory requirements, organisational procedures and ethical principles; liaising with relevant parties to resolve

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outstanding cover, policy or underwriting matters; communicating the final outcome; and ensuring that the claim is accurately documented, processed and finalised within delegated authority.

(c) Occupational Contexts:

- Review the completed claim assessment and supporting information.
- Recommend settlement, conditional settlement or rejection in terms of the policy contract.
- Apply applicable legislation, regulatory requirements, organisational procedures and ethical principles.
- Liaise with underwriters where issues arise relating to cover, policy conditions, risk information, rating or underwriting requirements.
- Process the approved claim outcome and payments to relevant stakeholders.
- Complete and maintain required claims documentation and records.
- Communicate the final claim outcome to the insured and relevant stakeholders.
- Close and finalise the claim in accordance with organisational procedures.
- Identify and communicate relevant risk improvement recommendations where applicable.

SECTION 3: CURRICULUM COMPONENT SPECIFICATIONS

3.1 Knowledge Module Specifications:

Module Code	Module Title	NQF	Credits	Mode
431204-001-00-KM-01	Overview of Insurance and Risk Management	5	3	Face to face or online or blended
431204-001-00-KM-02	Understanding the Fundamental Legal Principles of Insurance and Risk Management	5	5	Face to face or online or blended
431204-001-00-KM-03	Concepts and Classes of insurance	5	5	Face to face or online or blended
431204-001-00-KM-04	Policy Administration and Documentation	5	5	Face to face or online or blended
431204-001-00-KM-05	Introduction to the South African Insurance Industry	5	3	Face to face or online or blended
431204-001-00-KM-06	Communication and Financial Skills	5	5	Face to face or online or blended
431204-001-00-KM-07	Claims Administration	5	10	Face to face or online or blended
431204-001-00-KM-08	Legal and Regulatory Framework in Insurance	5	4	Face to face or online or blended

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3.1.1 Detailing Knowledge Module (KM) contents

Knowledge Module (KM) - 01

MODULE CODE	MODULE TITLE	NQF LEVEL	CREDITS	MODE OF DELIVERY
431204-001-00-KM-01	Overview of Insurance and Risk Management	5	3	Face to face or online or blended

(a) Purpose of Knowledge Module:

The main focus of this knowledge module is to develop an understanding of the purpose and role of insurance, fundamental risk concepts, and the application of technology within the insurance and claims environment.

The learning will enable learners to demonstrate an understanding of the topics listed below:

(b) List of Knowledge Topics:

TOPIC CODE	TOPIC TITLE	% OF TIME TO BE SPENT
KM-01-KT01	Understand the purpose of insurance and risk management	40%
KM-01-KT02	Understand the risk concepts in an insurance environment	30%
KM-01-KT03	Understand technology in insurance and claims	30%

(c) Detailing each topic listed above into topic elements:

KM-01-KT01… Understand the purpose of insurance and risk management (40%)		
TOPIC ELEMENT CODE	**TOPIC ELEMENT TITLE**	**% OF TIME TO BE SPENT**
KT0101	Purpose of insurance	35%
KT0102	Concept of risk and risk transfer	35%
KT0103	Role of insurance in managing loss	30%

(d) Internal Assessment Criteria (IAC) and Weight

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IAC0101	Explain the purpose and role of insurance in managing risk and apply this understanding within a claims environment	100%

(c) Detailing each topic listed above into topic elements:

KM-01-KT02… Understand the risk concepts in an insurance environment (30%)		
TOPIC ELEMENT CODE	**TOPIC ELEMENT TITLE**	**% OF TIME TO BE SPENT**
KT0201	Classification of risks (pure and speculative, insurable and non-insurable).	50%
KT0202	Risk identification and mitigation in an insurance environment	50%

(d) Internal Assessment Criteria (IAC) and Weight

IAC0201	Differentiate between pure and speculative risks and between insurable and non-insurable risks.	40%
IAC0202	Identify basic insurance-related risks and explain appropriate risk mitigation and control measures in a claims environment.	30%
IAC0203	Explain the difference between risk and uncertainty and their relevance to insurance.	30%

(c) Detailing each topic listed above into topic elements:

KM-01-KT03… Understand technology in insurance and claims (30%)		
TOPIC ELEMENT CODE	**TOPIC ELEMENT TITLE**	**% OF TIME TO BE SPENT**
KT0301	InsurTech and digital transformation in insurance	30%
KT0302	Automation and artificial intelligence in insurance and claims	40%
KT0303	Digital insurance and customer platforms	30%

(d) Internal Assessment Criteria (IAC) and Weight

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IAC0301	Explain the role of InsurTech and digital transformation in insurance operations and claims.	30%
IAC0302	Explain the use of automation and artificial intelligence in insurance and claims, including straight-through processing concepts	40%
IAC0303	Explain the purpose and use of digital insurance and customer platforms in an insurance and claims environment.	30%

Knowledge Module (KM) - 02

MODULE CODE	MODULE TITLE	NQF LEVEL	CREDITS	MODE OF DELIVERY
431204-001-00-KM-02	Understanding the Fundamental Legal Principles of Insurance and Risk Management	5	5	Face to face or online or blended

(a) Purpose of Knowledge Module:

The main focus of this knowledge module is to develop an understanding of the fundamental legal principles governing insurance and their application in an insurance claims environment.

The learning will enable learners to demonstrate an understanding of the topics listed below:

(b) List of Knowledge Topics:

TOPIC ELEMENT CODE	TOPIC ELEMENT TITLE	% OF TIME TO BE SPENT
KM-02-KT01	Principle of Utmost Good Faith	12%
KM-02-KT02	Principle of Insurable Interest	12%
KM-02-KT03	Principle of Indemnity	16%
KM-02-KT04	Principle of Contribution	12%
KM-02-KT05	Principle of Subrogation	12%
KM-02-KT06	Principle of Proximate Cause	16%
KM-02-KT07	Application of Risk Management Principles in Claims	20%

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(c) Detailing each topic listed above into topic elements:

KM-02-KT01… PRINCIPLES OF UTMOST GOOD FAITH (12%)		
TOPIC ELEMENT CODE	**TOPIC ELEMENT TITLE**	**% OF TIME TO BE SPENT**
KT0101	Full disclosure of material facts	20%
KT0102	Material non-disclosure and consequences	40%
KT0103	Misrepresentation: innocent, negligent, fraudulent	40%

(d) Internal Assessment Criteria (IAC) and Weight

IAC CODE	IAC DESCRIPTION	WEIGHT
IAC0101	Explain with examples the concepts of disclosure, material non- disclosure, and misrepresentation and the consequences thereof	100%

(c) Detailing each topic listed above into topic elements:

KM-02-KT02… PRINCIPLE OF INSURABLE INTEREST (12%)		
TOPIC ELEMENT CODE	**TOPIC ELEMENT TITLE**	**% OF TIME TO BE SPENT**
KT0201	Definition and legal requirements of insurable interest	20%
KT0202	Application in Life Insurance	20%
KT0203	Application in Non-Life Insurance	60%

(d) Internal Assessment Criteria (IAC) and Weight

IAC CODE	IAC DESCRIPTION	WEIGHT
IAC0201	Differentiate between insurable interest in terms of Life and Non-Life insurance by making use of examples	100%

(c) Detailing each topic listed above into topic elements:

KM-02-KT03… PRINCIPLES OF INDEMNITY (16%)

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TOPIC ELEMENT CODE	TOPIC ELEMENT TITLE	% OF TIME TO BE SPENT
KT0301	Purpose of Indemnity	25%
KT0302	Application of indemnity in Non-Life insurance	50%
KT0303	Relationship between indemnity and claims settlement	25%

(d) Internal Assessment Criteria (IAC) and Weight

IAC CODE	IAC DESCRIPTION	WEIGHT
IAC0301	Explain the principle of indemnity and its application in insurance claims	100%

(c) Detailing each topic listed above into topic elements:

KM-02-KT04… PRINCIPLES OF CONTRIBUTION (12%)		
TOPIC ELEMENT CODE	**TOPIC ELEMENT TITLE**	**% OF TIME TO BE SPENT**
KT0401	Meaning and purpose of contribution	30%
KT0402	Conditions for contribution to apply	30%
KT0403	Application of contribution in insurance claims	40%

(d) Internal Assessment Criteria (IAC) and Weight

IAC CODE	IAC DESCRIPTION	WEIGHT
IAC0401	Explain the principle of contribution, the conditions under which it applies and its application in insurance claims	100%

(c) Detailing each topic listed above into topic elements:

KM-02-KT05… PRINCIPLES OF SUBROGRATION (12%)		
TOPIC ELEMENT CODE	**TOPIC ELEMENT TITLE**	**% OF TIME TO BE SPENT**
KT0501	Meaning and purpose of subrogation	30%
KT0502	Right of the insurer following payment of a claim	30%

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KT0503	Application of subrogation in insurance claims	40%

(d) Internal Assessment Criteria (IAC) and Weight

IAC CODE	IAC DESCRIPTION	WEIGHT
IAC0501	Explain the principle of subrogation and its application in insurance claims	100%

(c) Detailing each topic listed above into topic elements:

KM-02-KT06… PRINCIPLES OF PROXIMATE CAUSE (16%)		
TOPIC ELEMENT CODE	**TOPIC ELEMENT TITLE**	**% OF TIME TO BE SPENT**
KT0601	Meaning and purpose of proximate cause	30%
KT0602	Application of proximate cause to insured event and policy conditions	40%
KT0603	Application of proximate cause in claims scenarios	30%

(d) Internal Assessment Criteria (IAC) and Weight

IAC CODE	IAC DESCRIPTION	WEIGHT
IAC0601	Explain the principle of proximate cause and apply it to insurance claim scenarios	100%

(c) Detailing each topic listed above into topic elements:

KM-02-KT07… Application of Risk Management Principles in Claims (20%)		
TOPIC ELEMENT CODE	**TOPIC ELEMENT TITLE**	**% OF TIME TO BE SPENT**
KT0701	Identification of risks arising from insured events and claims	30%
KT0702	Risk assessment and evaluation in claims	30%
KT0703	Risk treatment and mitigation following claims	40%

(d) Internal Assessment Criteria (IAC) and Weight

IAC CODE	IAC DESCRIPTION	WEIGHT
IAC0701	Explain how risks arising from insured events and claims are identified, assessed and evaluated	40%

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IAC0702	Explain appropriate risk treatment and mitigation measures arising from claims and loss events.	30%
IAC0703	Apply risk management principles to basic claims scenarios to identify opportunities for risk improvement.	30%

Knowledge Module (KM) - 03:

MODULE CODE	MODULE TITLE	NQF LEVEL	CREDITS	MODE OF DELIVERY
431204-001-00-KM-03	Concepts and Classes of insurance	05	5	Face to face or online or blended

(a) Purpose of Knowledge Module:

The focus of the learning in this knowledge module is to develop an understanding of fundamental insurance concepts, different classes of insurance, insured events, hazards and underwriting concepts, and how these factors influence the claims environment.

The learning will enable learners to demonstrate an understanding of the topics listed below:

(b) List of Knowledge Topics:

The learning will enable learners to demonstrate an understanding of:

TOPIC ELEMENT CODE	TOPIC ELEMENT TITLE	% OF TIME TO BE SPENT
KM-03-KT01	Concepts and Classes of insurance	25%
KM-03-KT02	Moral and physical hazards	20%
KM-03-KT03	Insured events	25%
KM-03-KT04	Underwriting concepts relevant to claims	30%

(c) Detailing each topic listed above into topic elements:

KM-03-KT01… Understand concepts and Classes of insurance (25%)		
TOPIC ELEMENT CODE	**TOPIC ELEMENT TITLE**	**% OF TIME TO BE SPENT**
KT0101	Life insurance	25%
KT0102	Non-life insurance	35%
KT0103	Health insurance	20%
KT0104	Statutory insurance	20%

(d) Internal Assessment Criteria (IAC) and Weight

IAC CODE	IAC DESCRIPTION	WEIGHT

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IAC0101	Discuss the different classes of insurance and explain them with examples	100%

(c) Detailing each topic listed above into topic elements:

KM-03-KT02… UNDERSTAND MORAL AND PHYSICAL HAZARDS (20%)		
TOPIC ELEMENT CODE	**TOPIC ELEMENT TITLE**	**% OF TIME TO BE SPENT**
KT0201	Moral Hazards	40%
KT0202	Physical Hazards	40%
KT0203	Impact of hazards on insurance risk and claims	20%

(d) Internal Assessment Criteria (IAC) and Weight

IAC CODE	IAC DESCRIPTION	WEIGHT
IAC0201	Differentiate between moral and physical hazards and provide examples relevant to insurance	50%
IAC0202	Explain how moral and physical hazards may influence insurance risk, underwriting and claims assessment.	50%

(c) Detailing each topic listed above into topic elements:

KM-03-KT03… UNDERSTAND INSURED EVENTS (20%)		
TOPIC ELEMENT CODE	**TOPIC ELEMENT TITLE**	**% OF TIME TO BE SPENT**
KT0301	Meaning and characteristics of an insured event	30%
KT0302	Relationship between insured events, risks and loss	30%
KT0303	Application of insured events to claims scenarios	40%

(d) Internal Assessment Criteria (IAC) and Weight

IAC CODE	IAC DESCRIPTION	WEIGHT
IAC0301	Explain the concept of an insured event and distinguish it from a general risk or loss	40%
IAC0302	Explain how an insured event relates to policy cover and the circumstances giving rise to a claim.	30%

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IAC0303	Apply the concept of an insured event to basic claims scenarios	30%

(c) Detailing each topic listed above into topic elements:

KM-03-KT04… UNDERSTAND UNDERWRITING CONCEPTS RELEVANT TO CLAIMS (30%)		
TOPIC ELEMENT CODE	**TOPIC ELEMENT TITLE**	**% OF TIME TO BE SPENT**
KT0401	Purpose and role of underwriting in insurance	25%
KT0402	Risk assessment factors and underwriting criteria	35%
KT0403	Underwriting outcomes and their impact on claims	40%

(d) Internal Assessment Criteria (IAC) and Weight

IAC CODE	IAC DESCRIPTION	WEIGHT
IAC0401	Explain the purpose and role of underwriting in insurance.	25%
IAC0402	Explain the risk factors and underwriting criteria considered when assessing insurance risk.	35%
IAC0403	Explain how underwriting outcomes, including acceptance, loading, exclusions and declinature, may affect claims assessment and outcomes.	40%

Knowledge Module (KM) - 04:

MODULE CODE	MODULE TITLE	NQF LEVEL	CREDITS	MODE OF DELIVERY
431204-001-00-KM-04	Policy Administration and Documentation	5	5	Face to face or online or blended

(a) Purpose of Knowledge Module:

The main focus of the learning in this knowledge module is to develop an in-depth understanding of insurance policy terms, conditions, extensions, exclusions and documentation, and their application in determining whether a claim is payable.

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The learning will enable learners to demonstrate an understanding of the topics listed below:

(b) List of Knowledge Topics:

TOPIC ELEMENT CODE	TOPIC ELEMENT TITLE	% OF TIME TO BE SPENT
KM-04-KT01	General Terms and Conditions of Policies and Application of Policy Documentation in Claims Handling.	70%
KM-04-KT02	Extensions and exclusions.	20%
KM-04-KT03	SASRIA and its application in Claims Handling	10%

(c) Detailing each topic listed above into topic elements:

KM-04-KT01… General Terms and Conditions of Policies and Application of Policy Documentation in Claims Handling. (70%)		
TOPIC ELEMENT CODE	**TOPIC ELEMENT TITLE**	**% OF TIME TO BE SPENT**
KT0101	Structure of policy document	20%
KT0102	Definitions, clauses, conditions, policy period, territorial limits and endorsements	20%
KT0103	Applying limits, excesses, average and deductibles	20%
KT0104	Applying policy wording to determine claim validity	20%
KT0105	Interpreting policy wording in claims scenarios	20%

(d) Internal Assessment Criteria (IAC) and Weight

IAC CODE	IAC DESCRIPTION	WEIGHT
IAC0101	Explain the purpose and structure of a policy wording document, including the policy period, territorial limits, sum insured, duties of the insured and claims procedures.	100%

(c) Detailing each topic listed above into topic elements:

KM-04-KT02… EXTENSIONS AND EXCLUSIONS (20%)		
TOPIC ELEMENT CODE	**TOPIC ELEMENT TITLE**	**% OF TIME TO BE SPENT**

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KT0201	Types and purpose of policy extensions	30%
KT0202	Types and purpose of policy exclusions	30%
KT0203	Application of extensions and exclusions in determining claim validity	40%

(d) Internal Assessment Criteria (IAC) and Weight

IAC CODE	IAC DESCRIPTION	WEIGHT
IAC0201	Explain the purpose of policy extensions and exclusions and apply them to determine whether a claim falls within the scope of cover.	100%

(c) Detailing each topic listed above into topic elements:

KM-04-KT03… SASRIA and its Application in Claims Handling (10%)		
TOPIC ELEMENT CODE	**TOPIC ELEMENT TITLE**	**% OF TIME TO BE SPENT**
KT0301	Role and purpose of SASRIA	30%
KT0302	Application of underlying policy terms and limited extensions	30%
KT0303	SASRIA claims, large losses and information required by the Claims Handler	40%

(d) Internal Assessment Criteria (IAC) and Weight

IAC CODE	IAC DESCRIPTION	WEIGHT
IAC0301	Explain the role and purpose of SASRIA and describe how its cover and underlying policy terms may apply to claims.	50%
IAC0302	Explain the information and documentation a Claims Handler requires when dealing with SASRIA claims, including considerations relating to large losses.	50%

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Knowledge Module (KM) - 05:

MODULE CODE	MODULE TITLE	NQF LEVEL	CREDITS	MODE OF DELIVERY
431204-001-00-KM-05	Introduction to the South African Insurance Industry	5	3	Face to face or online or blended

(a) Purpose of Knowledge Module:

The main focus of the learning in this knowledge module is to develop an understanding of the structure and functioning of the South African insurance industry, the roles of insurers, intermediaries and other industry participants, SASRIA, industry and professional bodies, and the internal and external role players relevant to the claims environment.

The learning will enable learners to demonstrate an understanding of the topics listed below:

(b) List of Knowledge Topics:

TOPIC ELEMENT CODE	TOPIC ELEMENT TITLE	% OF TIME TO BE SPENT
KM-05-KT01	South African insurance industry structure and markets	25%
KM-05-KT02	Roles of Insurers, Insurance Intermediaries and the Insured	5%
KM-05-KT03	The State as insurer and SASRIA.	5%
KM-05-KT04	Market associations and professional bodies	5%
KM-05-KT05	Claim Handler Roles and internal and external role players	60%

(c) Detailing each topic listed above into topic elements:

KM-05-KT01 South African insurance industry structure and markets (25%)		
TOPIC ELEMENT CODE	**TOPIC ELEMENT TITLE**	**% OF TIME TO BE SPENT**
KT0101	South African insurance industry structure	20%
KT0102	Life insurance market	15%
KT0103	Non-life insurance market	15%
KT0104	Medical/health insurance & medical schemes	15%
KT0105	Statutory insurance (COIDA, UIF, RAF)	15%

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KT0106	Reinsurance markets and functions	20%

(d) Internal Assessment Criteria (IAC) and Weight

IAC CODE	IAC DESCRIPTION	WEIGHT
IAC0101	Identify the main types of insurers and reinsurers operating in South Africa.	50%
IAC0102	Explain how reinsurance arrangements may influence claims handling.	25%
IAC0103	Explain the role of insurers and reinsurers in risk pooling and claims settlement.	25%

(c) Detailing each topic listed above into topic elements:

KM-05-KT02 Role of Insurers, Insurance Intermediaries and the Insured (5%)		
TOPIC ELEMENT CODE	**TOPIC ELEMENT TITLE**	**% OF TIME TO BE SPENT**
KT0201	Role and function of insurers	25%
KT0202	Role and function of intermediaries (broker/agent)	25%
KT0203	Rights and duties of the insured	50%

(d) Internal Assessment Criteria (IAC) and Weight

IAC CODE	IAC DESCRIPTION	WEIGHT
IAC0201	Describe the role and responsibilities of insurers.	50%
IAC0202	Explain the duties of insurance intermediaries toward clients and insurers, and the rights and duties of the insured.	50%

(c) Detailing each topic listed above into topic elements:

KM-05-KT03 The State as Insurer and SASRIA (5%)		
TOPIC ELEMENT CODE	**TOPIC ELEMENT TITLE**	**% OF TIME TO BE SPENT**
KT0301	State insurer model & SASRIA mandate	40%
KT0302	SASRIA claim triggers and underlying policy alignment	40%
KT0303	Role of claims handler in SASRIA processes	20%

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(d) Internal Assessment Criteria (IAC) and Weight

IAC CODE	IAC DESCRIPTION	WEIGHT
IAC0301	Explain the role and mandate of SASRIA and the circumstances in which SASRIA cover may apply.	50%
IAC0302	Explain the role of the Claims Handler in processing SASRIA claims and applying the relevant underlying policy information.	50%

(c) Detailing each topic listed above into topic elements:

KM-05-KT04 Market associations and professional bodies (5%)		
TOPIC ELEMENT CODE	**TOPIC ELEMENT TITLE**	**% OF TIME TO BE SPENT**
KT0401	Industry associations (SAIA, FIA, IISA)	25%
KT0402	New Financial Ombud structure and dispute resolution structures.	25%
KT0403	Role of professional bodies in industry standards	50%

(d) Internal Assessment Criteria (IAC) and Weight

IAC CODE	IAC DESCRIPTION	WEIGHT
IAC0401	Identify major industry associations and professional bodies and explain their roles.	50%
IAC0402	Explain the role of the National Financial ombud and relevant dispute structures in the insurance environment.	50%

(c) Detailing each topic listed above into topic elements:

KM-05-KT05 Claim Handler Roles and internal and external role players (60%)		
TOPIC ELEMENT CODE	**TOPIC ELEMENT TITLE**	**% OF TIME TO BE SPENT**
KT0501	Internal role players: underwriting, actuarial, sales and product development	20%
KT0502	Support Departments: legal, actuarial, administration, finance and forensics	20%
KT0503	External specialists: assessors, loss adjusters and contractors	20%
KT0504	Reinsurers, notification and escalation requirements	20%

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KT0505	Regulators (FSCA and Prudential Authority) and compliance interaction	20%

(d) Internal Assessment Criteria (IAC) and Weight

IAC CODE	IAC DESCRIPTION	WEIGHT
IAC0501	Explain the roles and responsibilities of internal and external role players involved in the claims environment and their interaction with the Claims Handler.	50%
IAC0502	Explain the role of assessors, loss adjusters and other specialists in the claims process, including when information or specialist input may be required.	25%
IAC0503	Explain the requirements for communication, notification and escalation involving reinsurers and regulatory or compliance matters.	25%

Knowledge Module (KM) – 06

MODULE CODE	MODULE TITLE	NQF LEVEL	CREDITS	MODE OF DELIVERY
431204-001-00-KM-06	Communication and Financial Skills	5	5	Face to face or online or blended

(a) Purpose of Knowledge Module:

The main focus of this knowledge module is to build an understanding of the communication, professional conduct and financial literacy skills required by a Claims Handler to communicate effectively with stakeholders and understand and apply basic financial methods relevant to the quantification and settlement of insurance claims.

The learning will enable learners to demonstrate an understanding of the topics listed below:

(b) List of Knowledge Topics:

TOPIC CODE	TOPIC TITLE	% OF TIME TO BE SPENT
KM-06-KT01	Apply Business Communication Skills	40%
KM-06-KT02	Apply Professional Business Etiquette	20%

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KM-06-KT03	Apply Financial Literacy Skills in claims	40%

(c) Detailing each topic listed above into topic elements:

KM-06-KT01: TOPIC TITLE: Apply Business Communication Skills (40%)		
TOPIC ELEMENT CODE	**TOPIC ELEMENT TITLE**	**% OF TIME TO BE SPENT**
KT0101	Apply business communication principles	40%
KT0102	Apply customer service communication requirements	30%
KT0103	Apply professional communication and conduct in workplace relationships	30%

(d) Internal Assessment Criteria (IAC) and Weight

IAC CODE	IAC DESCRIPTION	WEIGHT
IAC0101	Explain the principles of effective business communication and apply them to reports, letters, emails and other claims-related correspondence.	50%
IAC0102	Explain the principles of effective customer service communication, including obtaining information, providing assistance, feedback and follow-up.	30%
IAC0103	Explain the importance of professional communication, conduct and workplace relationships when interacting with stakeholders.	20%

(c) Detailing each topic listed above into topic elements:

KM-06-KT02: TOPIC TITLE: Apply Professional Business Etiquette (20%)		
KT0201	Apply professional Business Etiquette in the claim's environment	100%

(d) Internal Assessment Criteria and Weight

IAC CODE	IAC DESCRIPTION	WEIGHT

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IAC0201	Explain appropriate professional business etiquette relating to personal presentation, interpersonal relationships, communication and conduct in the workplace.	100%

(c) Detailing each topic listed above into topic elements:

KM-06-KT03: TOPIC TITLE: Apply Financial Literacy Skills in Claims (40%)		
KT0301	Apply basic financial literacy principles relevant to insurance claims	100%

(d) Internal Assessment Criteria and Weight

IAC CODE	IAC DESCRIPTION	WEIGHT
IAC0301	Given a claims scenario, interpret relevant facts and figures and explain an appropriate financial decision.	50%
IAC0302	Identify and apply appropriate basic formulae used in calculating insurance claim settlement amounts.	25%
IAC0303	Explain how basic claims ratios, quantum and settlement amounts are calculated.	25%

Knowledge Module (KM) – 07

MODULE CODE	MODULE TITLE	NQF LEVEL	CREDITS	MODE OF DELIVERY
431204-001-00-KM-07	Claims Administration	05	10	Face to face or online or blended

(a) Purpose of Knowledge Module:

The main focus of this knowledge module is to develop an understanding of claims procedures, the claims lifecycle, verification and assessment principles, claims decision-making frameworks, and compliant escalation within the claims environment.

The learning will enable learners to demonstrate an understanding of the topics listed below:

(b) List of Knowledge Topics:

TOPIC CODE	TOPIC TITLE	% OF TIME TO BE SPENT

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KM-07-KT01	Principles and concepts of claims administration	40%
KM-07-KT02	Claims decision-making frameworks and assessment principles	40%
KM-07-KT03	Complaints procedures	20%

(c) Detailing each topic listed above into topic elements:

KM-07-KT01: TOPIC TITLE: Principles and concepts of claims administration (40%)		
TOPIC ELEMENT CODE	**TOPIC ELEMENT TITLE**	**% OF TIME TO BE SPENT**
KT0101	Purpose and function of claims administration in insurance	25%
KT0102	Theoretical understanding of the claims lifecycle	25%
KT0103	Roles and responsibilities in claims environment, risk, uncertainty and loss in the context of claims	25%
KT0104	Concepts of evidence, validation and burden of proof	25%

(d) Internal Assessment Criteria (IAC) and Weight

IAC CODE	IAC DESCRIPTION	WEIGHT
IAC0101	Explain the purpose and function of claims administration and the theoretical claims lifecycle, including the importance of appropriate timeframes.	40%
IAC0102	Explain the roles and responsibilities of relevant parties within the claims environment and the concepts of risk, uncertainty and loss in the context of claims.	30%
IAC0103	Explain the concepts of evidence, validation and burden of proof and their relevance to claims assessment.	30%

(c) Detailing each topic listed above into topic elements:

KM-07-KT02: TOPIC TITLE: Claims decision-making frameworks and assessment principles (40%)

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TOPIC ELEMENT CODE	TOPIC ELEMENT TITLE	% OF TIME TO BE SPENT
KT0201	Interpretation of policy wording	20%
KT0202	Claim triggers, exclusions, conditions, limits and principles of claims reserving	30%
KT0203	Theory of causation and liability as applied to insurance	25%
KT0204	Decision models: acceptance, partial settlement, repudiation	25%

(d) Internal Assessment Criteria and Weight

IAC CODE	IAC DESCRIPTION	WEIGHT
IAC0201	Explain how policy wording, claim triggers, exclusions, conditions and limits influence claims decisions.	30%
IAC0202	Explain the principles of causation and liability as applied to insurance claims.	30%
IAC0203	Explain the principles of claims reserving and the conceptual basis for acceptance, partial settlement and repudiation decisions.	40%

(c) Detailing each topic listed above into topic elements:

KM-07-KT03: TOPIC TITLE: Complaints procedures (20%)		
TOPIC ELEMENT CODE	**TOPIC ELEMENT TITLE**	**% OF TIME TO BE SPENT**
KT0301	Regulatory procedures for complaints	50%
KT0302	Good practice frameworks for dealing with queries, complaints, disputes and escalation.	50%

(d) Internal Assessment Criteria (IAC) and Weight

IAC CODE	IAC DESCRIPTION	WEIGHT
IAC0301	Explain the policyholder protection requirements and relevant scheme rules and the consequences of non-compliance	20%
IAC0302	Explain the regulatory complaints procedures	40%

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	applicable to complaints within the insurance environment	
IAC0303	Explain the processes for handling queries, complaints and disputes, including internal, external escalation processes	40%

Knowledge Module (KM) –08

MODULE CODE	MODULE TITLE	NQF LEVEL	CREDITS	MODE OF DELIVERY
431204-001-00-KM-08	Legal and Regulatory Framework in Insurance	5	4	Face to face or online or blended

(a) Purpose of Knowledge Module:

The main focus of the learning in this knowledge module is to build an understanding of the legal and regulatory environment within the claims environment including legislation, regulatory bodies, ethics, dispute resolution.

The learning will enable learners to demonstrate an understanding of the topics listed below:

(b) List of Knowledge Topics:

TOPIC CODE	TOPIC TITLE	% OF TIME TO BE SPENT
KM-08-KT01	Introduction to Regulatory requirements, environment	50%
KM-08-KT02	Legal understanding of contracts	50%

(c) Detailing each topic listed above into topic elements:

KM-08-KT01…TOPIC TITLE: Introduction to Regulatory requirements/environment (50%)		
TOPIC ELEMENT CODE	**TOPIC ELEMENT TITLE**	**% OF TIME TO BE SPENT**
KT0101	Regulated role players in the Insurance Industry (National Treasury, Regulator)	30%
KT0102	Conduct legislation- (FICA, FAIS, TCF, POPIA, PAIA, Consumer	30%

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	Protection Act, Policyholder Protection Rules (PPR), etc.)	
KT0103	Ethical behaviour	40%

(d) Internal Assessment Criteria (IAC) and Weight

IAC CODE	IAC DESCRIPTION	WEIGHT
IAC0101	Explain the regulatory environment within which a Claims Handler operates, including the roles of relevant regulatory bodies	30%
IAC0102	Explain the meaning of ethics and integrity identify examples of unethical behaviour, including fraud and the processing of false claims and the possible consequences thereof.	50%
IAC0103	Explain the concepts of confidentiality and respect in relation to client information	20%

(c) Detailing each topic listed above into topic elements:

KM-08-KT02…TOPIC TITLE: Legal understanding of contracts (50%)		
TOPIC ELEMENT CODE	**TOPIC ELEMENT TITLE**	**% OF TIME TO BE SPENT**
KT0201	Law of contract	25%
KT0202	Law of delict	25%
KT0203	Essential elements of a contract	25%
KT0204	Parties to the contract	25%

(d) Internal Assessment Criteria (IAC) and Weight

IAC CODE	IAC DESCRIPTION	WEIGHT
IAC0201	Define an insurance contract in relation to 'offer and acceptance'	10%
IAC0202	List and explain the elements of a delictual act including conduct, wrongfulness, causation, loss or harm and fault.	10%
IAC0203	Differentiate between a delictual act and contractual breach	10%

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IAC0204	Explain law of delict as it relates to insurance including strict liability, vicarious liability, defences, remedies and interest.	10%
IAC0205	Identify and explain the parties to an insurance contract including the owner, beneficiary, insured, cessionary and third party and distinguish between natural and juristic persons	30%
IAC0206	Define and apply legal principles in relation to a claim	30%

3.1.2. Criteria for accreditation

Add additional line spaces as required. Requirements, against which Skills Development Providers (SDP) and Assessment Centres, will be accredited, as listed below.

Physical Requirements:

SKILLS DEVELOPMENT PROVIDER (SDP)	
EQUIPMENT & TOOLS	To ensure compliance and readiness for delivering a National Qualification in a blended training environment, a training provider must have tools and equipment across the following critical categories: **A. Face to Face Teaching and Learning.** **Equipment and Tools** • Multimedia projector, interactive screen, or smart board. • Printer, scanner, and photocopier. **Distance Teaching and Learning.** • Computer or laptop with internet connectivity • Virtual classroom and video conferencing platform • Online assessment and learner tracking system

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	Blended Teaching and Learning. • **IT Infrastructure and Digital Tools**: Video conferencing software, computers and laptops with required software, internet. • **Physical Training Facilities**: Classrooms and training spaces with seating and lighting, projectors and whiteboards, audio-visual equipment for hybrid delivery. • **Assessment and Evaluation Tools**: Online assessment systems, software for secure remote invigilation. • **Communication and Collaboration Tools**: Email and messaging platforms.
CONSUMABLES	**FACE TO FACE TRAINING** • Printing paper. • Pens, pencils, markers, and highlighters. • Flipchart paper, exam pads. • File folders and document sleeves. **DISTANCE LEARNING** • Electronic learner guides and training materials. • Digital assessment instruments and answer sheets. • Software licences and user subscriptions. • Electronic communication and support documentation. • Digital portfolio of evidence templates. • Online learner registration and record-keeping forms. **BLENDED LEARNING** • Combination of both face to face and distance learning.

ASSESSMENT CENTRE

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EQUIPMENT & TOOLS	• Well-resourced training facilities or a Service Level Agreement with a suitable accredited training institution
CONSUMABLES	• Computers, pens, overhead projections – optional and not limited to

Human Resource Requirements:

SKILLS DEVELOPMENT PROVIDER (SDP)	
QUALIFICATIONS & EXPERIENCE	Facilitator: Minimum NQF level 5 qualification and at least two years' experience in insurance administration or financial services industry.
FACILITATOR/LEARNER RATIO	Contact sessions 1: 25 Distance learning: 1:100

ASSESSMENT CENTRE	
QUALIFICATIONS & EXPERIENCE	ASSESSMENT CENTRE MANAGER: NQF Level 4 Qualification, and one year experience in overseeing a basic facility such as a training facility or an office facility. INVIGILATORS: Ability to communicate in English and proof of successful completion of invigilator training provided by the assessment quality Partner.
FACILITATOR/LEARNER RATIO	1:10

Legal Requirements:

SKILLS DEVELOPMENT PROVIDER (SDP)	
	Summary of Compliance Requirements • **Registration & Legal** → CIPC business registration, SARS tax clearance • **Health & Safety** → OHSA compliance audit report.

ASSESSMENT CENTRE	
	• **Registration & Legal** → CIPC business registration, OHSA regulations, valid SARS clearance.

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Additional Requirements:

SKILLS DEVELOPMENT PROVIDER (SDP)
None

ASSESSMENT CENTRE
None

3.1.3 Exemptions:

None

3.2. Practical Skill Module (PM) Specifications

MODULE CODE	MODULE TITLE	NQF LEVEL	CREDITS	MODE OF DELIVERY
431204-001-00-PM-01	Receive, register and capture insurance claims	5	5	Face to face or online or blended learning
431204-001-00-PM-02	Assess the cause of loss, interpret policy conditions, verify insurance cover and determine liability	5	8	Face to face or online or blended learning
431204-001-00-PM-03	Quantify losses and evaluate claims value	5	8	Face to face or online or blended learning
431204-001-00-PM-04	Communicate and negotiate claim outcomes	5	5	Face to face or online or blended learning
431204-001-00-PM-05	Finalise claims in compliance with legislation and ethical requirements	5	4	Face to face or online or blended learning

3.2.1 Detailing Practical Module (PM) contents:

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Practical Module (PM) - 01

MODULE CODE	MODULE TITLE	NQF LEVEL	CREDITS	MODE OF DELIVERY
431204-001-00-PM-01	Receive, register and capture insurance claims	5	5	Face to face or online or blended learning

(a) Purpose of the Practical Skills Module:

The focus of the learning in this module is on providing the learner with an opportunity to receive, register and accurately capture an insurance claim and establish the information and documentation required to commence the claims process.

(b) List of Practical Skill Activities:

PRACTICAL SKILL CODE	ACTIVITY TITLE
PM-01-PS01	Receive, register and capture an insurance claim

(c) Scope of each Practical Skill Activity:

PM-01-PS01…ACTIVITY TITLE… Receive, register and capture an insurance claim	
PRACTICAL SKILL ACTIVITY SCOPE OUTLINE:	
Given a notification of a claim the learner must be able to:	
PRACTICAL SKILL ACTIVITY ELEMENT CODES	**PRACTICAL SKILL ACTIVITY ELEMENTS**
PA0101	Capture the claimant, policy and claim information correctly
PA0102	Record the date, circumstances and nature of the loss
PA0103	Identify the documentation and information required to support the claim
PA0104	Verify the policy and claim details against available records
PA0105	Identify potential fraud indicators or inconsistencies and refer them in accordance with organisational procedures
PA0106	Identify other insurance or relevant parties where applicable
PA0107	Request additional information or supporting evidence where necessary

(d) Internal Assessment Criteria

IAC CODE	IAC DESCRIPTION

Commented [LT1]: All IACs in the Practical Modules should be written in passive voice

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IAC0101	Claimant, policy and claim information is accurately captured and recorded.
IAC0102	The date, circumstance and nature of the loss are accurately recorded.
IAC0103	Required supporting documentation and information are identified.
IAC0104	Policy and claim details are verified against available records.
IAC0105	Potential fraud indicators or inconsistencies are identified and referred in accordance with organisational procedures.
IAC0106	Other insurance or relevant parties are identified where applicable
IAC0107	Additional information or supporting evidence is requested where necessary

(e) Applied knowledge that underpins the practical skill

APPLIED KNOWLEDGE CODE	APPLIED KNOWLEDGE
AK0101	Insurance and claims administration principles
AK0102	Policy and claim documentation
AK0103	Customer service and communication requirements
AK0104	Confidentiality, ethics and regulatory requirements
AK0105	Basic financial literacy

Practical Module (PM) - 02

MODULE CODE	MODULE TITLE	NQF LEVEL	CREDITS	MODE OF DELIVERY
431204-001-00-PM-02	Assess the cause of loss, interpret policy conditions, verify insurance cover and determine liability	5	8	Face to face or online or blended learning

(a) Purpose of the Practical Skills Module:

The focus of the learning in this module is on providing the learner with an opportunity to assess the cause of loss, interpret relevant policy conditions, verify insurance cover and determine liability in accordance with available evidence and organisational procedures.

(b) List of Practical Skill Activities

PRACTICAL SKILL CODE	ACTIVITY TITLE

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PM-02-PS01	Assess the cause of loss, interpret policy conditions, verify insurance cover and determine liability

(c) Scope of each Practical Skill Activity

PRACTICAL SKILL ACTIVITY ELEMENT CODES	PRACTICAL SKILL ACTIVITY ELEMENTS
PA0201	Assess the circumstance and cause of the loss
PA0202	Interpret relevant policy conditions, exclusions, extensions and limits
PA0203	Verify that insurance cover applies to the loss
PA0204	Assess the available evidence relating to liability
PA0205	Determine or recommend liability based on the policy and available evidence
PA0206	Refer the claim for further investigation or specialist assessment where necessary
PA0207	Provide relevant underwriting or risk-related feedback where concerns are identified, in accordance with organisational procedures.

(d) Internal Assessment Criteria (IAC)

IAC CODE	IAC DESCRIPTION
IAC0201	The circumstances and cause of the loss are assessed using available evidence.
IAC0202	Relevant policy conditions, exclusions, extensions and limits are correctly identified and interpreted.
IAC0203	Insurance cover is verified against the loss.
IAC0204	Evidence relevant to liability is assessed.
IAC0205	Liability is determined, or a recommendation regarding liability is made, in accordance with the policy and available evidence.
IAC0206	Appropriate referrals for further investigation or specialist assessment are made where necessary.
IAC0207	Relevant underwriting or risk-related feedback is provided where concerns are identified, in accordance with organisational procedures.

(e) Applied Knowledge that underpins the Practical Skill

APPLIED KNOWLDEGE CODE	APPLIED KNOWLEDGE
AK0201	Causes of loss and insured events
AK0202	Policy conditions, exclusions, extensions and limits

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AK0203	Causation and liability
AK0204	Evidence and validation
AK0205	Specialist assessment and investigation
AK0206	Relevant insurance industry knowledge

Practical Module (PM) - 03

MODULE CODE	MODULE TITLE	NQF LEVEL	CREDITS	MODE OF DELIVERY
431204-001-00-PM-03	Quantify losses and evaluate claims value	5	8	Face to face or online or blended learning

(a) Purpose of the Practical Skills Module:

The focus of the learning in this module is on providing the learner with an opportunity to quantify losses, evaluate the claim value and make an appropriate recommendation based on policy provisions, available evidence and financial information.

(b) List of Practical Skill Activities

PRACTICAL SKILL CODE	ACTIVITY TITLE
PM-03-PS01	Quantify losses and evaluate claims value

(c) Scope of each Practical Skill Activity

PRACTICAL SKILL ACTIVITY ELEMENT CODES	PRACTICAL SKILL ACTIVITY ELEMENTS
PA0301	Examine estimates, invoices, valuations, assessor reports and other supporting documentation
PA0302	Determine the quantum of the loss
PA0303	Apply applicable policy limits, excesses, deductibles and other relevant policy provisions
PA0304	Consider alternative quotations or repair/replacement options where applicable
PA0305	Perform relevant financial calculations
PA0306	Evaluate the appropriate claim value
PA0307	Identify potential errors, inconsistencies or discrepancies in the claim and refer where necessary
PA0308	Refer relevant underwriting or risk-related information identified during claim quantification in accordance with organisational procedures, where applicable.

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(d) Internal Assessment Criteria (IAC)

IAC CODE	IAC DESCRIPTION
IAC0301	Estimates, invoices, valuations, assessor reports and other supporting documentation are examined.
IAC0302	The quantum of the loss is accurately determined.
IAC0303	Applicable policy limits, excesses, deductibles and other relevant policy provisions are correctly applied.
IAC0304	Alternative quotations or repair/replacement options are appropriately considered where applicable.
IAC0305	Relevant financial calculations are accurately performed.
IAC0306	The appropriate claim value is evaluated.
IAC0307	Potential errors, inconsistencies or discrepancies are identified and appropriately referred, where necessary.
IAC0308	Relevant underwriting or risk-related information identified during claim quantification is appropriately referred in accordance with organisational procedures, where applicable.

(e) Applied Knowledge that underpins the Practical Skill

APPLIED KNOWLDEGE CODE	APPLIED KNOWLEDGE
AK0301	Principles of claims quantification
AK0302	Policy limits, excesses and deductibles
AK0303	Assessor reports, estimates, invoices and valuations
AK0304	Financial calculations and claim settlement principles
AK0305	Potential errors, inconsistencies or discrepancies in the claim are identified and appropriately referred

Practical Module (PM) - 04

MODULE CODE	MODULE TITLE	NQF LEVEL	CREDITS	MODE OF DELIVERY
431204-001-00-PM-04	Communicate and negotiate claim outcomes	5	5	Face to face or online or blended learning

(a) Purpose of the Practical Skills Module:

The focus of the learning in this module is on providing the learner with an opportunity to communicate claim assessments and outcomes, engage with relevant stakeholders and negotiate claim outcomes within the limits of organisational authority.

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(b) List of Practical Skill Activities

PRACTICAL SKILL CODE	ACTIVITY TITLE
PM-04-PS01	Communicate and negotiate claim outcomes

(c) Scope of each Practical Skill Activity

PRACTICAL SKILL ACTIVITY ELEMENT CODES	PRACTICAL SKILL ACTIVITY ELEMENTS
PA0401	Communicate the claim assessment and proposed outcome to the relevant stakeholders
PA0402	Explain the basis for the proposed claim outcome
PA0403	Respond to questions, concerns and objections
PA0404	Negotiate the claim outcome within delegated authority and organisational procedures
PA0405	Refer matters outside delegated authority to the appropriate person or committee
PA0406	Communicate with brokers, underwriters, assessors, attorneys and other relevant stakeholders regarding the claim where applicable
PA0407	Record relevant communications and agreed actions accurately

(d) Internal Assessment Criteria (IAC)

IAC CODE	IAC DESCRIPTION
IAC0401	Claim assessment and proposed outcome are appropriately communicated to the relevant stakeholders
IAC0402	The basis for the proposed claim outcome is explained appropriately.
IAC0403	Questions, concerns and objections are addressed professionally.
IAC0404	Negotiation is conducted within delegated authority and organisational procedures.
IAC0405	Matters outside delegated authority are appropriately referred.
IAC0406	Communication with relevant internal and external stakeholders is conducted appropriately and professionally

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IAC0407	Relevant communications and agreed actions are accurately recorded.

(e) Applied Knowledge that underpins the Practical Skill

APPLIED KNOWLEDGE CODE	APPLIED KNOWLEDGE
AK0401	Written and verbal communication
AK0402	Negotiation and interpersonal skills
AK0403	Delegated authority and referral procedures
AK0404	Claims settlement principles
AK0405	Stakeholder roles and responsibilities
AK0406	Complaint and dispute escalation

Practical Module (PM) - 05

MODULE CODE	MODULE TITLE	NQF LEVEL	CREDITS	MODE OF DELIVERY
431204-001-00-PM-05	Finalise claims in compliance with legislation and ethical requirements	5	4	Face to face or online or blended learning

(a) Purpose of the Practical Skills Module:

The focus of the learning in this module is on providing the learner with an opportunity to finalise claims in accordance with legislation, regulatory requirements, organisational procedures and ethical requirements.

(b) List of Practical Skill Activities

PRACTICAL SKILL CODE	ACTIVITY TITLE
PM-05-PS01	Finalise a claim in compliance with legislation and ethical requirements

(c) Scope of each Practical Skill Activity

PRACTICAL SKILL ACTIVITY ELEMENT CODES	PRACTICAL SKILL ACTIVITY ELEMENTS
PA0501	Verify that the claim outcome complies with applicable policy and organisational requirements

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PA0502	Apply relevant legislative, regulatory and ethical requirements when finalising the claim
PA0503	Consider PPR and TCF principles where applicable
PA0504	Provide relevant underwriting or risk-related feedback and liaise with underwriters where cover, risk, rating or underwriting concerns require consideration
PA0505	Record the final claim decision and supporting reasons
PA0506	Authorise or refer the claim outcome in accordance with delegated authority
PA0507	Finalise the claim and communicate the required closure information
PA0508	Record relevant risk improvement recommendations where applicable

(d) Internal Assessment Criteria (IAC)

IAC CODE	IAC DESCRIPTION
IAC0501	The claim outcome is verified against applicable policy and organisational requirements.
IAC0502	Relevant legislative, regulatory and ethical requirements are applied when finalising the claim.
IAC0503	PPR and TCF principles are appropriately considered.
IAC0504	Relevant underwriting or risk-related feedback is provided, and underwriting concerns relating to cover, risk or rating are appropriately referred and communicated.
IAC0505	The final claim decision and supporting reasons are accurately recorded.
IAC0506	The claim outcome is authorised or referred in accordance with delegated authority.
IAC0507	The claim is appropriately finalised and required closure information is communicated.
IAC0508	Relevant risk improvement recommendations are recorded where applicable.

(e) Applied Knowledge that underpins the Practical Skill

APPLIED KNOWLEDGE CODE	APPLIED KNOWLEDGE

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AK0501	Legislative and regulatory requirements
AK0502	Ethical principles and professional conduct
AK0503	PPR and TCF principles
AK0504	Organisational claims procedures and delegated authority
AK0505	Underwriting, rating and risk considerations
AK0506	Claims closure and record-keeping requirements

3.2.2. Criteria for accreditation

Add additional line spaces as required. Requirements, against which Skills Development Providers (SDP) and Assessment Centres, will be accredited, as listed below.

Physical Requirements:

SKILLS DEVELOPMENT PROVIDER (SDP)	
EQUIPMENT & TOOLS	To ensure compliance and readiness for delivering a National Qualification for Insurance Claims Handlers in a blended training environment, a training provider must have tools and equipment across the following critical categories: **B. Face to Face Teaching and Learning.** **Equipment and Tools** • Projector. • Printer, scanner, and photocopier. **Distance Teaching and Learning.** • Computer or laptop with internet connectivity • Virtual classroom and video conferencing platform • Insurance administration and Customer relationship management (CRM) software • Online assessment and learner tracking system **Blended Teaching and Learning.** • **IT Infrastructure and Digital Tools**: Video conferencing software, computers and laptops with required software, internet. • **Physical Training Facilities**: Classrooms and training spaces with seating and lighting, projectors and whiteboards.

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	• **Assessment and Evaluation Tools**: Online assessment systems, simulated insurance administration systems or practical case-based environments. • **Communication and Collaboration Tools**: Email and messaging platforms.
CONSUMABLES	**FACE TO FACE TRAINING** • Printing paper. • Pens, pencils, markers, and highlighters. • Printer ink and toner cartridges. • Financial services forms and templates. • Flipchart paper, Executive pads. • File folders and document sleeves. **DISTANCE LEARNING** • Electronic learner guides and training materials. • Digital assessment instruments and answer sheets. • Software licences and user subscriptions. • Electronic communication and support documentation. • Digital portfolio of evidence templates. • Online learner registration and record-keeping forms. **BLENDED LEARNING** • Combination of both face to face and distance learning.

ASSESSMENT CENTRE	
EQUIPMENT & TOOLS	• Computer or laptop workstations for candidates and assessors. • Secure online or network-based assessment management system. • Internet connectivity and local area network infrastructure. • Printer, scanner, and photocopier. • Audio-visual recording equipment for assessment and moderation purposes.
CONSUMABLES	• Printing paper. • Printer ink and toner cartridges.

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	• Assessment stationery (pens, pencils, markers, and notepads). • Data storage and backup media.

Human Resource Requirements:

SKILLS DEVELOPMENT PROVIDER (SDP)	
QUALIFICATIONS & EXPERIENCE	**QUALIFICATION:** Facilitators of learning must, at minimum, be in possession of a recognised and valid NQF Level 6 Qualification or above within the financial services industry **EXPERIENCE:** Facilitators of Learning must have a minimum of five years' work experience within in the financial services industry.
FACILITATOR/LEARNER RATIO	**CONTACT SESSIONS:** 1:25 **DISTANCE LEARNING:** 1:100

ASSESSMENT CENTRE	
QUALIFICATIONS & EXPERIENCE	**ASSESSMENT CENTRE MANAGER:** NQF Level 4 Qualification, and one year experience in overseeing a basic facility such as a training facility or an office facility. **INVIGILATORS:** Ability to communicate in English and proof of successful completion of invigilator training provided by the assessment quality Partner.
INVIGILATOR/CANDIDATE RATIO	1:10

Legal Requirements:

SKILLS DEVELOPMENT PROVIDER (SDP)	
	Summary of Compliance Requirements • **Registration & Legal** → CIPC business registration, SARS tax clearance. • **Health & Safety** → OHSA compliance audit report.

ASSESSMENT CENTRE	
	• **Registration & Legal** → CIPC business registration, SARS tax clearance

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Additional Requirements:

SKILLS DEVELOPMENT PROVIDER (SDP)
None

ASSESSMENT CENTRE
None

3.2.3 Exemptions

None

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3.3 WORK EXPERIENCE MODULE (WM) SPECIFICATIONS:

MODULE CODE	MODULE TITLE	NQF LEVEL	CREDITS	MODE OF DELIVERY
431204-001-00-WM-01	Insurance Claim Registration and Capture Processes	5	10	On-the-job. Simulated workplace activities may be used where actual workplace exposure is not available.
431204-001-00-WM-02	Processes of Assessing the Cause of Loss, Interpreting Policy Conditions, Verifying Insurance Cover and Determining Liability	5	15	On-the-job. Simulated workplace activities may be used where actual workplace exposure is not available
431204-001-00-WM-03	Insurance Loss Quantification and Claim Evaluation Processes	5	10	On-the-job. Simulated workplace activities may be used where actual workplace exposure is not available
431204-001-00-WM-04	Insurance Claim Communication, Negotiation and Stakeholder Engagement Processes	5	10	On-the-job. Simulated workplace activities may be used where actual workplace exposure is not available
431204-001-00-WM-05	Claim Finalisation and Compliance Processes	5	5	On-the-job. Simulated workplace activities may be used where actual workplace exposure is not available

3.3.1 Detailing Work Experience Module (WM) contents

Work Experience Module (WM) – 01 Insurance Claim Registration and Capture Processes

MODULE CODE	MODULE TITLE	NQF LEVEL	CREDITS	MODE OF DELIVERY
431204-001-00-WM-01	Insurance Claim Registration and Capture Processes	5	10	On-the-job. Simulated workplace activities may be used where actual workplace exposure is not available

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(a) Purpose of the Work Experience Module:

The focus of this work experience is on providing the learner with an opportunity to receive, register and capture insurance claims within an actual insurance workplace, under supervision and in accordance with organisational claims procedures and systems.

(b) List of Work Experience Competencies:

WORK EXPERIENCE CODE	WORK EXPERIENCE COMPETENCY TITLE
WM-01-WE01	Receive and register insurance claims
WM-01-WE02	Capture and verify claims information
WM-01-WE03	Obtain and process supporting documentation
WM-01-WE04	Identify and refer claim irregularities

(c) Scope of each Work Experience Competency:

WM-01-WE01 - Receive and register insurance claims	
WORKPLACE EXPERIENCE COMPETENCY SCOPE OUTLINE	
Learners operate under supervision to receive notifications of insurance claims through the organisation's approved channels, establish the initial information required to open a claim, and register the claim on the applicable organisational system.	
WORK EXPERIENCE COMPETENCY ELEMENT CODES	**WORK EXPERIENCE COMPETENCY ELEMENTS**
WA0101	Receive a notification of an insurance claim
WA0102	Capture the initial claim information required by the organisation
WA0103	Register the claim on the applicable claims system
WA0104	Allocate or record the claim reference and relevant dates

(d) Supporting evidence

SE0101	Completed claim registration or intake record
SE0102	Claims system record or system-generated claim reference
SE0103	Supervisor observation report

(e) Contextualised Workplace Knowledge:

1.	Organisational claim notification and registration procedures
2.	Organisational claims systems and workflows
3.	Required initial claim information
4.	Organisational timeframes for registering claims
5.	Confidentiality and handling of claimant information

(c) Scope of each Work Experience Competency:

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WM-01-WE02 - Capture and verify claims information	
WORKPLACE EXPERIENCE COMPETENCY SCOPE OUTLINE	
Learners operate under supervision to capture and verify claimant, policy and loss information using actual workplace records and systems, and identify information that is incomplete, inconsistent or requires clarification.	
WORK EXPERIENCE COMPETENCY ELEMENT CODES	**WORK EXPERIENCE COMPETENCY ELEMENTS**
WA0201	Capture claimant and policy information accurately
WA0202	Capture information relating to the date, circumstances and nature of the loss
WA0203	Verify captured information against available organisational records
WA0204	Identify incomplete, inconsistent or unclear information and refer or clarify it where required

(d) Supporting evidence

SE0201	Completed claim record or system extract
SE0202	Claim verification checklist or equivalent workplace record
SE0203	Supervisor observation report

(e) Contextualised Workplace Knowledge:

1.	Organisational data-capture requirements
2.	Policy and claimant information used during claim registration
3.	Organisational verification procedures
4.	Data accuracy and audit-trail requirements
5.	Confidentiality and POPIA requirements

(c) Scope of each Work Experience Competency:

WM-01-WE03 - Obtain and process supporting documentation	
WORKPLACE EXPERIENCE COMPETENCY SCOPE OUTLINE	
Learners operate under supervision to identify, request, receive and process documentation required to support the administration of an actual insurance claim, in accordance with organisational procedures.	
WORK EXPERIENCE COMPETENCY ELEMENT CODES	**WORK EXPERIENCE COMPETENCY ELEMENTS**
WA0301	Identify documentation required for the claim
WA0302	Request outstanding documentation or information
WA0303	Receive and record supporting documentation
WA0304	Check documentation for completeness and relevance
WA0305	Refer outstanding or inappropriate documentation in accordance with organisational procedures

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(d) Supporting evidence

SE0301	Claims documentation checklist
SE0302	Examples of received/requested supporting documentation
SE0303	Claims system or file records
SE0304	Supervisor observation report

(e) Contextualised Workplace Knowledge:

1.	Organisational requirements for supporting claim documentation
2.	Document management and record-keeping procedures
3.	Communication channels for requesting information
4.	Confidentiality and protection of personal information
5.	Organisational procedures for incomplete claims

(c) Scope of each Work Experience Competency:

WM-01-WE04 - Identify and refer claim irregularities	
WORKPLACE EXPERIENCE COMPETENCY SCOPE OUTLINE	
Learners operate under supervision to identify inconsistencies, unusual circumstances or potential fraud indicators arising during the initial administration of a claim and refer them through the organisation's prescribed escalation or investigation process.	
WORK EXPERIENCE COMPETENCY ELEMENT CODES	**WORK EXPERIENCE COMPETENCY ELEMENTS**
WA0401	Identify inconsistencies or unusual information in the claim
WA0402	Identify potential fraud indicators or red flags
WA0403	Identify possible other insurance or relevant third-party interests where applicable
WA0404	Refer identified concerns in accordance with organisational procedures
WA0405	Record the referral and relevant supporting information

(d) Supporting evidence

WORK EXPERIENCE CODES	**SUPPORTING EVIDENCE**
SE0401	Completed referral or escalation record, where applicable
SE0402	Claims file/system record of identified concern
SE0403	Supervisor observation or confirmation

(e) Contextualised Workplace Knowledge

	WORKPLACE KNOWLEDGE
1.	Organisational standard operating procedures for identifying, recording and referring claim irregularities, fraud indicators and other concerns.

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2.	Types of claim information, documentation and circumstances that may indicate inconsistencies, unusual activity or potential fraud.
3.	Customer-centric culture aligned with Treating Customers Fairly (TCF), including appropriate handling of claimant information and confidentiality when investigating or referring concerns.
4.	Interdependencies between claims, underwriting, sales and finance including the roles of relevant internal and external stakeholders when dealing with claim irregularities.
5.	Audit trails, including system notes, timestamps and call recordings, and the importance of mandatory fields for risk controls, fraud prevention and accurate recording of referrals.

Work Experience Module (WM) - 02: Processes of Assessing the Cause of Loss, Interpreting Policy Conditions, Verifying Insurance Cover and Determining Liability

MODULE CODE	MODULE TITLE	NQF LEVEL	CREDITS	MODE OF DELIVERY
431204-001-00-WM-02	Processes of Assessing the Cause of Loss, Interpreting Policy Conditions, Verifying Insurance Cover and Determining Liability	5	15	On-the-job. Simulated workplace activities may be used where actual workplace exposure is not available

(a) Purpose of the Work Experience Module:

The focus of this work experience is on providing the learner with an opportunity to assess the cause and circumstances of actual insurance claims, apply the relevant policy provisions, verify insurance cover and formulate a liability assessment under supervision and in accordance with organisational procedures.

(b) List of Work Experience Competencies:

WORK EXPERIENCE CODE	
WM-02-WE01	Assess the cause and circumstances of the loss
WM-02-WE02	Apply policy provisions to the claim
WM-02-WE03	Evaluate evidence and formulate a liability assessment
WM-02-WE04	Refer claims for specialist assessment or further investigation

(c) Scope of each Work Experience Competency:

WM-02-WE01 - Assess the cause and circumstances of the loss
WORKPLACE EXPERIENCE COMPETENCY SCOPE OUTLINE

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Learners operate under supervision to review actual claim information and supporting evidence, establish the circumstances giving rise to the loss, assess the apparent cause of the loss and identify information that may require further investigation.	
WORK EXPERIENCE COMPETENCY ELEMENT CODES	**WORK EXPERIENCE COMPETENCY ELEMENTS**
WA0101	Review the notification and available information relating to the loss
WA0102	Establish the circumstances giving rise to the loss
WA0103	Assess the apparent cause of the loss against the available evidence
WA0104	Identify gaps, inconsistencies or information requiring further investigation

(d) Supporting evidence

SE0101	Completed claim assessment or investigation record
SE0102	Supporting claim documentation and evidence reviewed
SE0103	Supervisor observation or confirmation

(e) Contextualised Workplace Knowledge:

1.	Organisational procedures for investigating and assessing the cause and circumstances of a claim.
2.	Types of workplace evidence and documentation used to establish the circumstances and cause of a loss.
3.	Organisational standards for documenting findings and identifying information requiring further investigation.
4.	Roles of claims staff, assessors, loss adjusters, investigators and other specialists in establishing the cause of a loss.
5.	Audit trails and organisational requirements for recording claim assessments, findings and referrals.

(c) Scope of each Work Experience Competency:

WM-02-WE02 - Apply policy provisions to the claim	
WORKPLACE EXPERIENCE COMPETENCY SCOPE OUTLINE	
Learners operate under supervision to review actual policy documentation and apply relevant policy provisions to the circumstances of a claim in order to establish whether the reported loss falls within the applicable insurance cover.	
WORK EXPERIENCE COMPETENCY ELEMENT CODES	**WORK EXPERIENCE COMPETENCY ELEMENTS**
WA0201	Access and review the applicable policy documentation
WA0202	Identify the relevant cover, conditions, extensions and exclusions
WA0203	Check applicable policy limits, excesses and deductibles
WA0204	Compare the circumstances of the loss with the applicable policy provisions
WA0205	Record the basis for the cover assessment

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(d) Supporting evidence

SE0201	Policy documentation and relevant policy extracts
SE0202	Completed cover assessment or claim assessment record
SE0203	Supervisor observation or confirmation

(e) Contextualised Workplace Knowledge:

1.	Organisational procedures for accessing and applying policy documentation during claims assessment.
2.	Policy schedules, wordings, conditions, extensions, exclusions, limits and excesses used within the organisation.
3.	Organisational authority levels and referral requirements where policy interpretation is uncertain.
4.	Interaction between claims, underwriting and policy administration when discrepancies in cover information are identified.
5.	Organisational requirements for documenting the basis of a cover assessment and maintaining an audit trail.

(c) Scope of each Work Experience Competency:

WM-02-WE03 - Evaluate evidence and formulate a liability assessment	
WORKPLACE EXPERIENCE COMPETENCY SCOPE OUTLINE	
Learners operate under supervision to evaluate the evidence available on an actual claim, consider the circumstances of the loss and applicable policy provisions, and formulate a liability assessment or recommendation for consideration by the authorised decisionmaker.	
WORK EXPERIENCE COMPETENCY ELEMENT CODES	**WORK EXPERIENCE COMPETENCY ELEMENTS**
WA0301	Review relevant reports, statements, documentation and other evidence
WA0302	Assess the evidence relating to the cause of loss and liability
WA0303	Identify conflicting or insufficient evidence
WA0304	Formulate a liability assessment or recommendation
WA0305	Refer the assessment for appropriate authority where required

(d) Supporting evidence

SE0301	Completed liability assessment or recommendation
SE0302	Supporting reports and evidence considered
SE0303	Referral or approval record where applicable
SE0304	Supervisor observation or confirmation

(e) Contextualised Workplace Knowledge:

1.	Organisational procedures and delegated authority for assessing and determining liability.
2.	Evidence requirements and standards used by the organisation when formulating a liability assessment.

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3.	Roles of underwriters, assessors, loss adjusters, investigators and other specialists in liability assessment.
4.	Internal referral, approval and escalation procedures for disputed or complex liability matters.
5.	Requirements for recording the reasoning and evidence supporting a liability assessment.

(c) Scope of each Work Experience Competency:

WM-02-WE04 - Refer claims for specialist assessment or further investigation	
WORKPLACE EXPERIENCE COMPETENCY SCOPE OUTLINE	
Learners operate under supervision to identify claims requiring specialist input, select or refer the matter through the organisation's prescribed process, provide the relevant claim information and consider the resulting specialist findings when progressing the claim.	
WORK EXPERIENCE COMPETENCY ELEMENT CODES	**WORK EXPERIENCE COMPETENCY ELEMENTS**
WA0401	Identify when specialist assessment or further investigation is required
WA0402	Refer the claim to the appropriate assessor, loss adjuster, investigator or other specialist
WA0403	Provide relevant claim information and documentation to the specialist
WA0404	Receive and record specialist reports or findings
WA0405	Consider relevant specialist findings when progressing the claim

(d) Supporting evidence

WORK EXPERIENCE CODES	**SUPPORTING EVIDENCE**
SE0401	Specialist referral record
SE0402	Assessor, loss adjuster, investigator or other specialist report
SE0403	Claims system/file record of specialist findings
SE0404	Supervisor observation or confirmation

(e) Contextualised Workplace Knowledge

WORKPLACE KNOWLEDGE	
1.	Organisational criteria and procedures for appointing or referring claims to assessors, loss adjusters, investigators and other specialists.
2.	Roles, responsibilities and limitations of external specialists involved in claims assessment.
3.	Information and documentation required when making a specialist referral.
4.	Organisational procedures for reviewing, recording and acting on specialist findings.
5.	Relationships between claims, underwriting and other relevant departments when specialist findings affect cover, risk or liability.

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Work Experience Module (WM) - 03: Insurance Loss Quantification and Claim Evaluation Processes

MODULE CODE	MODULE TITLE	NQF LEVEL	CREDITS	MODE OF DELIVERY
431204-001-00-WM-03	Insurance Loss Quantification and Claim Evaluation Processes	5	10	On-the-job. Simulated workplace activities may be used where actual workplace exposure is not available

(a) Purpose of the Work Experience Module

The focus of this work experience is on providing the learner with an opportunity to quantify losses and evaluate claims value using actual workplace claims information, supporting documentation, specialist reports and applicable policy provisions under supervision.

(b) List of Work Experience Competencies:

WORK EXPERIENCE CODE	WORK EXPERIENCE COMPETENCY TITLES
WM-03-WE01	Assess estimates and supporting documentation
WM-03-WE02	Quantify the loss
WM-03-WE03	Evaluate the claim value
WM-03-WE04	Prepare the claim valuation for decision-making

(c) Scope of each Work Experience Competency:

WM-03-WE01 - Assess estimates and supporting documentation	
WORKPLACE EXPERIENCE COMPETENCY SCOPE OUTLINE	
Learners operate under supervision to examine actual claims documentation, including assessor reports, estimates, quotations, invoices, valuations and other supporting evidence, and assess the information required to quantify the loss.	
WORK EXPERIENCE COMPETENCY ELEMENT CODES	**WORK EXPERIENCE COMPETENCY ELEMENTS**
WA0101	Review assessor reports, estimates, quotations, invoices, valuations and other supporting documentation
WA0102	Check supporting information for completeness and consistency
WA0103	Compare quotations, estimates or repair/replacement options where applicable
WA0104	Identify discrepancies or information requiring clarification
WA0105	Obtain or refer for additional information where necessary

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(d) Supporting evidence

SE0101	Assessor report, estimate, quotation, invoice or valuation
SE0102	Completed claims assessment or documentation review
SE0103	Evidence of comparison of quotations or options, where applicable
SE0104	Supervisor observation or confirmation

(e) Contextualised Workplace Knowledge:

1.	Organisational procedures for assessing claims documentation and estimates.
2.	Types of estimates, quotations, invoices, valuations and specialist reports used in the organisation.
3.	Criteria used by the organisation when comparing repair, replacement or settlement options.
4.	Roles of assessors, loss adjusters, contractors and other specialists in providing information used to evaluate losses.
5.	Organisational requirements for recording discrepancies, obtaining additional information and maintaining an audit trail.

(c) Scope of each Work Experience Competency:

WM-03-WE02 - Quantify the loss	
WORKPLACE EXPERIENCE COMPETENCY SCOPE OUTLINE	
Learners operate under supervision to calculate the value of an actual insured loss using the available claims information, supporting documentation and applicable policy provisions.	
WORK EXPERIENCE COMPETENCY ELEMENT CODES	**WORK EXPERIENCE COMPETENCY ELEMENTS**
WA0201	Determine the value of the loss using available evidence
WA0202	Apply applicable policy limits, excesses and deductibles
WA0203	Apply relevant financial calculations
WA0204	Account for applicable adjustments when calculating the loss
WA0205	Record the calculated quantum accurately

(d) Supporting evidence

SE0201	Completed claims calculation or quantum worksheet
SE0202	Supporting calculations and documentation
SE0203	Claims system record
SE0204	Supervisor observation or confirmation

(e) Contextualised Workplace Knowledge:

1.	Organisational procedures for calculating and recording claim quantum.
2.	Application of policy limits, excesses, deductibles and other applicable adjustments.
3.	Financial calculation methods used within the claim environment.
4.	Organisational controls for checking the accuracy of claims calculations.
5.	Requirements for recording calculations and maintaining supporting documentation.

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(c) Scope of each Work Experience Competency:

WM-03-WE03 - Evaluate the claim value	
WORKPLACE EXPERIENCE COMPETENCY SCOPE OUTLINE	
Learners operate under supervision to evaluate the calculated loss against the applicable policy provisions, available evidence and organisational claims procedures, and assess the appropriate claim value for further decision-making.	
WORK EXPERIENCE COMPETENCY ELEMENT CODES	**WORK EXPERIENCE COMPETENCY ELEMENTS**
WA0301	Compare the calculated loss with the applicable policy cover
WA0302	Consider relevant limits, excesses, deductibles and other policy adjustments
WA0303	Evaluate alternative repair, replacement or settlement options where applicable
WA0304	Identify potential errors, inconsistencies or discrepancies in the claim and refer them where necessary
WA0305	Formulate an assessment of the appropriate claim value

(d) Supporting evidence

SE0301	Completed claim valuation or assessment
SE0302	Supporting policy and claims documentation
SE0303	Comparison of applicable options or quotations, where applicable
SE0304	Supervisor observation or confirmation

(e) Contextualised Workplace Knowledge:

1.	Organisational criteria for evaluating claim values and available settlement options.
2.	Relationship between quantified losses and applicable policy cover, limits and excesses.
3.	Organisational procedures for dealing with discrepancies, claim adjustments and potential errors.
4.	Roles of claims, finance, underwriting and relevant specialists in evaluating claim values.
5.	Organisational approval and referral requirements relating to claim values.

(c) Scope of each Work Experience Competency:

WM-03-WE04 - Prepare the claim valuation for decision-making	
WORKPLACE EXPERIENCE COMPETENCY SCOPE OUTLINE	
Learners operate under supervision to consolidate the evidence, calculations and claim valuation into the required organisational format and prepare the claim information for consideration by the authorised decisionmaker.	
WORK EXPERIENCE COMPETENCY ELEMENT CODES	**WORK EXPERIENCE COMPETENCY ELEMENTS**
WA0401	Consolidate the supporting evidence and claim calculations
WA0402	Record the assessed claim value in the applicable organisational system or documentation

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WA0403	Prepare the required claim valuation or recommendation documentation
WA0404	Identify matters requiring approval or referral
WA0405	Submit the completed claim valuation through the applicable organisational process

(d) Supporting evidence

WORK EXPERIENCE CODES	SUPPORTING EVIDENCE
SE0401	Completed claim valuation or recommendation
SE0402	Claims system record
SE0403	Supporting calculation and documentation
SE0404	Approval or referral record, where applicable
SE0405	Supervisor observation or confirmation

(e) Contextualised Workplace Knowledge

	WORKPLACE KNOWLEDGE
1.	Organisational procedures for preparing and submitting claim valuations and recommendations.
2.	Delegated authority and approval levels applicable to claim values.
3.	Required documentation and information accompanying a claim valuation.
4.	Organisational audit-trail and record-keeping requirements for claim valuations.
5.	Interdependencies between claims, finance, underwriting and other relevant functions when claim values are reviewed or approved.

Work Experience Module (WM) - 04: Insurance Claim Communication, Negotiation and Stakeholder Engagement processes

MODULE CODE	MODULE TITLE	NQF LEVEL	CREDITS	MODE OF DELIVERY
431204-001-00-WM-04	Insurance Claim Communication, Negotiation and Stakeholder Engagement Processes	5	10	On-the-job. Simulated workplace activities may be used where actual workplace exposure is not available

(a) Purpose of the Work Experience Module

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Learners operate under supervision to communicate claim assessments and proposed outcomes, engage with policyholders and relevant stakeholders, negotiate claim outcomes within delegated authority, and refer or escalate disputed or unresolved claim matters in accordance with organisational procedures.

(b) List of Work Experience Competencies:

WORK EXPERIENCE CODE	WORK EXPERIENCE COMPETENCY ELEMENTS
WM-04-WE01	Communicate the claim assessment and proposed outcome
WM-04-WE02	Engage with policyholders and relevant stakeholders
WM-04-WE03	Negotiate claim outcomes within delegated authority
WM-04-WE04	Refer and escalate disputed or unresolved claim matters

(c) Scope of each Work Experience Competency:

WM-04-WE01 - Communicate the claim assessment and proposed outcome	
WORKPLACE EXPERIENCE COMPETENCY SCOPE OUTLINE	
Learners operate under supervision to communicate claim assessments and proposed outcomes to policyholders and relevant stakeholders, explain the basis for the assessment, respond to queries and record relevant communications in accordance with organisational procedures.	
WORK EXPERIENCE COMPETENCY ELEMENT CODES	**WORK EXPERIENCE COMPETENCY ELEMENTS**
WA0101	Communicate the claim assessment and proposed outcome
WA0102	Explain the basis for the proposed claim outcome
WA0103	Communicate relevant risk or underwriting information to the appropriate stakeholders where applicable
WA0104	Respond to questions and requests for clarification
WA0105	Use appropriate verbal and written communication
WA0106	Record relevant communications and responses

(d) Supporting evidence

SE0101	Written claim assessment or proposed outcome communicated to the policyholder or relevant stakeholder
SE0102	Claims system notes, correspondence or other record of communication
SE0103	Record of communication relating to relevant risk or underwriting information, where applicable
SE0104	Evidence of responses to questions or requests for clarification
SE0105	Supervisor observation report

(e) Contextualised Workplace Knowledge:

1.	Organisational procedures and standards for communicating claim assessments and proposed outcomes.

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2.	Communication protocols for policyholders, brokers, underwriters, assessors, service providers and other relevant stakeholders
3.	Customer-centric culture aligned with Treating Customers Fairly (TCF), including appropriate handling of questions, concerns and requests for clarification.
4.	Organisational procedures for communicating relevant risk and underwriting information to the appropriate stakeholders.
5.	Confidentiality, POPIA and information-sharing requirements when communicating claim information.

(c) Scope of each Work Experience Competency:

WM-04-WE02 - Engage with policyholders and relevant stakeholders	
WORKPLACE EXPERIENCE COMPETENCY SCOPE OUTLINE	
Learners operate under supervision to engage with policyholders and relevant stakeholders during the claims process, obtain and provide information, address claim-related questions and concerns, and maintain professional relationships in accordance with organisational procedures.	
WORK EXPERIENCE COMPETENCY ELEMENT CODES	**WORK EXPERIENCE COMPETENCY ELEMENTS**
WA0201	Engage with policyholders regarding the claim and proposed outcome
WA0202	Liaise with brokers and intermediaries where applicable
WA0203	Liaise with underwriters, assessors and service providers where applicable
WA0204	Obtain and provide information required to progress the claim
WA0205	Address stakeholder questions and concerns appropriately
WA0206	Maintain professional relationships with relevant stakeholders

(d) Supporting evidence

WORK EXPERIENCE CODES	**SUPPORTING EVIDENCE**
SE0201	Policyholder communication or contact record
SE0202	Broker, intermediary or stakeholder correspondence
SE0203	Claims system notes or other communication records
SE0204	Evidence of liaison with underwriters, assessors or service providers, where applicable
SE0205	Supervisor observation report

(e) Contextualised Workplace Knowledge

	WORKPLACE KNOWLEDGE
1.	Roles and responsibilities of policyholders, brokers, intermediaries, underwriters, assessors, service providers and other relevant stakeholders.
2.	Organisational communication procedures, approved communication channels and escalation routes.

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3.	Customer-centric culture aligned with Treating Customers Fairly (TCF) principles.
4.	Confidentiality, POPIA and information-sharing requirements when engaging with stakeholders
5.	Interdependencies between claims, underwriting, finance and other organisational functions.

(c) Scope of each Work Experience Competency:

WM-04-WE03 - Negotiate claim outcomes within delegated authority	
WORKPLACE EXPERIENCE COMPETENCY SCOPE OUTLINE	
Learners operate under supervision to consider representations from policyholders and relevant stakeholders, explain available claim outcome options and negotiate claim outcomes within delegated authority and organisational procedures.	
WORK EXPERIENCE COMPETENCY ELEMENT CODES	**WORK EXPERIENCE COMPETENCY ELEMENTS**
WA0301	Consider representations and information provided by relevant parties
WA0302	Explain available claim outcome options
WA0303	Negotiate the claim outcome within delegated authority and organisational procedures
WA0304	Identify matters requiring approval or further authority
WA0305	Record the negotiation and proposed or agreed outcome

(d) Supporting evidence

WORK EXPERIENCE CODES	**SUPPORTING EVIDENCE**
SE0301	Claim negotiation or communication record
SE0302	Claims system notes or correspondence
SE0303	Evidence of approval or referral where applicable
SE0304	Supervisor observation report

(e) Contextualised Workplace Knowledge

	WORKPLACE KNOWLEDGE
1.	Organisational delegated authority and limits applicable to claim negotiations.
2.	Available claim outcome and settlement options within the organisation.
3.	Organisational procedures for negotiation, approval and referral.
4.	Conflict management, interpersonal and negotiation practices used in the claim environment.
5.	Requirements for accurately recording negotiations, decisions and agreed actions.

(c) Scope of each Work Experience Competency:

WM-04-WE04 - Refer and escalate disputed or unresolved claim matters
WORKPLACE EXPERIENCE COMPETENCY SCOPE OUTLINE

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Learners operate under supervision to identify disputed or unresolved claim matters, determine when referral or escalation is required, compile and provide relevant claim information, refer or escalate the matter through the applicable organisational process, and record the referral or escalation and required follow-up actions in accordance with organisational procedures and delegated authority.	
WORK EXPERIENCE COMPETENCY ELEMENT CODES	**WORK EXPERIENCE COMPETENCY ELEMENTS**
WA0401	Identify disputed or unresolved claim matters requiring referral or escalation.
WA0402	Determine the appropriate referral or escalation route in accordance with organisational procedures and delegated authority.
WA0403	Compile and provide relevant claim information and supporting documentation for the referral or escalation.
WA0404	Refer or escalate the disputed or unresolved claim matter to the appropriate authority or function.
WA0405	Record the referral or escalation and required follow-up actions in the applicable organisational system or documentation.

(d) Supporting evidence

WORK EXPERIENCE CODES	**SUPPORTING EVIDENCE**
SE0401	Dispute, unresolved matter, referral or escalation record.
SE0402	Relevant claim documentation and supporting information submitted with the referral or escalation.
SE0403	Claims system notes, correspondence or other record showing the referral, escalation and follow-up actions.
SE0404	Supervisor observation report or confirmation of the referral or escalation process.

(e) Contextualised Workplace Knowledge

WORKPLACE KNOWLEDGE	
1.	Organisational procedures and escalation routes for disputed, unresolved or complex claim matters.
2.	Delegated authority, roles and responsibilities applicable to claim referrals, approvals and escalations.
3.	Requirements for compiling and providing complete, accurate and relevant claim information and supporting documentation when referring or escalating a matter.
4.	Treating Customers Fairly (TCF), customer service and complaints-handling principles applicable to disputed or unresolved claim matters
5.	Confidentiality, POPIA, information-sharing and record-keeping requirements when referring or escalating claim matters.

Work Experience Module (WM) - 05: Claim Finalisation and Compliance Processes

MODULE CODE	**MODULE TITLE**	**NQF LEVEL**	**CREDITS**	**MODE OF DELIVERY**
431204-001-00-WM-05	Claim Finalisation and Compliance Processes	5	5	On-the-job. Simulated workplace activities may be

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				used where actual workplace exposure is not available

(a) Purpose of the Work Experience Module

Learners operate under supervision to finalise claims in accordance with applicable legislation, regulatory requirements, organisational procedures, ethical requirements and delegated authority, including appropriate communication, record keeping, underwriting liaison and risk improvement recommendations where applicable.

(b) List of Work Experience Competencies:

WORK EXPERIENCE CODE	WORK EXPERIENCE COMPETENCY TITLE
WM-05-WE01	Complete final claims administration
WM-05-WE02	Verify compliance and claims records
WM-05-WE03	Liaise with underwriters and relevant departments

(c) Scope of each Work Experience Competency:

WM-05-WE01 - Complete final claims administration	
WORKPLACE EXPERIENCE COMPETENCY SCOPE OUTLINE	
Learners operate under supervision to complete the final administration and closure of claims, and to hand over or escalate claims and outstanding matters to the appropriate internal department or external party, including legal, compliance, recovery or other relevant functions, where required.	
WORK EXPERIENCE COMPETENCY ELEMENT CODES	**WORK EXPERIENCE COMPETENCY ELEMENTS**
WA0101	Confirm that required claim actions and documentation have been completed
WA0102	Identify claims or outstanding matters requiring handover or escalation
WA0103	Refer claims or matters to the appropriate internal department or external party, including legal or compliance where applicable
WA0104	Prepare and transfer the relevant claim file, documentation and supporting information
WA0105	Record the handover, referral or escalation and required follow-up actions
WA0106	Complete the claim closure process where all required actions have been concluded

(d) Supporting evidence

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WORK EXPERIENCE CODES	SUPPORTING EVIDENCE
SE0101	Completed claims closure checklist
SE0102	Claim file or electronic file prepared for handover
SE0103	Legal, compliance, recovery, subrogation or other referral record, where applicable
SE0104	Handover or escalation correspondence
SE0105	Claims system record showing handover, referral or closure
SE0106	Supervisor observation report

(e) Contextualised Workplace Knowledge

	WORKPLACE KNOWLEDGE
1.	Organisational claims closure, file handover and escalation procedures.
2.	Roles of legal, compliance, underwriting, finance, recovery, subrogation and other relevant internal and external functions.
3.	Criteria for referring or escalating claims, disputes, complaints, recoveries and legal matters.
4.	Requirements for complete claim files, supporting documentation, secure transfer and audit trails.
5.	Confidentiality, POPIA and cybersecurity requirements when transferring or handing over claim information.

(c) Scope of each Work Experience Competency:

WM-05-WE02 - Verify compliance and claims records	
WORKPLACE EXPERIENCE COMPETENCY SCOPE OUTLINE	
Learners operate under supervision to verify that claims have been processed, documented and recorded in accordance with applicable legislation, regulatory requirements, organisational procedures and ethical requirements before finalisation or closure.	
WORK EXPERIENCE COMPETENCY ELEMENT CODES	**WORK EXPERIENCE COMPETENCY ELEMENTS**
WA0201	Verify that required claims documentation and information are complete
WA0202	Verify compliance with applicable legislation, regulatory requirements and organisational procedures
WA0203	Apply ethical, PPR, TCF and confidentiality requirements when finalising claims
WA0204	Verify that required approvals, referrals and authorisations have been completed
WA0205	Verify that the claims record provides an accurate and complete audit trail
WA0206	Identify and refer compliance or record-keeping concerns where necessary

(d) Supporting evidence

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WORK EXPERIENCE CODES	SUPPORTING EVIDENCE
SE0201	Completed claims compliance or finalisation checklist
SE0202	Completed claim file or electronic claims record
SE0203	Evidence of required approvals, authorisations or referrals
SE0204	Claims system audit trail or system record
SE0205	Compliance or exception referral record, where applicable
SE0206	Supervisor observation report

(e) Contextualised Workplace Knowledge

	WORKPLACE KNOWLEDGE
1.	Organisational procedures and controls for reviewing and finalising claims.
2.	Applicable legislation, regulatory requirements and organisational ethical standards relevant to claims.
3.	PPR, TCF, POPIA, confidentiality and fair treatment requirements applicable to claim finalisation.
4.	Delegated authority, approval, referral and escalation requirements.
5.	Claims audit trails, record retention, data security and cybersecurity requirements.

(c) Scope of each Work Experience Competency:

WM-05-WE03 - Liaise with underwriters and relevant departments	
WORKPLACE EXPERIENCE COMPETENCY SCOPE OUTLINE	
Learners operate under supervision to identify matters arising from claims that require input from underwriting or other relevant departments, communicate the relevant claim, cover, risk or rating information, obtain the required response or instruction, and record the resulting action in accordance with organisational procedures.	
WORK EXPERIENCE COMPETENCY ELEMENT CODES	
WA0301	Identify matters requiring underwriting or departmental input
WA0302	Communicate relevant claim, cover, risk or rating information to the appropriate department
WA0303	Identify and communicate relevant risk improvement opportunities where applicable
WA0304	Obtain and record the relevant response, recommendation or instruction
WA0305	Follow up outstanding underwriting or departmental requirements
WA0306	Record the referral, response, recommendation and resulting action

(d) Supporting evidence

WORK EXPERIENCE CODES	SUPPORTING EVIDENCE

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SE0301	Underwriting or departmental referral record
SE0302	Correspondence or communication record
SE0303	Underwriting or departmental response or instruction
SE0304	Claims system notes or file record
SE0305	Supervisor observation report

(e) Contextualised Workplace Knowledge

WORKPLACE KNOWLEDGE	
1.	The role of underwriting in relation to insurance cover, risk, rating and claims.
2.	Organisational procedures for referring cover, risk, rating and risk-improvement matters to underwriting and other relevant departments.
3.	Interdependencies between claims, underwriting, finance, legal, compliance and other relevant organisational functions.
4.	Delegated authority and referral requirements for matters requiring specialist or management input.
5.	Requirements for recording referrals, underwriting advice, decisions, instructions and resulting actions in the claims record.

3.3.2 Criteria for accreditation

Physical Requirements:

RECOGNISED WORKPLACE	
EQUIPMENT & TOOLS	Summary of Physical Tools and Equipment • **Computers and Software:** Internet-enabled computers with appropriate software. • **Communication Equipment:** Telephones (landline or mobile) • **Document and Printing Tools:** Printers, scanners, photocopiers, filing cabinets or digital archiving systems, and standardised document templates (proposals, quotations, reports, policies). • **Presentation Equipment:** Projectors or large screens, whiteboards, and flip charts • **Office Furniture and Workspaces**: Desks, chairs. • **Data Security Tools:** Secure filing systems/lockers for physical records, encrypted online/cloud storage for digital information. • **Training and Learning Materials:** Training manuals, recorded webinars, tutorials, and e-learning platforms for ongoing development.
CONSUMABLES	Summary of Consumables:

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	• **Office Supplies:** Paper (A4 standard), notepads, pens, pencils, markers, and highlighters. • **Printing & Copying Consumables:** Stationery

Human Resource Requirements:

RECOGNISED WORKPLACE	
QUALIFICATIONS AND EXPERIENCE	Facilitators must hold an appropriate **NQF Level 6 qualification or higher** in Insurance, Risk Management, Financial Services, Business Management, Commerce or a related field. Examples include: • Diploma in Insurance (NQF Level 6) • Diploma in Risk Management (NQF Level 6) • Diploma in Financial Planning (NQF Level 6) • Diploma in Business Management (NQF Level 6) • Advanced Certificate or Diploma in Financial Services or a related insurance discipline (NQF Level 6 or higher) Facilitators must also have: • A minimum of **five (5) years' relevant occupational experience** within the insurance industry, preferably in underwriting, claims, policy administration, insurance operations or risk management. • Current industry knowledge and experience relevant to the modules being facilitated. • Registration with a recognised professional body, where applicable, will be an added advantage.
FACILITATOR/LEARNER RATIO	Learner ratio must not exceed 1: 10, if not face to face group can be larger

ASSESSMENT CENTRE	
EQUIPMENT & TOOLS	• Computer or laptop workstations for candidates and assessors. • Secure online or network-based assessment management system. • Internet connectivity and local area network infrastructure. • Printer, scanner, and photocopier. • Audio-visual recording equipment for assessment and moderation purposes.

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CONSUMABLES	• Printing paper. • Printer ink and toner cartridges. • Assessment stationery (pens, pencils, markers, and notepads). • Data storage and backup media. • General office, cleaning, and secure evidence storage consumables.

ASSESSMENT CENTRE	
QUALIFICATIONS & EXPERIENCE	**ASSESSMENT CENTRE MANAGER:** NQF Level 4 Qualification, and one year experience in overseeing a basic facility such as a training facility or an office facility. **INVIGILATORS:** Ability to communicate in English and proof of successful completion of invigilator training provided by the assessment quality Partner.
INVIGILATOR/CANDIDATE RATIO	1:25 if not face to face

Legal Requirements:

RECOGNISED WORKPLACE	
	Summary of Key Compliance Requirements • FSCA Compliance → Workplace licensed and registered; • OHS Audit, report and certificate • Registered Legal entity • SARS (South African Revenue Services) compliance

ASSESSMENT CENTRE	
QUALIFICATIONS & EXPERIENCE	QCTO accredited assessment centre
FACILITATOR/LEARNER RATIO	Not Applicable

Additional Requirements:

RECOGNISED WORKPLACE	
	None

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EXTERNAL ASSESSMENT CENTRE	
	None

3.3.3 Exemptions

None

3.3.4 Additional Assignments to be Assessed Externally

Not applicable

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3.4 POSSIBLE SEQUENCING AND INTEGRATION

Listing an order of modules in the sequence in which these modules will follow each other during delivery/implementation. This allows for integration of KM, AM (PM/ WM) as work logically flows.

ORDER	MODULE TITLE	MODULE CODE	LEVEL	CREDITS
1	Overview of Insurance and Risk Management	KM-01	5	3
2	Concepts and Classes of Insurance	KM-03	5	5
3	Understanding the Fundamental Legal Principles of Insurance and Risk Management	KM-02	5	5
4	Introduction to the South African Insurance Industry	KM-05	5	3
5	Policy Administration and Documentation	KM-04	5	5
6	Claims Administration	KM-07	5	10
7	Receive, Register and Capture Insurance Claims	PM-01	5	5
8	Insurance Claim Registration and Capture Processes	WM-01	5	10
9	Legal and Regulatory Framework in Insurance	KM-08	5	4
10	Assess the Cause of Loss, Interpret Policy Conditions, Verify Insurance Cover and Determine Liability	PM-02	5	8
11	Processes of Assessing the Cause of Loss, Interpreting Policy Conditions, Verifying Insurance Cover and Determining Liability	WM-02	5	15
12	Communication and Financial Skills	KM-06	5	5

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ORDER	MODULE TITLE	MODULE CODE	LEVEL	CREDITS
13	Quantify Losses and Evaluate Claims Value	PM-03	5	8
14	Insurance Loss Quantification and Claim Evaluation Processes	WM-03	5	10
15	Communicate and Negotiate Claim Outcomes	PM-04	5	5
16	Insurance Claim Communication, Negotiation and Stakeholder Engagement Processes	WM-04	5	10
17	Finalise Claims in Compliance with Legislation and Ethical Requirements	PM-05	5	4
18	Claim Finalisation and Compliance Processes	WM-05	5	5

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SECTION 4. STATEMENT OF WORK EXPERIENCE

QUALIFICATION TYPE	QUALIFICATION TITLE/DESCRIPTOR	NQF LEVEL	CREDITS
Higher Occupational Certificate	Insurance Claims Handler	5	120

CURRICULUM CODE	431204-001-00-00

LEARNER DETAILS

NAME:	
ID NUMBER:	

EMPLOYER DETAILS

COMPANY NAME:	
ADDRESS:	
SUPERVISOR NAME:	
WORK TELEPHONE:	
E-MAIL:	

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MODULE CODE	MODULE TITLE	NQF LEVEL	CREDITS	MODE OF DELIVERY
431204-001-00-WM-01	Insurance Claim Registration and Capture Processes	5	10	On-the-job. Simulated workplace activities may be used where actual workplace exposure is not available

WORK EXPERIENCE MODULE DETAILS			
WM-01-WE01	**SCOPE WORK EXPERIENCE**	**DATE**	**SIGNATURE**
WA0101	Receive a notification of an insurance claim		
WA0102	Capture the initial claim information required by the organisation		
WA0103	Register the claim on the applicable claim system		
WA0104	Allocate or record the claim reference and relevant dates		
	SUPPORTING EVIDENCE	**DATE**	**SIGNATURE**
SE0101	Completed claim registration or intake record		
SE0102	Claims system record or system-generated claim reference		
SE0103	Supervisor observation report		

NUMBER	CONTEXTUALISED WORKPLACE KNOWLEDGE	DATE	SIGNATURE
1.	Organisation claim notification and registration procedures		
2.	Organisational claims systems and workflows		
3.	Required initial claim information		
4.	Organisational timeframes for registering claims		
5.	Confidentiality and handling of claimant information		

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WORK EXPERIENCE MODULE DETAILS			
WM-01-WE02	**SCOPE WORK EXPERIENCE**	**DATE**	**SIGNATURE**
WA0201	Capture claimant and policy information accurately		
WA0202	Capture information relating to the date, circumstances and nature of the loss		
WA0203	Verify captured information against available organisational records		
WA0204	Identify incomplete, inconsistent or unclear information and refer or clarify where needed		
	SUPPORTING EVIDENCE	**DATE**	**SIGNATURE**
SE0201	Completed claim record or system extract		
SE0202	Claim verification checklist or equivalent workplace record		
SE0203	Supervisor observation report		

NUMBER	CONTEXTUALISED WORKPLACE KNOWLEDGE	DATE	SIGNATURE
1.	Organisational data-capture requirements		
2.	Policy and claimant information used during claim registration		
3.	Organisational verification procedures		
4.	Data accuracy and audit-trail requirements		
5.	Confidentiality and POPIA requirements		

WORK EXPERIENCE MODULE DETAILS			
WM-01-WE03	**SCOPE WORK EXPERIENCE**	**DATE**	**SIGNATURE**
WA0301	Identify documentation required for the claim		
WA0302	Request outstanding documentation or information		

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WORK EXPERIENCE MODULE DETAILS			
WA0303	Receive and record supporting documentation		
WA0304	Check documentation for completeness and relevance		
WA0305	Refer outstanding or inappropriate documentation in accordance with organisational procedures		
	SUPPORTING EVIDENCE	**DATE**	**SIGNATURE**
SE0301	Claims documentation checklist		
SE0302	Examples of received/requested supporting documentation		
SE0303	Claims system or file records		
SE0304	Supervisor observation report		

NUMBER	**CONTEXTUALISED WORKPLACE KNOWLEDGE**	**DATE**	**SIGNATURE**
1.	Organisational requirements for supporting claim documentation		
2.	Document management and record-keeping procedures		
3.	Communication channels for requesting information		
4.	Confidentiality and protection of personal information		
5.	Organisational procedures for incomplete claims		

WORK EXPERIENCE MODULE DETAILS			
WM-01-WE04	**SCOPE WORK EXPERIENCE**	**DATE**	**SIGNATURE**
WA0401	Identify inconsistencies or unusual information in the claim		
WA0402	Identify potential fraud indicators or red flags		
WA0403	Identify possible other insurance or relevant third-party interests where applicable		
WA0404	Refer identified concerns in accordance with organisational procedures		
WA0405	Record the referral and relevant supporting information		

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WORK EXPERIENCE MODULE DETAILS			
	SUPPORTING EVIDENCE	**DATE**	**SIGNATURE**
SE0401	Completed referral or escalation record, where applicable		
SE0402	Claims file/system record or identified concern		
SE0403	Supervisor observation or confirmation		
NUMBER	**CONTEXTUALISED WORKPLACE KNOWLEDGE**	**DATE**	**SIGNATURE**
1.	Organisational standard operating procedures for identifying, recording and referring claim irregularities, fraud indicators and other concerns.		
2.	Types of claim information, documentation and circumstances that may indicate inconsistencies, unusual activity or potential fraud.		
3.	Customer-centric culture aligned with Treating Customers Fairly (TCF), including appropriate handling of claimant information and confidentiality when investigating or referring concerns.		
4.	Interdependencies between claims, underwriting, sales and finance including the roles of relevant internal and external stakeholders when dealing with claim irregularities.		
5.	Audit trails, including system notes, timestamps and call recordings, and the importance of mandatory fields for risk controls, fraud prevention and accurate recording of referrals.		

MODULE CODE	MODULE TITLE	NQF LEVEL	CREDITS	MODE OF DELIVERY
431204-001-00-WM-02	Processes of Assessing the Cause of Loss, Interpreting Policy Conditions, Verifying Insurance Cover and Determining Liability	5	15	On-the-job. Simulated workplace activities may be used where actual workplace exposure is not available

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WORK EXPERIENCE MODULE DETAILS			
WM-02-WE01	**SCOPE WORK EXPERIENCE**	**DATE**	**SIGNATURE**
WA0101	Review the notification and available information relating to the loss		
WA0102	Establish the circumstances giving rise to the loss		
WA0103	Assess the apparent cause of the loss against the available evidence		
WA0104	Identify gaps, inconsistencies or information requiring further investigation		
	SUPPORTING EVIDENCE	**DATE**	**SIGNATURE**
SE0101	Completed claim assessment or investigation record		
SE0102	Supporting claim documentation and evidence reviewed		
SE0103	Supervisor observation or confirmation		
NUMBER	**CONTEXTUALISED WORKPLACE KNOWLEDGE**	**DATE**	**SIGNATURE**
1.	Organisational procedures for investigating and assessing the cause and circumstances of a claim.		
2.	Types of workplace evidence and documentation used to establish the circumstances and cause of a loss.		
3.	Organisational standards for documenting findings and identifying information requiring further investigation.		
4.	Roles of claims staff, assessors, loss adjusters, investigators and other specialists in establishing the cause of a loss.		
5.	Audit trails and organisational requirements for recording claim assessments, findings and referrals.		

WORK EXPERIENCE MODULE DETAILS			
WM-02-WE02	**SCOPE WORK EXPERIENCE**	**DATE**	**SIGNATURE**
WA0201	Access and review the applicable policy documentation		
WA0202	Identify the relevant cover, conditions, extensions and exclusions		
WA0203	Check applicable policy limits, excesses and deductibles		

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WA0204	Compare the circumstances of the loss with the applicable policy provisions		
WA0205	Record the basis for the cover assessment		
	SUPPORTING EVIDENCE	**DATE**	**SIGNATURE**
SE0201	Policy documentation and relevant policy extracts		
SE0202	Completed cover assessment or claim assessment record		
SE0203	Supervisor observation or confirmation		

NUMBER	CONTEXTUALISED WORKPLACE KNOWLEDGE	DATE	SIGNATURE
1.	Organisational procedures for accessing and applying policy documentation during claims assessment.		
2.	Policy schedules, wordings, conditions, extensions, exclusions, limits and excesses used within the organisation.		
3.	Organisational authority levels and referral requirements where policy interpretation is uncertain.		
4.	Interaction between claims, underwriting and policy administration when discrepancies in cover information are identified.		
5.	Organisational requirements for documenting the basis of a cover assessment and maintaining an audit trail.		

WORK EXPERIENCE MODULE DETAILS			
WM-02-WE03	**SCOPE WORK EXPERIENCE**	**DATE**	**SIGNATURE**
WA0301	Review relevant reports, statements, documentation and other evidence		
WA0302	Assess the evidence relating to the cause of loss and liability		
WA0303	Identify conflicting or insufficient evidence		
WA0304	Formulate a liability assessment or recommendation		

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WA0305	Refer the assessment for appropriate authority where required		
	SUPPORTING EVIDENCE	**DATE**	**SIGNATURE**
SE0301	Completed liability assessment or recommendation		
SE0302	Supporting reports and evidence considered		
SE0303	Referral or approval record where applicable		
SE0304	Supervisor observation or confirmation		

NUMBER	**CONTEXTUALISED WORKPLACE KNOWLEDGE**	**DATE**	**SIGNATURE**
1.	Organisational procedures and delegated authority for assessing and determining liability.		
2.	Evidence requirements and standards used by the organisation when formulating a liability assessment.		
3.	Roles of underwriters, assessors, loss adjusters, investigators and other specialists in liability assessment.		
4.	Internal referral, approval and escalation procedures for disputed or complex liability matters.		
5.	Requirements for recording the reasoning and evidence supporting a liability assessment.		

WORK EXPERIENCE MODULE DETAILS			
WM-02-WE04	**SCOPE WORK EXPERIENCE**	**DATE**	**SIGNATURE**
WA0401	Identify when specialist assessment or further investigation is required		
WA0402	Refer the claim to the appropriate assessor, loss adjuster, investigator or other specialist		
WA0403	Provide relevant claim information and documentation to the specialist		

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WA0404	Receive and record specialist reports or findings		
WA0405	Consider relevant specialist findings when progressing the claim		
	SUPPORTING EVIDENCE	**DATE**	**SIGNATURE**
SE0401	Specialist referral record		
SE0402	Assessor, loss adjuster, investigator or other specialist report		
SE0403	Claims system/file record of specialist findings		
SE0404	Supervisor observation or confirmation		

NUMBER	CONTEXTUALISED WORKPLACE KNOWLEDGE	DATE	SIGNATURE
1.	Organisational criteria and procedures for appointing or referring claims to assessors, loss adjusters, investigators and other specialists.		
2.	Roles, responsibilities and limitations of external specialists involved in claims assessment.		
3.	Information and documentation required when making a specialist referral.		
4.	Organisational procedures for reviewing, recording and acting on specialist findings.		
5.	Relationships between claims, underwriting and other relevant departments when specialist findings affect cover, risk or liability.		

MODULE CODE	MODULE TITLE	NQF LEVEL	CREDITS	MODE OF DELIVERY
431204-001-00-WM-03	Insurance Loss Quantification and Claim Evaluation Processes	5	10	On-the-job. Simulated workplace activities may be used where actual workplace

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				exposure is not available

WORK EXPERIENCE MODULE DETAILS			
WM-03-WE01	**SCOPE WORK EXPERIENCE**	**DATE**	**SIGNATURE**
WA0101	Review assessor reports, estimates, quotations, invoices, valuations and other supporting documentation		
WA0102	Check supporting information for completeness and consistency		
WA0103	Compare quotations, estimates or repair/replacement options where applicable		
WA0104	Identify discrepancies or information requiring clarification		
WA0105	Obtain or refer for additional information where necessary		
	SUPPORTING EVIDENCE	**DATE**	**SIGNATURE**
SE0101	Assessor report, estimate, quotation, invoice or valuation		
SE0102	Completed claims assessment or documentation review		
SE0103	Evidence of comparison of quotations or options, where applicable		
SE0104	Supervisor observation or confirmation		

NUMBER	**CONTEXTUALISED WORKPLACE KNOWLEDGE**	**DATE**	**SIGNATURE**
1.	Organisational procedures for assessing claims documentation and estimates.		
2.	Types of estimates, quotations, invoices, valuations and specialist reports used in the organisation.		
3.	Criteria used by the organisation when comparing repair, replacement or settlement options.		
4.	Roles of assessors, loss adjusters, contractors and other specialists in providing information used to evaluate losses.		
5.	Organisational requirements for recording discrepancies, obtaining		

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	additional information and maintaining an audit trail.		

WORK EXPERIENCE MODULE DETAILS			
WM-03-WE02	**SCOPE WORK EXPERIENCE**	**DATE**	**SIGNATURE**
WA0201	Determine the value of the loss using available evidence		
WA0202	Apply applicable policy limits, excesses and deductibles		
WA0203	Apply relevant financial calculations		
WA0204	Account for applicable adjustments when calculating the loss		
WA0205	Record the calculated quantum accurately		
	SUPPORTING EVIDENCE	**DATE**	**SIGNATURE**
SE0201	Completed claims calculation or quantum worksheet		
SE0202	Supporting calculations and documentation		
SE0203	Claims system record		
SE0204	Supervisor observation or confirmation		

NUMBER	**CONTEXTUALISED WORKPLACE KNOWLEDGE**	**DATE**	**SIGNATURE**
1.	Organisational procedures for calculating and recording claim quantum.		
2.	Application of policy limits, excesses, deductibles and other applicable adjustments.		
3.	Financial calculation methods used within the claim environment.		
4.	Organisational controls for checking the accuracy of claims calculations.		
5.	Requirements for recording calculations and maintaining supporting documentation.		

WORK EXPERIENCE MODULE DETAILS			
WM-03-WE03	**SCOPE WORK EXPERIENCE**	**DATE**	**SIGNATURE**
WA0301	Compare the calculated loss with the applicable policy cover		

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WA0302	Consider relevant limits, excesses, deductibles and other policy adjustments		
WA0303	Evaluate alternative repair, replacement or settlement options where applicable		
WA0304	Identify potential errors, inconsistencies or discrepancies in the claim and refer them where necessary		
WA0305	Formulate an assessment of the appropriate claim value		
	SUPPORTING EVIDENCE	**DATE**	**SIGNATURE**
SE0301	Completed claim valuation or assessment		
SE0302	Supporting policy and claims documentation		
SE0303	Comparison of applicable options or quotations, where applicable		
SE0304	Supervisor observation or confirmation		

NUMBER	**CONTEXTUALISED WORKPLACE KNOWLEDGE**	**DATE**	**SIGNATURE**
1.	Organisational criteria for evaluating claim values and available settlement options.		
2.	Relationship between quantified losses and applicable policy cover, limits and excesses.		
3.	Organisational procedures for dealing with discrepancies, claim adjustments and potential errors.		
4.	Roles of claims, finance, underwriting and relevant specialists in evaluating claim values.		
5.	Organisational approval and referral requirements relating to claim values.		

WORK EXPERIENCE MODULE DETAILS			
WM-03-WE04	**SCOPE WORK EXPERIENCE**	**DATE**	**SIGNATURE**
WA0401	Consolidate the supporting evidence and claim calculations		

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WA0402	Record the assessed claim value in the applicable organisational system or documentation		
WA0403	Prepare the required claim valuation or recommendation documentation		
WA0404	Identify matters requiring approval or referral		
WA0405	Submit the completed claim valuation through the applicable organisational process		
	SUPPORTING EVIDENCE	**DATE**	**SIGNATURE**
SE0401	Completed claim valuation or recommendation		
SE0402	Claims system record		
SE0403	Supporting calculation and documentation		
SE0404	Approval or referral record, where applicable		

NUMBER	**CONTEXTUALISED WORKPLACE KNOWLEDGE**	**DATE**	**SIGNATURE**
1.	Organisational procedures for preparing and submitting claim valuations and recommendations.		
2.	Delegated authority and approval levels applicable to claim values.		
3.	Required documentation and information accompanying a claim valuation.		
4.	Organisational audit-trail and record-keeping requirements for claim valuations.		
5.	Interdependencies between claims, finance, underwriting and other relevant functions when claim values are reviewed or approved.		

MODULE CODE	**MODULE TITLE**	**NQF LEVEL**	**CREDITS**	**MODE OF DELIVERY**

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431204-001-00-WM-04	Insurance Claim Communication, Negotiation and Stakeholder Engagement Processes	5	10	On-the-job. Simulated workplace activities may be used where actual workplace exposure is not available

WORK EXPERIENCE MODULE DETAILS			
WM-04-WE01	**SCOPE WORK EXPERIENCE**	**DATE**	**SIGNATURE**
WA0101	Communicate the claim assessment and proposed outcome		
WA0102	Explain the basis for the proposed claim outcome		
WA0103	Communicate relevant risk or underwriting information to the appropriate stakeholders where applicable		
WA0104	Respond to questions and requests for clarification		
WA0105	Use appropriate verbal and written communication		
WA0106	Record relevant communications and responses		
	SUPPORTING EVIDENCE	**DATE**	**SIGNATURE**
SE0101	Written claim assessment or proposed outcome communicated to the policyholder or relevant stakeholder		
SE0102	Claims system notes, correspondence or other record of communication		
SE0103	Record of communication relating to relevant risk or underwriting information, where applicable		
SE0104	Evidence of responses to questions or requests for clarification		
SE0105	Supervisor observation report		

NUMBER	**CONTEXTUALISED WORKPLACE KNOWLEDGE**	**DATE**	**SIGNATURE**
1.	Organisational procedures and standards for communicating		

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	claim assessments and proposed outcomes.		
2.	Communication protocols for policyholders, brokers, underwriters, assessors, service providers and other relevant stakeholders		
3.	Customer-centric culture aligned with Treating Customers Fairly (TCF), including appropriate handling of questions, concerns and requests for clarification.		
4.	Organisational procedures for communicating relevant risk and underwriting information to the appropriate stakeholders.		
5.	Confidentiality, POPIA and information-sharing requirements when communicating claim information.		

WORK EXPERIENCE MODULE DETAILS			
WM-04-WE02	**SCOPE WORK EXPERIENCE**	**DATE**	**SIGNATURE**
WA0201	Engage with policyholders regarding the claim and proposed outcome		
WA0202	Liaise with brokers and intermediaries where applicable		
WA0203	Liaise with underwriters, assessors and service providers where applicable		
WA0204	Obtain and provide information required to progress the claim		
WA0205	Address stakeholder questions and concerns appropriately		
WA0206	Maintain professional relationships with relevant stakeholders		
SUPPORTING EVIDENCE			
SE0201	Policyholder communication or contact record		
SE0202	Broker, intermediary or stakeholder correspondence		

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SE0203	Claims system notes or other communication records		
SE0204	Evidence of liaison with underwriters, assessors or service providers, where applicable		
SE0205	Supervisor observation report		

NUMBER	CONTEXTUALISED WORKPLACE KNOWLEDGE	DATE	SIGNATURE
1.	Roles and responsibilities of policyholders, brokers, intermediaries, underwriters, assessors, service providers and other relevant stakeholders.		
2.	Organisational communication procedures, approved communication channels and escalation routes.		
3.	Customer-centric culture aligned with Treating Customers Fairly (TCF) principles.		
4.	Confidentiality, POPIA and information-sharing requirements when engaging with stakeholders		
5.	Interdependencies between claims, underwriting, finance and other organisational functions.		

WORK EXPERIENCE MODULE DETAILS			
WM-04-WE03	**SCOPE WORK EXPERIENCE**	**DATE**	**SIGNATURE**
WA0301	Consider representations and information provided by relevant parties		
WA0302	Explain available claim outcome options		
WA0303	Negotiate the claim outcome within delegated authority and organisational procedures		
WA0304	Identify matters requiring approval or further authority		
WA0305	Record the negotiation and proposed or agreed outcome		

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	SUPPORTING EVIDENCE	DATE	SIGNATURE
SE0301	Claim negotiation or communication record		
SE0302	Claims system notes or correspondence		
SE0303	Evidence of approval or referral where applicable		
SE0304	Supervisor observation report		

NUMBER	CONTEXTUALISED WORKPLACE KNOWLEDGE	DATE	SIGNATURE
1.	Organisational delegated authority and limits applicable to claim negotiations.		
2.	Available claim outcome and settlement options within the organisation.		
3.	Organisational procedures for negotiation, approval and referral.		
4.	Conflict management, interpersonal and negotiation practices used in the claim environment.		
5.	Requirements for accurately recording negotiations, decisions and agreed actions.		

MODULE CODE	MODULE TITLE	NQF LEVEL	CREDITS	MODE OF DELIVERY
431204-001-00-WM-05	Claim Finalisation and Compliance Processes	5	5	On-the-job. Simulated workplace activities may be used where actual workplace exposure is not available

WORK EXPERIENCE MODULE DETAILS			
WM-05-WE01	**SCOPE WORK EXPERIENCE**	**DATE**	**SIGNATURE**

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WA0101	Confirm that required claim actions and documentation have been completed		
WA0102	Identify claims or outstanding matters requiring handover or escalation		
WA0103	Refer claims or matters to the appropriate internal department or external party, including legal or compliance where applicable		
WA0104	Prepare and transfer the relevant claim file, documentation and supporting information		
WA0105	Record the handover, referral or escalation and required follow-up actions		
WA0106	Complete the claim closure process where all required actions have been concluded		
	SUPPORTING EVIDENCE	**DATE**	**SIGNATURE**
SE0101	Completed claims closure checklist		
SE0102	Claim file or electronic file prepared for handover		
SE0103	Legal, compliance, recovery, subrogation or other referral record, where applicable		
SE0104	Handover or escalation correspondence		
SE0105	Claims system record showing handover, referral or closure		
SE0106	Supervisor observation report		

NUMBER	CONTEXTUALISED WORKPLACE KNOWLEDGE	DATE	SIGNATURE
1.	Organisational claims closure, file handover and escalation procedures.		
2.	Roles of legal, compliance, underwriting, finance, recovery, subrogation and other relevant internal and external functions.		
3.	Criteria for referring or escalating claims, disputes, complaints, recoveries and legal matters.		

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4.	Requirements for complete claim files, supporting documentation, secure transfer and audit trails.		
5.	Confidentiality, POPIA and cybersecurity requirements when transferring or handing over claim information.		

WORK EXPERIENCE MODULE DETAILS			
WM-05-WE02	**SCOPE WORK EXPERIENCE**	**DATE**	**SIGNATURE**
WA0201	Verify that required claims documentation and information are complete		
WA0202	Verify compliance with applicable legislation, regulatory requirements and organisational procedures		
WA0203	Apply ethical, PPR, TCF and confidentiality requirements when finalising claims		
WA0204	Verify that required approvals, referrals and authorisations have been completed		
WA0205	Verify that the claims record provides an accurate and complete audit trail		
WA0206	Identify and refer compliance or record-keeping concerns where necessary		
	SUPPORTING EVIDENCE	**DATE**	**SIGNATURE**
SE0201	Completed claims compliance or finalisation checklist		
SE0202	Completed claim file or electronic claims record		
SE0203	Evidence of required approvals, authorisations or referrals		
SE0204	Claims system audit trail or system record		
SE0205	Compliance or exception referral record, where applicable		
SE0206	Supervisor observation report		
NUMBER	**CONTEXTUALISED WORKPLACE KNOWLEDGE**	**DATE**	**SIGNATURE**

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1.	Organisational procedures and controls for reviewing and finalising claims.		
2.	Applicable legislation, regulatory requirements and organisational ethical standards relevant to claims.		
3.	PPR, TCF, POPIA, confidentiality and fair treatment requirements applicable to claim finalisation.		
4.	Delegated authority, approval, referral and escalation requirements.		
5.	Claims audit trails, record retention, data security and cybersecurity requirements.		

WORK EXPERIENCE MODULE DETAILS			
WM-05-WE03	**SCOPE WORK EXPERIENCE**	**DATE**	**SIGNATURE**
WA0301	Identify matters requiring underwriting or departmental input		
WA0302	Communicate relevant claim, cover, risk or rating information to the appropriate department		
WA0303	Identify and communicate relevant risk improvement opportunities where applicable		
WA0304	Obtain and record the relevant response, recommendation or instruction		
WA0305	Follow up outstanding underwriting or departmental requirements		
WA0306	Record the referral, response, recommendation and resulting action		
	SUPPORTING EVIDENCE	**DATE**	**SIGNATURE**
SE0301	Underwriting or departmental referral record		
SE0302	Correspondence or communication record		

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SE0303	Underwriting or departmental response or instruction		
SE0304	Claims system notes or file record		
SE0305	Supervisor observation report		

NUMBER	CONTEXTUALISED WORKPLACE KNOWLEDGE	DATE	SIGNATURE
1.	The role of underwriting in relation to insurance cover, risk, rating and claims.		
2.	Organisational procedures for referring cover, risk, rating and risk-improvement matters to underwriting and other relevant departments.		
3.	Interdependencies between claims, underwriting, finance, legal, compliance and other relevant organisational functions.		
4.	Delegated authority and referral requirements for matters requiring specialist or management input.		
5.	Requirements for recording referrals, underwriting advice, decisions, instructions and resulting actions in the claims record.		

NUMBER	ADDITIONAL ASSIGNMENTS TO BE ASSESSED EXTERNALLY	DATE	SIGNATURE
1.			

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