

**University of Economics, Prague**

**International Business – Central European Business Realities**



**Revision of Reporting Insured Events in the  
Company ING Životní Pojišťovna N.V.**

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**Declaration:**

I hereby declare that I am the sole author of the thesis entitled “Revision of Reporting Insured Events in the Company ING Životní Pojišťovna N.V“. I duly marked out all quotations. The used literature and sources are stated in the attached list of references.

In Prague on 7.9.2012

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Tereza Navrátilová

### **Acknowledgement**

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## List of Abbreviations

CEO	–	Chief Executive Officer
ČSOB	–	Československá Obchodní Banka
CZK	–	Currency Czech Crown
FAQ	–	Frequently Asked Questions
ING	–	International Netherlands Group
IT	–	Information Technology
NPS	–	Net Promoter Score
PDF	–	Portable Document Format
PIGS	–	Portugal, Italy, Greece, Spain
POS	–	Project Overview Statement
VAT	–	Value Added Tax

# Introduction

While deciding on the topic for my diploma thesis, I knew I wanted to write about a subject which would be beneficial not only from a theoretical perspective, but also from a practical point of view since the educational content in VŠE included theoretical as well as practical knowledge.

I have the pleasure to work as a project manager in the company ING pojišťovna N.V. pobočka pro Českou republiku and in this role I participate in the management of several projects. It was this experience that motivated me to choose this topic – Revision of Reporting Insured Events in the Company ING.

Because this issue is very specific, I would like to describe the content and purpose of this project so that it can be easily understood. The average person insured by any commercial company encounters problems while reporting their insured event because the forms are usually very complicated and sometimes unavailable. I wanted to change this situation in ING and bring new ideas and results to improve the company's market position and possibly increase its market share. Furthermore, I wanted to help people with reporting their insured events by creating a simple online form for reporting claims.

Therefore, the main goal of my diploma thesis is to explain how the process of solving claims works, analyze the weaknesses in this area and suggest some possible improvements which will be described in more detail in the practical part. I will do this through the use of an actual project called eLikvidace<sup>1</sup> which I led. I will try to present it in a simple, user-friendly manner in the hope that it will help potential readers to better understand this issue.

To meet this objective, I will divide my thesis into three main chapters. The first chapter is predominantly theoretical in order to provide some basic knowledge about the topic. The second and third chapters are mainly practical with some theoretical features. I want to provide some general overview of the topic and subsequently describe it more in detail with a final presentation of actual results.

In the first chapter, I will explain in general terms what insurance is and why people currently need it. Furthermore, I will describe the best known classifications of insurance. Since the project itself is about the process of resolving claims, I decided to devote the second half of

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<sup>1</sup> eClaims in English.

the theoretical part to this issue. I will explain what the claims settlement is and the main types of claims people encounter in their lives. Later, I will conclude the theoretical part by clarifying claims settlement with a map which I created to better understand this process.

The second chapter will be introduced by a short explanation of the history of the company ING which plays a significant role in my thesis. Furthermore, I will briefly introduce the project, continue with the analysis of the current situation at the company and then present my recommendations. Later, I will explain the incentives for the realization of the project. Market research is necessary before implementing the final version of the project and therefore could not be ignored in my thesis. One smaller chapter will be devoted to different versions of the project which were proposed with explanations of the options and why they were chosen. When realizing any project in ING, a so called Project Charter is used. I will explain what a project charter is to clearly illustrate the sense of the project.

Since the goal of this issue should be successfully concluded with an online form, it is important to present the task assignment. To better illustrate this topic, I attached graphics to clearly explain the logic behind it.

The most important part will be presented in the last chapter called Evaluation of the Project and, as its name suggests, it will be an assessment of the project after more than a year of implementation. I created a number charts in this part because I believe it is the best way to present the data in a clear way.

As this is quite a recent topic, and works in the online environment, there is not a great deal of appropriate literature available, which is why I used more online sources. I will try to explain this complicated topic in a simple way to be understandable to everyone. For better insight into the issue, I included a number of tables, pictures and charts to help the reader grasp what some may find to be a confusing subject.



# 1 Insurance

Over the past four years we have heard a lot of disturbing news about the financial and post - economic crisis. Each day we hear more about the situation in Europe, especially in PIGS states, and about the crisis in The Eurozone. It is no longer just about Greece. The number of problems rises each day throughout Europe. In The Czech Republic, labor strikes which were once uncommon compared for example to France, are now a weekly occurrence. There have been changes in law, taxes, VAT, pensions and other areas and in these days of uncertainty, people like to have at least some assurance of safety and that is the very definition of insurance. People welcome any kind of safety or protection because when faced with an unexpected accident, you want to be sure that “someone” will take care of it.

I would like to briefly explain what insurance is:

„Insurance, in the simplest terms, means that you pay a lump sum to get a leverage or protection against an accident of a large magnitude. So, when the unexpected misfortune is encountered, the insurance company can step in, helping you out to sail through the dirt. Insurance comes in many forms and types. You can have liability insurance, life insurance or property insurance and much more. This protection is for other people – people dependent upon for one thing to another. Property insurance is your protection procurement against any damage to your home items like unexpected bomb shelling, loss under floods, fire attack or other natural freaks. All professional persons like doctors, lawyers, get insured for their specific profession. “<sup>2</sup>

Because I will be writing more concretely about life insurance let me insert a short general definition of this type of insurance:

“Life Insurance is an insurance policy that pays monetary benefits upon the death of the insured person in the policy. Basically it is an agreement between the insurance company and the insurer wherein the former pays the later with the accepted amount of money as per the agreement in case of death, accident or serious illness. The insurer pays the insurance

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<sup>2</sup> [What Is Insurance, Your Guide for Insurance Questions,](http://whatisinsurance.org/) [retrieved 17.11.2011], Available from WWW: [<http://whatisinsurance.org/>.](http://whatisinsurance.org/)

company a premium as per the agreed in the legal documents of the policy and in return the insurance company pays back to the insurer either lump sum or in installments.

It is not necessary that the insurer is the sole beneficiary of the policy, in most of the cases the relatives of the insurer/business partners of the insurer have certain interests in the policy.

The life insurance policy is based on certain conditions such as death, and accident only. The policy becomes null and void in case of the suicide of the insured.

The calculations of the rate of interest, life insurance premium to be paid by the insurer are based on a number of factors. These are:

- **Age:** The life insurance premium depends on the age of the insurer. More the age of the person, more will be the insurance premium.
- **Health:** The second factor is the health of the insurer, if the person is suffering from heart disease or any chronic disease the insurance companies are taking more risk by giving the insurance policy to that insurance and since they are taking more risk thus more premiums would be required in that case.

Another factor that is taken into account is the mortality rate of the particular area....”<sup>3</sup>

In my thesis I will be dealing with life insurance in the Czech Republic, and to be more concrete with the subject of claims.

In the Table 1 on the next page we can see, how the trend in life insurance is in the Czech Republic. Numbers are in the thousands of Czech crowns. We can see, that the total number of contracts has declined, but the trend in number of new contracts is rising. We can see a huge decline between the end of year 2010 and the first quarter of year 2011, because of the economic crisis.

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<sup>3</sup> What Is Insurance, Your Guide for Insurance Questions, What is Life Insurance, [retrieved 18.11.2011], Available from WWW: <<http://whatisinsurance.org/what-is-life-insurance.aspx>>.

**Table 1: Overview of life insurance in the Czech Republic in thousands of Czech crowns**

	31.12.2008	31.12.2009	31.12.2010	31.3.2011	30.6.2011	30.9.2011	31.12.2011
<b>Total number of contracts</b>	10 104 445	9 349 600	8 919 070	9 002 807	8 750 701	8 732 623	8 688 059
<b>Number of new contracts</b>	1 241 298	1 134 451	1 438 364	403 634	781 561	1 122 298	1 525 440
<b>Number of reported claims</b>	951 141	977 606	1 169 730	321 218	605 237	855 673	1 151 400
<b>Number of outstanding claims</b>	127 737	135 202	124 255	120 823	117 641	118 239	116 021
<b>Gross premiums written</b>	56 900 714	60 209 323	71 764 862	19 479 492	37 256 520	53 803 010	72 010 655
<b>- single paid</b>	14 182 187	18 230 956	28 603 753	8 725 800	16 068 013	21 990 503	29 136 474
<b>- for new contracts</b>	16 062 334	20 066 706	30 416 052	7 800 968	14 607 164	20 745 202	27 512 667
<b>Premiums written, net of reinsurance</b>	55 448 359	58 696 450	70 175 033	18 841 627	35 911 110	51 772 383	69 170 637
<b>- single paid</b>	13 061 381	16 489 988	26 662 602	8 327 623	15 066 037	20 542 462	26 940 132
<b>Gross costs of claims</b>	30 576 022	33 400 171	36 544 534	10 419 118	21 288 779	30 894 189	42 070 733
<b>- by prematurely terminated contracts</b>	7 709 524	10 400 783	12 657 842	3 352 397	7 031 566	9 638 767	12899015

Source: Česká národní banka – ČNB, Own interpretation of the data<sup>4</sup>

## 1.1 Differences Between Life Insurance and Non - Life Insurance

The best known classification of insurance generally known among clients is its division into life and non-life insurance.

J.Daňhel, in his book called, Insurance Theory summarizes the main differences between life and non – life insurance in the following five points:

<sup>4</sup> Česká národní banka, Základní informace o životním pojištění podle odvětví životního pojištění, [retrieved 12.02.2012], Available on WWW: [http://www.cnb.cz/cs/dohled\\_financni\\_trh/souhrnne\\_informace\\_fin\\_trhy/zakladni\\_ukazatele\\_fin\\_trhu/pojisto\\_vny/poj\\_ukazatele\\_tab04.html](http://www.cnb.cz/cs/dohled_financni_trh/souhrnne_informace_fin_trhy/zakladni_ukazatele_fin_trhu/pojisto_vny/poj_ukazatele_tab04.html).

“From the possible options related to life insurance – survival or death during the insurance period – there’s only one and it’s accession is certain, while non – life insurance the number and size of the damages are uncertain;

in life insurance is in a case of claim is paid a fixed amount, in some non – life insurance the highest possible damage can be only estimated;

in contrast to life insurance in non – life insurance the amount of damage can rise to the pure premium, from ad – hoc reasons, in dependent on the calculation of the insurance company such as growth of rates;

for the same amount of premium is in the non – life insurance is covered risk which value often exceeds the sum of life insurance;

non-life insurance are actually contracted for one year, although they are continuously prolonged. However the insurance company can theoretically (but also legally) withdraw from the contract. By contrast, most of the life insurance is agreed for a fixed period, and in case that the insured doesn’t pay properly the insurance company has no option, how to cancel the contract.”<sup>5</sup>

### **Non – Life Insurance**

The main difference between life and non-life insurance is the calculation of premiums. Variables estimation of probability of non-life insurance is much less precise than for life insurance. Therefore, the insurance premium makes no reserve component, it is based entirely on the risk part. For this reason, the probability for a simplified model of life insurance cannot be calculated where the variable is dependent only on one factor.

### **Life Insurance**

Life insurance is a broad concept and includes a large number of different products. Its first appearance was insurance against death and the purpose was to ensure survivors. The concept of security, however, did not constitute their security needs on a large scale. It was more of the costs associated with the death of the insured, for example funeral etc. Later people began to realize the risks arising from their own survival at any age and the need to secure their later years when they will no longer be able to work.

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<sup>5</sup> DAŇHEL, Jaroslav, a kolektiv: Teorie pojišťovnictví, 1. vydání, Praha: Professional Publishing, 2005, pages 62 - 63

Law 363/99 Coll. about insurance, as amended distinguishes the life insurance and non-life insurance (§2, par. (1), points v,w). Life insurance is defined as a set of six sectors. The individual sectors you can see in the Table 2: Appendix No.1 to Act No.363/99 Coll. – Sector of Life Insurance.

**Table 2: Appendix No.1 to Act No.363/99 Coll. – Sector of Life Insurance**

Sectors of Life Insurance
1. Insurance on death only, assurance on survival, assurance on survival to a stipulated age or on earlier death, insurance of related lives, life insurance with return of premiums.
2. Wedding insurance or insurance of funds of alimony for children
3. Pension insurance
4. Insurance referred to points 1 to 3 connected to investment fund
5. Capital operations <ul style="list-style-type: none"> <li>a) amortization of capital based on actuarial mathematical calculation, which are opposed to single or periodic payments agreed in advance with a set accepted by duration and in the required amount ,</li> <li>b) management of group pension funds,</li> <li>c) actions followed by insurance guaranteeing the capital maintenance or a payment of minimum interest</li> <li>d) insurance relating to the length of human life which is regulated by the laws of social insurance, unless the law allows the insurance company to implement it on its own risk.</li> </ul>
6. Insurance in case of injury or illness, if it's an addition of any insurance according to sector 1 to 5

*Source: Zákony pro lidi – Appendix No.1 to Act No. 363/99 Coll. – Sector of Life Insurance<sup>6</sup>*

For Life Insurance it is characteristic for an insurance contract has a necessary condition, which is a review of the health status of the insured person. There are different extents of the review of a health status depending on the insured sum. The very lowest insured amount can be agreed sometimes without a deep examination of the health status. In higher insured sums is the candidate asked to fill in the health questionnaire, to provide a list of medical records to the insurance company and other requirements.

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<sup>6</sup> Zákony pro lidi, Předpis č. 363/199 SB, Zákon o pojišťovnictví a o změně některých souvisejících zákonů (zákon o pojišťovnictví), [retrieved 15.1.2012], Available from WWW: <<http://www.zakonyprolidi.cz/cs/1999-363#f1999693>>.

## 1.2 Typical Products of Life Insurance<sup>7</sup>

The list of products for Life Insurance is very long and varied. It is impossible to describe them all since all commercial insurance companies give their own marketing name to the product. This is because there are no directives to name them all the same. It is also hard to categorize them but the simplest way to divide them is as follows:

- **Temporary insurance of death**

Temporary insurance is the only risk insurance without a premium reserve. The insured amount is paid only in case of death of the insured. This insurance has a condition that the death must occur during the insurance period. At the end of this period, no amount is paid. This kind of agreement is concluded for a fixed period (usually between 5 to 25 years) or is concluded till some age (for example till 70 or 80 years). This temporary insurance is recommended to clients, who want a safety for their families. It serves for them also a cover for a mortgage loans.

- **Permanent insurance of death**

Permanent insurance in case of death is a lifelong insurance. The insured amount is paid always (in case of death), and the reserve is made similarly to capital insurance. This kind of agreement is concluded for an indefinite period, and the sum insured is paid only in case of death. The insurance is valid usually for a limited period (from 5 to 25 years) or till a certain age (for example till 85 years), but it remains in force until the death of the insured. Of course there can be some products with a shortened time of the premium payment. The insured amount is paid to the beneficiary or to the insured person after reaching the age of 85 years. Exemption of paying the premium occurs, for example, in case of disability.

- **Mixed life insurance**

This is insurance in the event of death or insurance for survival. It serves as a safety for families in the event of death but also it also creates resources for the continued survival of the insured. The insured amount is paid to the beneficiary in the event of death or to the insured after the maturity of the insured period. The advantage of this insurance is the

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<sup>7</sup> This chapter was based on the information from webpage Životní pojištění, Druhy ŽP, [retrieved 15.1.2012], Available from WWW: <[http://www.zivotnipojisteni.net/druhy\\_zp.htm](http://www.zivotnipojisteni.net/druhy_zp.htm)>.

share on profits as well as a wide range of different types of additional insurances. Mixed life insurance offers a range of options such as insurance in the event of death, and can be the same amount paid at the end of maturity or a higher sum can be arranged in the event of death (it can be up to three times higher than the amount paid by the maturity). It is also possible to arrange insurance with a double payment. The first one in the event of death of the insured and the second one at the end of maturity of the contract. With mixed life insurance, it is possible to make an agreement for two people – usually spouses or business partners. The insured amount is paid to one person in case of death of the second insured or to both of them at the end of maturity of the contract.

- **Investment life insurance**

Investment life insurance is insurance in the event of death or for survival – similar to mixed life insurance – but of course with some differences. The advantage is the possibility to use their financial resources for investment and mutual funds, bond funds, equity funds, and mixed funds, and thus they can make higher potential value for their money. This kind of agreement can be signed at any time between the ages of 15 and 60, or made for an agreed period from 5 to 35 years. The insured amount is determined only in the event of death. It is not set for survival, because this depends on the outcome of our investments.

- **Family insurance, children and youth insurance, scholarship insurance, and wedding insurance**

Commercial insurance companies offer various products to secure families, including insurance for children and youths. To secure children, life insurance can be used in case the insured determine children as beneficiaries.

Special combined insurance for children and youths provide a protection to the whole family. These are: Family Insurance, Scholarship Insurance, Wedding Insurance etc. In these cases, the insured are not only children, but also parents or other persons including grandparents, foster parents, etc.

- **Pension types of insurance**

This kind of insurance provides regular payments after the contracted age is reached. The insured may also choose a one-time payment. Products of pension insurance offered by

commercial insurance companies provide an extra insurance beyond retirement, disability, and survivors' pensions such as widows' and orphans' pensions. The basic element of this insurance is pension insurance similar to retirement pension which is paid under the social security state. The condition of payment of the agreed amount (or regular payments) is met when the age specified in the insurance contract is reached. The pension is payable for life but the insured can opt for a specific time of payment of the insurance benefits. It is usually 5, 10 – 20 years. It is also possible to choose a one-time payment.

Another type of pension insurance is the pension for survivors. This kind of pension is to provide income for survivors in the event of death of the insured, as long as the death occurs at the time of premium payment, or until the time of payment of basic pension. It must be maintained, however, on the condition that the death occurs after the period covered by the insurance contract.

- **Universal life insurance**

This product is sometimes called Universal Life in the professional praxis. It's a flexible life insurance product mixed with the amounts of premiums during the insured period. The client can modify the amounts that will contribute to their life insurance according to the current financial situation other differences from traditional life insurance are: the possibility of temporary suspension of premium payments, the possibility of partial selection of premium amounts before the date fixed in the insurance contract.

- **Types of additional insurance**

Additional insurance can be arranged by capital life insurance, retirement insurance and others. Commercial insurance companies do not include additional insurance together with risk insurance. Types of additional insurance are as follows: insurance of disability, insurance in case of an accident, insurance in case of death caused by an accident, insurance of serious illness etc.

In my first chapter I wanted to briefly describe, what is an insurance in general, why do people need it and how many insurance are in evidence from the past year 2011. Furthermore I wanted to explain, that the basic division of insurance is non – life and life.



My thesis will be further very closely related to a life insurance, that's why I wanted to briefly mention the most important types of a life insurance, because it's necessary for understanding the project, about which I will be further writing in the practical part of my diploma thesis.

## **1.3 Claims Settlement**

In the following chapter I would like to briefly explain, what a claim is in general. Later I would like to describe what types of a claim people may experience, what types of an insured event do solve in ING. Furthermore I will explain, how is the procedure of solving a claim set in ING company. This part is very important for later understanding the practical part and the purpose of the project, which was realized. And finally I will describe what the limitations of an insured event are.

Before I explain how the settlement of claims works, I would like to define, what an insured event is.

“It is any event that could cause an insurer to pay an indemnity. For example, in car insurance, an insured event may be a car accident, because it would cause the insurance company to compensate the policyholder for property damage and/or medical bills. Insurance companies base their premiums on the likelihood that an insured event may happen. For example, a younger driver may pay a higher premium than an adult, because younger drivers may be statistically more likely to cause an accident.”<sup>8</sup>

### **1.3.1 The Main Types of Claims Are:**

- The death of the insured before the end of insurance;
- Survival to the end of the agreed period of insurance/additional insurance;
- Waiver of paying insurance;
- Extension of waiver of paying insurance, termination of waiver of paying insurance;

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<sup>8</sup> The Free Dictionary by Farlex, Financial Dictionary, [retrieved 13.6.2012], Available on WWW: <http://financial-dictionary.thefreedictionary.com/Insured+Event>.

- Permanent consequences of an accident, respectively consequences of an accident;
- Consequences of child injury;
- Posttraumatic hospitalization;
- Hospitalization due to sickness;
- Inability of work due to accident;
- Serious disease;
- Full disability pension due to injury;

The insured events are settled at the department of claims.

At the department of claims in ING, they usually have to deal with the insured events such as listed in the: Table 3: Types of insured events solved in the claims department ING

**Table 3: Types of insured events solved in the claims department ING**

<b>A natural death of the insured</b>	- the company pays the agreed sum to the beneficiary
<b>A death cause by an accident</b>	- the company pays the agreed sum. If the client has an additional accident insurance, then the beneficiary will receive the insurance coverage for this additional accident insurance
<b>(Permanent) consequences of an accident</b>	- the company pays to the insured appropriate % from guaranteed insurance sum or an indemnity for actual additional insurance
<b>(Posttraumatic) hospitalization</b>	- the company pays the agreed amount of daily compensation to the insured
<b>Inability of work due to an accident</b>	- the company pays the agreed amount of daily compensation to the insured
<b>A diagnosis of serious disease</b>	- the company pays the agreed sum to the insured sum for additional insurance for serious diseases according to the conditions in the insurance agreement
<b>A waiver of paying an insurance</b>	- the company starts paying the insurance sum instead of the insured according to the applicable conditions

*Source: ING Internal Sources- own interpretation of the data<sup>9</sup>*

<sup>9</sup> Memo pro OS ING č9/2012, Šašková S., [online/PDF], [retrieved 12.7.2012], Available only for internal employees from ING on WWW: <<http://www.ingpojistovna.cz/prihlaseni/vstup-pro-poradce/>>.

### 1.3.2 The Process of Claims Settlement

To start the process of claims settlement a written report must be sent – a **claim notification**.

There are several ways how to report it. It is possible via:

- Through the online form eLikvidace<sup>10</sup>, which is the result of the project;
- Fill in the form with an agent;
- Fill in the form with a broker;
- Fill in the form by yourself and send it by post;
- Fill in the form at the “Orange House” – it is an office in Prague – Anděl, which is available for clients.

The insured event must be reported on the current form “Claim notification”. The liquidator when dealing with claims always proceeds according to the conditions of the contract under which evaluate the specific claim. All of the claims, which had been investigated by police must contain a report on the completion of the investigation of Police CZ. To those claims which happened in a foreign country you must enclose an official translation of enclosed documents.

A client also has a possibility to report a claim via contact centre, where he or she will receive the necessary information and also a contact to an agent. The contact centre inform the department of claims, where they register the date of the report, but the official registration of claim is always after receiving the paper report.

### 1.3.3 Process of Liquidation

1. Everything has been filled in properly, it is confirmed by a doctor, all the required documents are enclosed for the specific claim, and the client is identified.

The notification of claim is introduced in the system, and if the telephone number is correct, the client receives automatically text message (SMS) or email. The liquidator after studying all the documents will evaluate the right to the insurance indemnity, and the

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<sup>10</sup> eClaims in English.

way, how and where the amount will be paid (on account etc.). The liquidator can consult the decision with a doctor. The doctor is available at the company for such purposes.

The decision is forwarded for an approval and control of the letter by another person – it could be a liquidator specialist, team leader or manager.

The letter is sent to the client and the copy of the letter is sent to the agent. Currently is prepared another option – to send the final evaluating letter only via email. When it comes to the real payment, it's controlled by the second person.

Payment is sent:

- When it's up to 20 000 CZK it's sent to the client without restrictions;
- from 20 001 CZK an official signature verification is necessary.

The following day the amount is confirmed for fulfillment by a team leader and it's transferred to the financial department.

2. The second case is when the report is not filled in properly, and it's necessary to complete missing data. It is possible for some different reasons to make further investigation of the claim, for example in case of:

- High insured sum;
- Short period of coverage;
- Car accident;
- Unclear causes of the insured event, etc.

The company request a letter of a statement of medical records, police protocol, autopsy protocol, a court judgment, documentation from the Social Security Administration, information from a notary, executor, bank etc. – the copy is always sent to the agent. If it's impossible to solve the claim within one month, the company informs the client. The company also explains why it takes so long, urges the client to provide the missing documents and the agent is informed. Other reminders are sent continuously once a month. If the claim is not closed within nine months, the client is informed by another letter (under the law), why it couldn't be solved. The client may ask for a review of the claim. This request must ask for this review in a written form with a new evidence relating to the claim.

**Documentation required for the conclusion of the investigation for each type:**

- Inability to work
  - In case of inability to work it's necessary to report this claim to the company till the date of standstill period. This period depends on the

type of insurance, and it can be from the 15<sup>th</sup>, 29<sup>th</sup> or 43<sup>rd</sup> day. In case of late report the company shortens the indemnity. The claim must be accompanied with a form “Evidence of incapacity to work”, which is filled in by a doctor.

- Hospitalization

- In the event of hospitalization, it is necessary to provide evidence of the claim report, which is confirmed by a doctor and a certified copy of the discharge summary.

- Death

- It's always necessary the cause of death. It's for example:
  - An autopsy protocol
  - A confirmation from the hospital, where the insured died
  - A confirmation from a general practitioner
- All of the documents must be authenticated. It's necessary to identify the beneficiary person. In case of underage beneficiary person, the address of a legal guardian must be filled in. If the insured event was investigated by police it's necessary to attach the police report.

- Waiver of paying the insurance

- The client must attach a copy of invalidity pension of the third degree.

- Serious disease

- The client must attach documents required in “Report of insured event” – this depends on the concrete diagnosis.

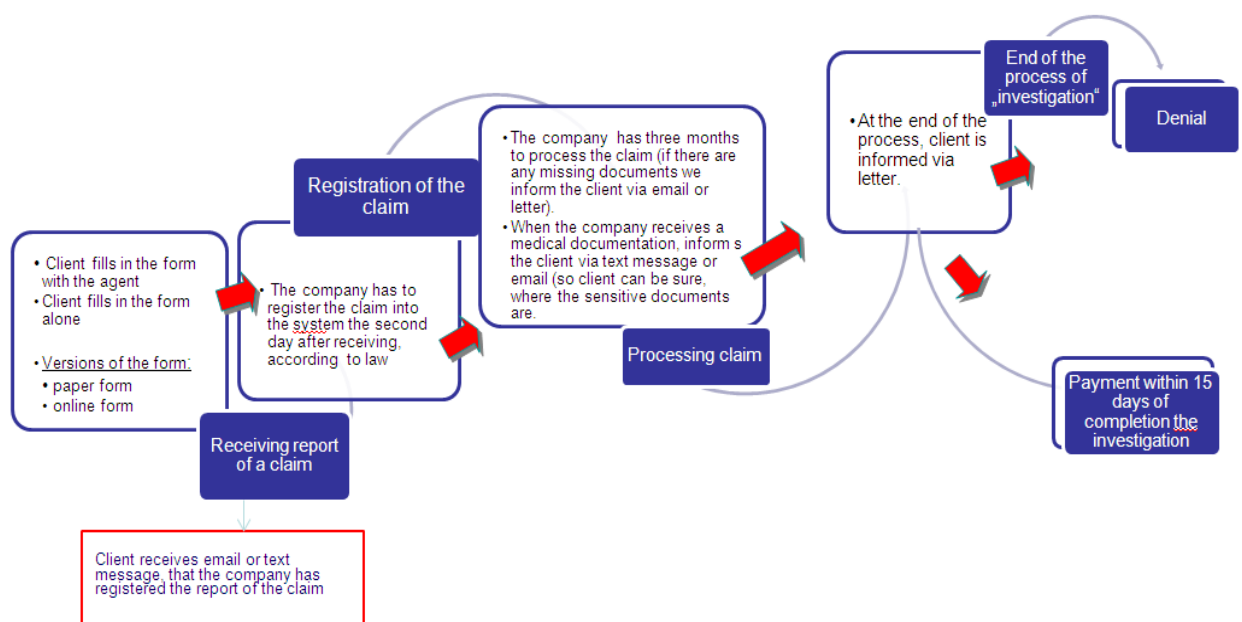
- Accidents

- There are several additional insurance for accidents. Permanent consequences are evaluated after a year from the injury. The time of necessary treatment for treatment of the injury must be demonstrated with a confirmed time of the treatment confirmed by a doctor, and must be reported after one month from the end of curing. In case of late

report the company has the right according to the policy conditions to shorten the indemnity.

For better understanding the claims process I've made my own research, how does it work step by step on each department and created the claims process map available at Picture 1: Claims Process Map. I hope this will help you to imagine the whole process beginning with receiving a report of a claim to the end of the process of investigation.

**Picture 1: Claims Process Map**



*Source: Author – own research*

### 1.3.4 Limitations of Indemnity

Paying an indemnity has of course some limitations, why it won't be paid to the claimant of an indemnification. In the paragraphs bellow I will explain the examples of the limitation.

**Limitation of indemnification is possible for the following reasons:**

- Can occur if the insured event is in connection with a negligence of intentional criminal act which caused a serious injury or a death;
- If the insured event is a result of intoxication or due to application of narcotic or toxic substances or due to repeated use of alcohol or narcotics or repeated application of toxic substances;
- If there was determined lower indemnity based on false or incomplete answers of the policyholder or the insured person replying to the questions of the agent regarding the insurance contract;
- Due to incorrectly filled in the date of birth or sex of the insured there were set wrong technical insurance specifications;
- In case that the insured person doesn't look for an immediate medical treatment after the injury or if the insured doesn't behave according to the doctor's instructions;

### **1.3.5 Refusal of Indemnity<sup>11</sup>**

The insurance company can in some special cases refuse paying the indemnity. If the insurance company knows after the insured event, that the cause of the event is a fact, which the company didn't know because it was impossible due to false or incomplete answer of the policyholder by conclusion of the insurance contract, and if this fact was important for agreeing the insurance contract. In that case the insurance company is entitled to refuse paying the indemnity. This provision is applied also separately to each rider of an additional insurance. It means for example that the insurance company can refuse paying the indemnity from rider (additional insurance) of serious disease, and the rider expires, but other types of the additional insurance don't have to expire, because concealed facts do not affect the medical underwriting of these products.

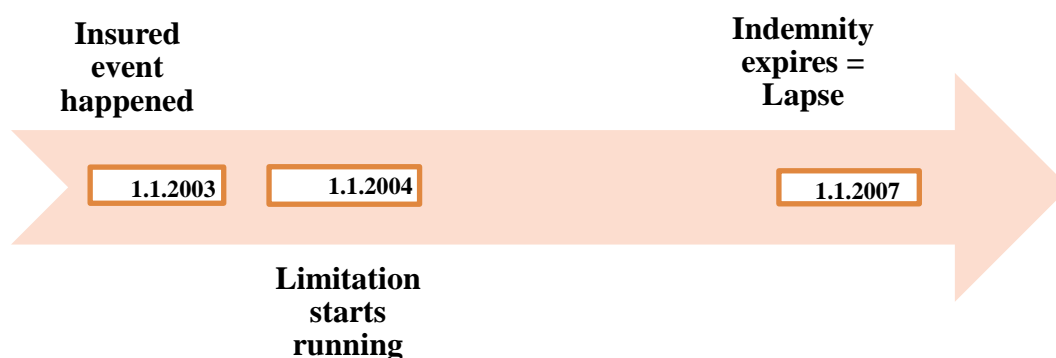
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<sup>11</sup> This paragraph is based on source: POSLANECKÁ SNĚMOVNA PARLAMENTU ČESKÉ REPUBLIKY, Sněmovní tisk 303/0, část č.1/2 V.n.z o pojistné smlouvě – EU, [retrieved 13.7.2012], Available on WWW: <http://www.psp.cz/ff/72/a1/6a/08.htm>.

### 1.3.6 Lapse<sup>12</sup>

Till 31.12.2004 the conditions of lapse were different. According to General Insurance Conditions for Life Insurance § 17 by the indemnity from the insurance contract the time of limitation started running one year after the insured event. The time of limitation were 3 years, so it means, that the indemnity expired 4 years after the insured event. By comparing these two acts we can see, that now the time of limitation is much longer than it was before year 2005. For better understanding I created a simple Picture 2: Timeline of lapse of any agreement signed before 1.1.2005.

**Picture 2: Timeline of lapse of any agreement signed before 1.1.2005**



*Source: Author*

From 1.1.2005, according to Law on Insurance Contract § 8, and § 54 by the right of indemnity from the insurance contract the time of limitation starts running one year after the

<sup>12</sup> This paragraph is based on these sources:

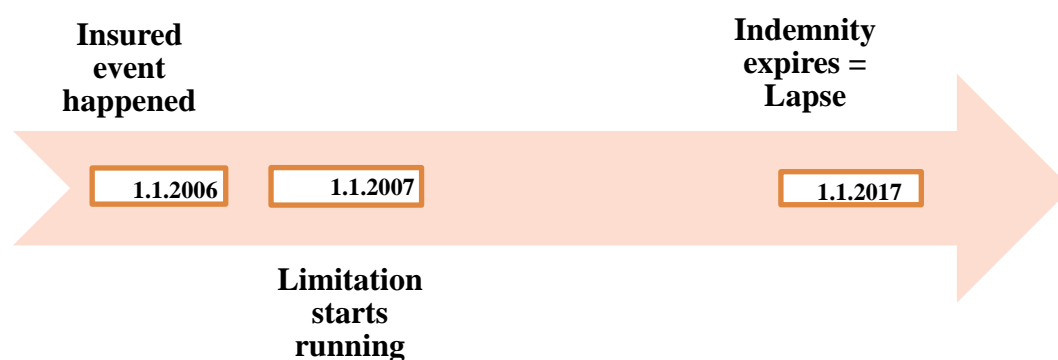
BUSINESS CENTER, Zákon o pojistné smlouvě, Zákon č. 37/2004 Sb., o pojistné smlouvě a o změně souvisejících zákonů, [retrieved 14.7.2012], Available on WWW: <[http://business.center.cz/business/pravo/zakony/pojistna\\_smlouva/cast1h1.aspx](http://business.center.cz/business/pravo/zakony/pojistna_smlouva/cast1h1.aspx)>.

ING Životní pojišťovna, Všeobecné pojistné podmínky pro životní pojištění, [retrieved 14.7.2012], Available on WWW: <<http://www.ingpojistovna.cz/o-ing/pravni-ustanoveni/vseobecne-pojistne-podminky-pro-zivotni-pojisteni.html>>.



insured event. The time of limitation is 10 years, so it means that the indemnity will expire 11 years after the insured event. For better understanding I created a simple Picture 3: Timeline of lapse of any agreement signed after 1.1.2005.

**Picture 3: Timeline of lapse of any agreement signed after 1.1.2005**



*Source: Author*

## **2 Revision of Reporting Insured Events in the Company ING Životní Pojišťovna N.V.**

### **2.1 ING Životní pojišťovna<sup>13</sup>**

#### **ING worldwide**

ING is a global financial institution with Dutch origins. The CEO of ING Group is Jan H. M. Hommen and its' headquarters is in Amsterdam, the Netherlands. ING offers retail banking, direct banking, investment banking, asset management, and finally insurance services. ING Group was established in 1991 by merging Nationale – Nederlanden with NMB Postbank Group. In recent years, ING has become a multinational company with very diverse international activities. ING roots date back to the insurance companies De Nationale Levensverzekering Bank and De Nederlanden van 1845 and also banks such as Rijkspostspaarbank De and De Postcheque – and Girondienst, as well as Middenstands Nederlandsche Bank. These are all predecessors of the “founding fathers” of ING – Nationale Nederlanden and NMB Postbank Group. The oldest legal predecessor of ING is Kooger Doodenboss from the city of Koog in the province of North Holland, founded in 1743. At that time there were many regional funds, which insured people from different communities, professions, as well as widows and orphans. Many of these small businesses were finally taken over by larger nationwide companies such as De Nationale Levensverzekering Bank. International activities first began to develop with fire insurance. This type of insurance was offered in Dutch India, but later it also expanded to the rest of Asia and America. Thanks to this trend, the basics of an international company were formed, such as ING today.

The division of Dutch Protestants, Catholics, and socialists/liberals is reflected in the history of ING. Banks with Catholic or Protestant roots merged with NMB and became a part of ING. Professional groups in the banking sector were also merged. Organizations like Credietbank for Koffiehuis en Restauranthouders (pubs and restaurants), the Bank voor day Diamanthandel (trade with diamonds) and Vakbondsspaarbank (Trade Union Savings Bank) have participated in several mergers and acquisitions, and finally became part ING Bank, and therefore a part of ING Group.

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<sup>13</sup> This chapter is based on the internal document called ING Lexikon, [retrieved 27.5.2012], Available on WWW: <<https://www.eisis.ing.cz/eisis/webstenka/StromTree.html>>.

The foundations of ING as a single company began in 1990, when there were no longer any legal obstacles for merging saving banks and commercial banks in the Netherlands. This resulted in negotiations between Nationale - Nederlanden and NMB Postbank Groep Bank. The merger into the company Internationale Nederlanden Groep took place in 1991. The market abbreviated the name to ING soon. The abbreviation “ING” of course stands for International Netherlands Group. The company followed this trend and changed the name to ING Groep. Since 1991, ING changed from a Dutch company with some international activities to a multinational company with Dutch roots.

In addition, ING had bought some companies which were later sold. The first big acquisition occurred in 1995, when ING took over Barings Banks. Thanks to this acquisition, the brand awareness of ING increased all around the world. The presence of ING in the large banking sector in emerging markets was strengthened. Some of the Barings Bank’s activities were incorporated into ING branches, while its other divisions were closed or sold off. In 1999, when they had to implement the company CenE bankeries also played an important role in the history of ING. Since 1996 it has been a part of NMB, but in 2004 ING decided to sell this bank. Then there was Life of Georgia savings bank. In 1979, it was acquired by Nationale – Nederlanden which led to a significant increase in the activities in the United States, and also in Asia. In 2004, as ING Group had well established itself in those regions, the company decided to sell Life of Georgia. Other acquisitions such as the Belgian Bank Brussels Lambert strengthened the position of ING Group in Benelux.

ING also operates in other parts of the world. In 2001, ING bought a majority share in the Polish bank Slaski. In the same year ING acquired the remaining share in Mexican savings bank – Seguros Commercial América. ING established a partnership with the Beijing bank. This step strengthened the ING position in emerging Asian markets.

During its short existence, ING has grown into a diverse international company; which specializes in three areas of growth: direct banking, pensions and emerging markets.

ING was also the 17<sup>th</sup> largest corporation by revenue according to Global Fortune in year 2011. In that year the Group reached a revenue of 147,052 in \$ millions.<sup>14</sup>

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<sup>14</sup> CNN Money, Global 500, Our Annual Ranking Of the World’s Largest Corporations, [retrieved 27.5.2012], Available on WWW: <[http://money.cnn.com/magazines/fortune/global500/2011/full\\_list/](http://money.cnn.com/magazines/fortune/global500/2011/full_list/)>.

## **ING in the Czech Republic**

The ING financial institution has been operating in the Czech Republic since 1991 through the Prague branch of ING Bank. At that time, it was called International Nederlanden Bank. A year later, ING Life Insurance Company, under the original brand Nationale – Nederlanden, entered the Czech market. With the acquisition of the Industrial Pension Fund in 1995, ING has extended its range of pension insurance. In 2003, the integration of the Czech and Slovak parts of ING was completed. In the same year, a rebranding of all companies under a common brand ING took place.

In 2009, ING made arrangements with the European Commission to allow the restructuring, which included the division of ING Bank and Insurance. The division started at the beginning of 2011, and should be finished by the end of 2013. Since 1.1.2011, the operating activities between ING Bank and Insurance have been divided, and both entities have been operating as two separate companies within the parent company ING Group. In 2011, the internet banking, webpage, and other online tools of the two entities were divided.

However, even after the division of ING Bank and ING Insurance Company, they remain key business partners to each other. This division is not a regional change, but rather a global project, which applies to all markets where ING operates.

## **2.2 The Introduction of the Project**

In the practical part of my thesis, I would like to focus on a project, which I partly led in my present job. As a Project Manager, I come into contact with many such projects. This one is called eLikvidace (= “eClaims”), and, simply said, the core of this project is to transfer reporting insured events from traditional „paper“/”written” to an electronic form. In the following lines, I would like to explain in more detail why this project is supposed to be realized. But first I will write a few words about the department, which processes claims, to understand the logic as to why this project so important. This department is appropriately called “Claims”.

### **2.2.1 Analysis of the Current Situation and Recommendations for Improvement**

In the following lines I would like to briefly describe the problems of the current system and some recommendations for improvement. Both of these aspects will be described in more details later in the thesis.

#### **Problems in the current process of reporting insured events**

- Broker does not resolve the claim with the client. He refers the client directly to the contact center. However, there are not enough qualified people to handle claims;
- A similar problem starts to occur involving agents;
- Client does not want to talk about his or her personal problems with another person (an agent);
- Doctor does not provide the necessary documentation on time or at all, and the client interprets this as an intentional delay of payment of indemnity;
- Clients fill in the reporting forms incorrectly and do not understand them, despite the fact that the forms have been modified to be simpler and clearer;
- It is not possible for the agent or client to see the current stage of the liquidation process. Agents receive only a report with pending claims, without any detailed information;

#### **Suggestions for a smoother process of reporting insured event**

- Agent should provide complete service to client – completes the form with the client and offers advice – unreal;
- Clients should be able to call their home branch of ING and speak to a claims specialist who will help them complete the form from the beginning– unreal;
- Clients should complete the intelligent online form alone – our goal;
- If the indemnity is not such a high sum, there is no need to have an officially certified signature – this would be nice to have

### **2.2.2 Revolution in Reporting an Insured Event**

The core problem, and the reason why this project was launched, is the difficulty for ordinary people to fill in the form for reporting the insured event correctly. Imagine that you signed an insurance agreement, and you have an accident. Of course you have to report this event to get your indemnity. The problem begins, when you have to fill in the written form, which is usually a very long and complicated process because you have so many insurance event options. This paper form is almost universal for all the types of insured events (the form will be attached at the end of the thesis), so that it can any accident. It is typical for many commercial insurance companies to have one ordinary written form for almost every kinds of claim.

This complicated process of reporting insurance events desperately needed some significant improvement. The problem is the lack of a control mechanism which would guide the clients through the process and fill in the form correctly. Clients frequently filled the form with mistakes, which led to interventions from the claims department and went hand in hand with delayed processing of insured events-and late payments of the indemnity, all of which causes a dissatisfaction of the client with the company's unprofessional service. Although the written form was simplified many times, it still causes problems.

As you can see from the previous description, the written/paper form is quite confusing. Any ordinary person unable to cope with this messy document calls his or her agent to arrange a meeting because of the need to report an insured event. Agents should, of course, be available for their clients in terms of further service after signing an insurance agreement, but it diverts their time away from creating new business, which is unfavorable for the company. It is important to have satisfied clients, but on the other hand, creating new business is also necessary for company growth. In addition, agents are not always available and the contact center is also busy so that you can't please everyone, every time.

Further problems involve the brokers, the external partners, who do not provide service to their clients and have to rely on the contact center. The external partners focus on a different kind of business and they usually do not provide service to their clients.

All of these aspects, and some others which will be explained later in my work, led to the initiative to support this project, and to create something revolutionary, more professional and simple. This is the project eLikvidace<sup>15</sup>

The name of this project comes from two words: electronic for E and Likvidace, which stands for Claims in the Czech language. This title was chosen, because it simply expresses what it is about and it is easy to remember.

I would like to briefly describe some of the positive aspects of the project and what the main benefits are:

- Increased number of insured events, which the client reports alone – this positive aspect goes hand in hand with other benefits like:
  - Cost saving;
  - Saving time of our agents → greater efficiency;
  - Saving employees' time at the claims department → greater efficiency of these employees; because any time they receive incorrectly filled form, they have to contact the client or agent and try to solve this problem, ask for necessary documents, or ask for any missing information – this process is very time consuming
- Improving the quality and professionalism of services provided by us and thereby enhancing the image of the company
- Reduction of incorrectly or incompletely filled in forms

## **2.3 New Risky Products**

I already described the most important impulses for the realization this project, but another equally important reason is the introduction of two new risky products. Whenever an insurance company decides to bring a new risky product to the market, there is an expected increase in number of claims. This was to be expected, as was a need of some significant change to make the process of reporting claims smoother, and the project eLikvidace was supposed to be the solution.

These new products were quite revolutionary among the list of ING products because they filled the gap of missing, very flexible products suitable for active and young people. Now I

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<sup>15</sup> eClaims in English

would like to explain the main difference between ING Smart<sup>16</sup> and ING ProAktiv<sup>17</sup>, because someone might ask why they had to implement two very similar products at the same time.

The main difference between these two products is that ING Smart was primarily created for brokers, while ING ProAktiv was created for agents.

To clarify the difference between a broker and an agent, I would like to briefly explain the structure of the business force in ING. The volume of sales is ensured by diverse distribution channels.

The most important ones are:

- Agents – who work only for ING and sell ING products exclusively;
- Brokers – who are our external partners. They sell ING products, but not exclusively. They sell also products of other companies.

### **2.3.1 ING ProAktiv**

Risk insurance ING ProAktiv is a product for active life, as is evident from its name. ING ProAktiv differs from other products because it is unusually flexible for such a conservative company as ING.

It is suitable for singles or families, and it can be changed at any time. This product is perfect for people who realize the risks possible in their active lives and they want to be protected from those risks. It is for people who like the feeling of freedom, and who require insurance which will not limit them, and which they can change spontaneously.

Main characteristics of ING ProAktiv reflecting the requirements of the target market:

- Flexibility, and no fixed combinations;
- The possibility to insure more people on one contract;
- The adequacy of insured sums and premiums to be paid;
- The most interested people in ProAktiv were families with children and young couples, which could create further business;

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<sup>16</sup> ING Smart is the first new product created for brokers;

<sup>17</sup> ING ProAktiv is the second new product created for agents;



- Young people have a low interest in a life insurance but huge interest in risk insurance;
- Attractive name ProAktiv

On the Picture 4 you can see the official promo picture of new product ING ProAktiv. I attach this picture, because I think that it is important to see, which colors and design ING uses for promotion. It will help you to understand the design and colors of the online form.

**Picture 4: Official promo picture of ING ProAktiv**



*Source: The Official Webpage of ING, ProAktiv<sup>18</sup>*

### 2.3.2 ING Smart

ING Smart is the second of the two products which were launched in 2010 and which reinforced the necessity of an online form for reporting claims.

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<sup>18</sup> [ING Pojišťovna, ING ProAktiv,](http://www.ingpojistovna.cz/pojisteni/tradicni-pojisteni/ing-proaktiv/) [retrieved 15.06.2011], Available on WWW: [<http://www.ingpojistovna.cz/pojisteni/tradicni-pojisteni/ing-proaktiv/>.](http://www.ingpojistovna.cz/pojisteni/tradicni-pojisteni/ing-proaktiv/)

ING Smart is for people who are looking for a universal life insurance, which would be able to adapt to all their requirements. ING Smart was primarily created for our external partners and brokers. It is the most flexible product in ING.

It is a smart product that reflects the needs of young people who need flexibility all the time. It provides insurance coverage, but also the ability of financial reserve.

ING Smart is for everyone who wants to protect themselves and their lifestyle now and in the future. It is for young people who like the feeling of freedom. It is important for them that their insurance is not a limitation in the long term. Young people like to change their insurance often. This product was very successful and won the prize – Life Insurance of the Year 2011.

“Professional jury appreciated especially the ability to adapt to the current life situation and financial situation of the client, high limits of the insured sums, without examining the health status and the quality of the insurance for permanent disability, where the valuation of each particular accident is available directly in the insurance conditions (in the insurance agreement). ING won among all other insurance companies which offer at least one life insurance product.”<sup>19</sup>

**Picture 5: ING Smart won “Life Insurance of the Year 2011”**



*Source: The official webpage for ING Smart<sup>20</sup>*

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<sup>19</sup> ING SMART, ING Smart životním pojištěním roku 2011, [retrieved 12.7.2012], Available on WWW: <http://www.ingsmart.cz/oceneni/>.

<sup>20</sup> ING SMART, ING Smart životním pojištěním roku 2011, [retrieved 12.7.2012], Available on WWW: <http://www.ingsmart.cz/oceneni/>.

## 2.4 Market Research

Market research helps all companies deal with the need for gathering information about the market. The research of your competitors is an important aspect if you want to gain a competitive advantage.

Therefore, when you are deciding if some project should be realized, one of the big challenges is to cope with your competitors, or even better, to beat them. That is the reason why at least one smaller part of this project is the research our competitors, the market research. Market research can be but I would like to point out the two descriptions below:

“Market research is the collection and analysis of information about consumers, competitors and the effectiveness of marketing programs.

Small business owners use market research to determine the feasibility of a new business, test interest in new products or services, improve aspects of their businesses, such as customer service or distribution channels, and develop competitive strategies.

In other words, market research allows businesses to make decisions that make them more responsive to customers’ needs and increase profits.

While market research is crucial for business start up, it’s also essential for established businesses. It’s accurate information about customers and competitors that allows the development of a successful marketing plan.

While it’s common for businesses to hire market research companies to conduct market research for them, it is possible for small business owners to do their own.”<sup>21</sup>

“Market Research is a systematic, objective collection and analysis of data about a particular target market, competition, and/or environment. It always incorporates some form of data collection whether it is a secondary research (often referred to as desk research) or primary research which is collected direct from a respondent.

The purpose of any market research project is to achieve an increased understanding of the subject matter. With markets throughout the world becoming increasingly more competitive,

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<sup>21</sup> ABOUT.COM, Market Research by Susan Ward, [retrieved 18.7.2012], Available on WWW: <<http://sbinfoCanada.about.com/od/marketing/g/marketresearch.htm>>.

market research is now on the agenda of many organizations, whether they are large or small.”<sup>22</sup>

As long as this project is not a huge one in terms of an international company, we decided on “Do-it-yourself” market research.

When you do research for your project, you have to determine your main competitors on the market. There are several savings banks, commercial banks and insurance companies on the Czech market, but I chose to compare Česká pojišťovna, Česká podnikatelská pojišťovna, Kooperativa and Generali, because these are the strongest players on the market and they have an online reporting system. It is for these reasons that I picked them to explore more deeply.

When you start to realize an invention or idea in an area wherein your competitor is ahead, the positive aspect is that you have a source of inspiration. You can examine what you would like to have in your project, but also what you should avoid. This can be very helpful and it can save you plenty of time and make your work easier and more effective.

Since the project is about reporting insured events online, I had to explore their websites to get to know how their online system is formed, whether it is easily understandable, etc. I will attach one screenshot to each company which I will examine to illustrate the overall result at the end.

When you do market research on your own, you have to set some criteria on which to focus.

I chose to concentrate on:

- Clarity – if the website is well arranged and easy to understand;
- Clicks – approximately how many clicks you must make before finding the form;
- Graphical attractiveness – if the page is made in an eye-catching design;
- Type of insurance – what type of insurance you can report online (life, car, etc.);
- Language – in how many languages can you report online, if any

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<sup>22</sup> MARKET RESEARCH, BY DJS RESEARCH LTD., Definition of Market Research, [retrieved 18.7.2012], Available on WWW:  
<[http://www.marketresearchworld.net/index.php?option=com\\_content&task=view&id=14&Itemid=38](http://www.marketresearchworld.net/index.php?option=com_content&task=view&id=14&Itemid=38)>.

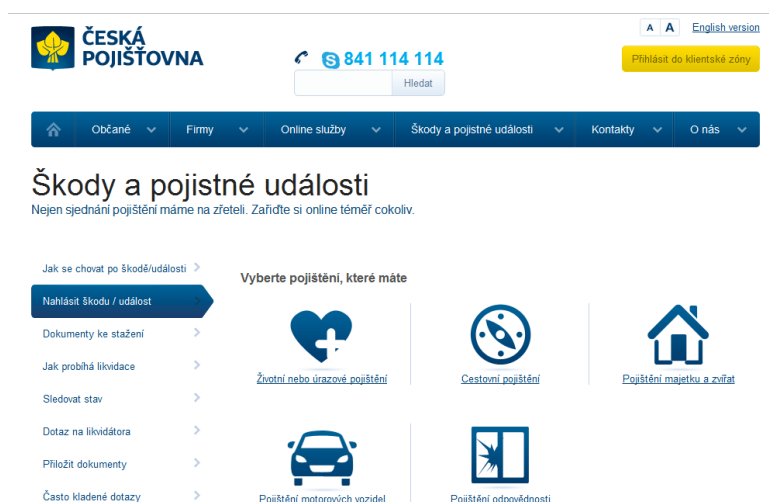
1) As my first choice, I decided to explore the websites of **Česká pojišťovna**, because they are one of the main players on the market and came first with this system. Their webpage is graphically very clear and you know very quickly which type of form you should use and how to complete it. Furthermore, telephone number you should call and whether they inform you that these forms are also available at their branches. You do not need to click too many times to get what you want. You can report online many types of insurances, so everyone will find what he or she is looking for.

You can report for example:

- Life or accident insurance
- Travel insurance
- Property or animal insurance
- Car insurance
- Liability insurance

However, you can report online only in the Czech language. They offer the possibility to get information about the process of your insured event, which is another benefit. Fill in the online form and you will receive a response as to the current stage of your insured event.

### **Picture 6: The Official Website for Reporting Claims – Česká Pojišťovna**



Source: The official website of Česká Pojišťovna, 15.10.2011<sup>23</sup>

<sup>23</sup> [Česká pojišťovna, Škody a pojistné události](http://www.ceskapojistovna.cz/skody-a-pojistne-udalosti#nahlasit), [retrieved 18.04.2011], Available on WWW: <<http://www.ceskapojistovna.cz/skody-a-pojistne-udalosti#nahlasit>>.

- 2) The second company in the comparison is **Česká podnikatelská pojišťovna, Vienna Insurance Group**. Their website is easy to navigate, very simple, but looks a bit infantile, because they use two famous cartoon characters from the television series “Pat & Mat”. The main problem is that the page with the information about reporting insured event is too austere. Only text with the necessary PDF documents is available which you need to download, fill in by hand and send. That leads to the biggest disadvantage from my point of view because only car accidents are reported online. You cannot report life insurance online. You find what you want to report quickly, but only in the Czech language.

**Picture 7: The Official Webpage for Reporting Claims – Česká Podnikatelská Pojišťovna**



Source: Official website of Česká podnikatelská pojišťovna, 15.10.2011<sup>24</sup>

- 3) The third company I chose to compare is **Kooperativa, Vienna Insurance Group**, which is a big market player especially in car insurance. Car insurance, as their main

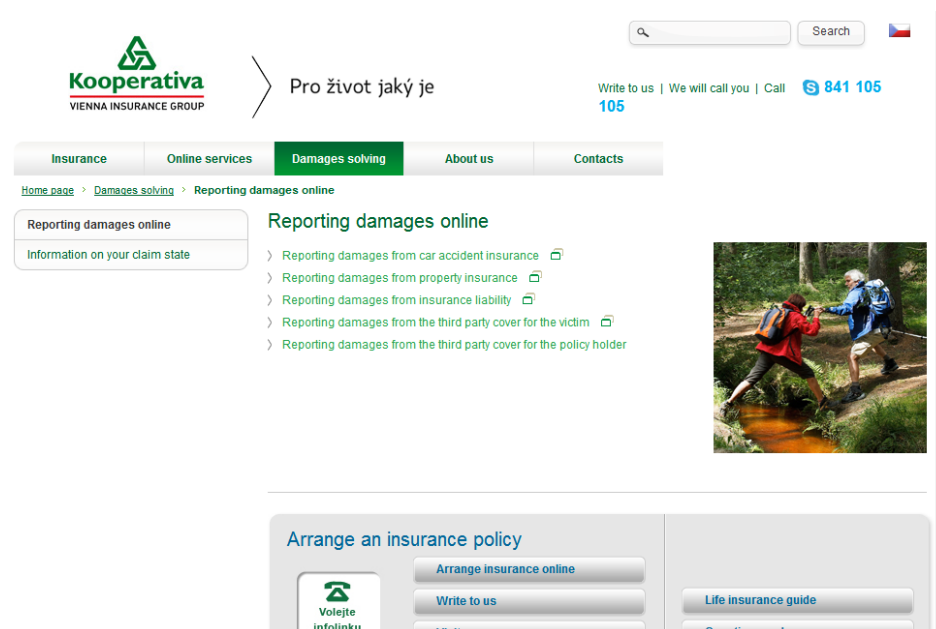
<sup>24</sup> Česká podnikatelská pojišťovna, a.s., Vienna Insurance Group, Hlášení škod online, [retrieved 15.10.2011], Available on WWW: <<http://www.cpp.cz/hlaseni-skod-on-line/>>.

specialization, is not a direct competitor to life insurance, but they do offer it and as long as their webpage is attractive, it could be a relevant inspiration. Their online reporting system is clear and well designed. The problem is they offer only “writable PDF documents”. There is no control system which would check you whether you completed it step by step, so you can easily make a mistake. You can report in Czech and also in English, which is a positive aspect, but the list of insurance types you can report online is limited.

What type of insurance is available in online reporting system:

- Car insurance
- Property insurance
- Insurance liability
- Insurance for damages from the third party cover for the victim
- Insurance for damages from the third party cover for the policy holder

**Picture 8: The Official Webpage for Reporting Claims – Kooperativa, Vienna Insurance Group**



Source: Official webpage of Kooperativa, Vienna Insurance Group, 15.10.2011<sup>25</sup>

<sup>25</sup> Kooperativa, Reporting damages online, [retrieved 18.04.2011], Available on WWW: <<http://www.koop.cz/en/damages-solving/reporting-damages-online/>>.



- 4) The last company, which I chose to evaluate, is **Generali**. This originally Italian corporation has a nicely designed webpage, but there are many things to criticize. First of all, it is very confusing for the clients. There is no direct page for reporting insured events and no client zone. You have to choose for what kind of insurance you want to report your claim and then the right product, even though you have already bought the insurance and then, finally, click to report your claim online. It takes a long time to find, what you are looking for. It does not guide your hand at all, and the website is available only in Czech. When you finally get to the form, all fields you have to fill in are on one page. So after you fill in all the necessary information, you may find that you did something wrong, and that you have to start from the beginning. There is no step-by-step method. However, to show a bright side of their portal, you can report a claim for risky insurance, which is not very common among competitors.

**Picture 9: The Official Webpage for Reporting Claims - Generali**



Source: The Official Website of Generali, Accessed 15.10.2011<sup>26</sup>..

<sup>26</sup> [GENERALI](http://www.generali.cz/), Pojišťovna, [retrieved 18.04.2011], Available on WWW: <<http://www.generali.cz/>>.
















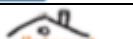
### 2.4.1 Evaluation of the Market Research

After doing small market research, which should work as a helpful preview of reporting claims, we may learn that we have to evaluate advantages and disadvantages of each website. Surely the webpage of Česká pojišťovna is the most inspiring one. It is very well structured, you can quickly find what you are looking for and the design is very nice. They offer many kinds of online reporting but not in a misleading way. You know intuitively where to click and what to fill in. The most confusing system for reporting claims definitely belongs to Generali insurance company. It takes a long time before you find what you want. There is no client zone, which would lead you directly to reports. It is nonsense to click on the product, when you want to report a claim of that product, after you have already bought it.

The designer of this website has not done a good job. However, for us it was also inspiring, because now we know how we do NOT want our new online reporting system to appear.

To illustrate a broader market research, consider the Table 4: List of Competitors and Their Service at Reporting Claims. Since another step before initiating the project will be choosing between PDF form on the web or real online reporting, I wanted to map all the competitors. There are arranged in alphabetical order in the first column. The second column contains their logo. The third column indicates if the competitor already has a PDF form and in the last column it is clear how many of them already have online reporting. As you can deduce from the table, almost all insurance companies have a PDF form on the web except one, but only a few of them have online reporting system. And as it follows creating an online reporting system would bring a competitive advantage in the market.

**Table 4: List of Competitors and Their Service at Reporting Claims**

Name of the company		Logo	PDF form on the web	On-line reporting
1.	Aegon		yes	no
2.	Allianz		yes	yes
3.	Aviva		yes	no
4.	Axa		yes	no
5.	Česká podnikatelská pojišťovna		yes	no
6.	Česká pojišťovna		yes	yes
7.	ČSOB		yes	no
8.	Generali		yes	yes
9.	Komerční pojišťovna		no	no
10.	Kooperativa		yes	no
11.	MeetLife Amcico		yes	no
12.	Pojišťovna České spořitelny		yes	no
13.	Uniqua		yes	yes
14.	Wüstenrot		yes	no

Source: Official websites of the companies, 26.4.2011

## 2.5 Versions

Whenever you prepare a big project, there is always more than one way to grasp it. As a Project Manager, you have to put together all the materials. From the documentation, you must choose several variants with all their advantages and disadvantages. After this summarization, you have to discuss it with your team; and choose the three best variants. These variants are shown to your superiors to let them decide with you which is the best to realize.

Criteria you use when choosing the best variant:

- Money;
- Rate of implementation;
- Capacity of the project team;

## 2.5.1 Proposed Options

In the following paragraphs I would like to briefly introduce the variants for the project, among which it had to be decided

### 1. Version A - Filling PDF

- Form with printing to PDF
- Costs:
  - Cheapest version:
    - Only modification of existing PDF
    - Modification of one form would cost 18 000 CZK
    - In total for three forms, which would need modification – 54 000 CZ
- It would need a very precise description of the procedure;
- It would need very clearly visible forms;
- It is important that we do not change the process as a whole;
- There is no control system which would guide the client;
- Evaluation of the benefits of this change?
  - Almost minimum;
  - It would bring only rewritten descriptions on the web;
  - It would not save time of the agents time, and they would not be able to create new business while handling inquiries;
  - There would not be fewer questions from the client's side.

### 2. Version B

- This variant is the first one to introduce the use of the “intelligent form”
- I would like to briefly describe what an intelligent form is:
- “If there occur any errors while filling the form, the intelligent form will warn the user and won't let him or her to continue working until the error is removed. This is a perfect way to ensure formal correctness (for example format of the identification number) and also right links between different sections, furthermore intelligent form won't let the client to leave any mandatory field blank.

Intelligent form is able to show user help or guidance to each field, so that user will no longer have to study separate documents with help information or try to guess, what information is actually the contracting party of the form requires. Just a single click is enough to save filled in form in the PDF format. This is a big advantage when archive the documents. In many cases it plays a role of a watchdog of accurate compliance with the prescribed procedure – it means, until everything is done correctly, it's not simply possible to move with the document forward.”<sup>27</sup>

- In this version, client will enter the data right into the online form;
- Then the client can save the PDF version or print the PDF version;
- The main difference between version A and version B is that the client will be guided to avoid any mistakes;
- The new application will lead the client to enter all the information we need from him or her;
- There will still remain some questions about processing the insured event;
- However, there will be no more questions while filling in the form, or at least there will remain a minimum of queries;
- Evaluation of the benefits of this change?
  - The huge benefit for the agents, because they will receive far fewer questions about filling in the form, and they will be able to focus on new business;
  - Almost perfect control mechanism of filling in the form;
  - This version costs more than version A – the costs are estimated to be about 300 000 CZK

### **3. Version C**

- This version is in comparison with the two others more expensive – the estimated costs are about 1000 000 CZK to 2000 000 CZK
- This version would no longer need sending the printed PDF form and signed via post;
- The whole communication will only be through the application;

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<sup>27</sup> Official website of 602 software, Inteligentní formuláře, [retrieved 15.12.2011], Available on WWW: <http://www.602.cz/files/9.602XML%20Brochure.pdf>.

- The process would be like this: Client fills in the form, sends it via email directly to the company to the department of claims;
- There will be far fewer questions from the side of the client, so the agent would have more time for new business and the client would have the possibility to check what part of the process is the insured event is in everything online;
- Evaluation of benefits of this change?
  - Of course the main and most important benefit of this version is that the client could do everything online;
  - This version would be very revolutionary, but the main problem is that the legal system in the Czech Republic does not allow the resolution a claim without the client's signature and without the necessary documents from the doctor;

## 2.5.2 Evaluation of the Three Versions

After describing the last three versions I would like to show which one was chosen as the most appropriate and why. In the table number 6, I have put together main advantages and disadvantages of each version. When we look at the table we can see that in terms of bringing benefits for the company, version C would be the best, but we must take into account the possibility of the feasibility of the version, which is zero, because it is still not legally possible in the Czech Republic. Therefore, even if we were able to find the money for the most expensive version, it would be impossible to implement it.

I will skip now to version A. This variant would be the cheapest one in terms of costs, but the benefit for the company would be very low. The change from the current situation would be minimum, which is a big disadvantage, because the company wanted something revolutionary.

So, if you take into account all the pros and cons of each version, we chose option B – the simpler version of the intelligent form, because it will bring many benefits to the company, and the costs are not that high.

- There will be far fewer questions with completing the form thanks to the control mechanism → more time for agents to create new business;

- There will be far fewer mistakes with completing the form thanks to the control mechanism → facilitate the work of the claims department;

**Table 5: Summarization of Advantages and Disadvantages of Proposed Options**

Version	Advantages	Disadvantages
<b>A</b>	<ul style="list-style-type: none"> <li>• The cheapest realization of the project</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum or almost no change from the current situation</li> </ul>
<b>B</b>	<ul style="list-style-type: none"> <li>• Fewer mistakes while filling the form = fewer questions from the clients;</li> <li>• Agents would have more time for new business;</li> <li>• Control mechanism</li> </ul>	<ul style="list-style-type: none"> <li>• More expensive than version A;</li> <li>• Client still can not complete the whole process online</li> </ul>
<b>C</b>	<ul style="list-style-type: none"> <li>• Fewer mistakes while completing the form = fewer questions from the clients;</li> <li>• Agents would have more time for new business;</li> <li>• Control mechanism;</li> <li>• Complete online process</li> </ul>	<ul style="list-style-type: none"> <li>• Most expensive version;</li> <li>• This version is legally impossible</li> </ul>

*Source: Author*

## 2.6 Project Charter

When you want to realize a project in the Sales Support Development department of ING a Project Charter is used, which illustrates the sense of the project. You prepare this document before you start realizing the project and these documents must be approved by the superiors. After the approval, this document is no longer changed. The Project Charter summarizes the complete idea of the Project Manager about the project. It is the most important document on which the entire project is organized.

“The project charter provides authorization for the start of a new project. Additionally, the project charter grants the project manager authority to complete the project and identifies the roles and responsibilities.”<sup>28</sup>

“The project charter, sometimes also called a Project Overview Statement (POS), is the signed document that formally defines and authorizes a project. Reaching an agreement on the nature of a new project, including its scope, objectives, and constraints can be a difficult but healthy process for a group of key stakeholders in a corporate environment. For that reason, a project proposal should be written and approved before the project charter is established.”<sup>29</sup>

The goal of the project charter is to summarize project objectives, costs, responsible persons, benefits, and others. The Project charter which was created for this project is presented below.

### **PROJECT CHARTER**

<b>PROJECT NAME/PROJECT CODE</b>	<b>PROJECT CHARTERED BY</b>
eLikvidace	Tereza Navrátilová

<b>PROJECT MANAGER</b>	<b>PROJECT SPONSOR</b>
Tereza Navrátilová	XXX XXX
<b>PROJECT STATEMENT/PROJECT BACKGROUND – Rationale for action</b>	
<ul style="list-style-type: none"> <li>• The process of liquidations is too complicated – there was no tool to lead the client through the process of completing the paper form (form for liquidation of the insured events). The process must be simplified.</li> <li>• The clients fill in the forms incorrectly, and they do not understand them (although the forms have been changed to be more simple and well-arranged)</li> <li>• Our external partners - brokers do not solve the insured event with the client – the</li> </ul>	

<sup>28</sup> eHOW, What Is the Purpose of a Project Charter, LaToya J. Murray, [retrieved 18.06.2012], Available on WWW: <[http://www.ehow.com/facts\\_5832232\\_purpose-project-charter\\_.html](http://www.ehow.com/facts_5832232_purpose-project-charter_.html)>.

<sup>29</sup> TAYLOR Michael D.: How To Write a Project Charter, Systems Management Services, 2003.

broker refers the client directly to the claims department. The problem is that the operators are not sufficiently qualified to answer all the clients questions.

- Agents tend not to „serve“ their clients as well because it was very time consuming
- Another problem is that agents spend much time solving claims with clients instead of producing new business and instead of service leading to new business
- In 2011, two new risky products (ING ProAktiv, ING Smart), are expected to increase claims, which will burden the agents.

### PROJECT OBJECTIVES

- To create an intelligent form for reporting claims which will be understandable to everyone. The client will be able to complete it in alone, without the assistance of an agent.

### PROJECT BENEFITS

- Increased number of forms reporting a claims completed by a client independently, consequently decreasing claims requiring assistance of agents;
- Improved quality of service of our company – professionalism;
- Reduction of incorrectly or incompletely completed in forms.

### PROJECT DELIVERABLES

- New, well-arranged web page for solving claims;
- Intelligent online form;
- Reports to monitor the usage.

### PROJECT PLANNING

Milestone	1.4.2011
Start date	8.12.2010
End date	1.4.2011
Tolerance (calendar date)	+ 60/ - 15



<b>BUDGET</b>	
<b>Element</b>	<b>EUR (ths)</b>
COST (ext)	3,8
Tolerance (%)	+ 20%/ - 50%
<b>Resources</b>	
External IT	15 MD
Product department	4 MD
Claims department	4 MD
Marketing department	5 MD
Sales Support	17 MD

<b>CONSTRAINTS and RISKS</b>
<ul style="list-style-type: none"> <li>• IT capacity could be limited – it may cause delay in the project;</li> <li>• Launch of new web site could be risky in many ways – for example, the new online form may not work correctly. This could create problems for the Claims Department, and therefore delay the resolution of the insured events. All of this could lead to unsatisfied clients.</li> <li>• Further application costs in case the forms need to be changed</li> </ul>

<b>IN SCOPE</b>
<ul style="list-style-type: none"> <li>• CZ – This project is developed only for the Czech Republic, but in Slovakia, they expect to realize it soon;</li> <li>• Intelligent form – simple, user-friendly online form;</li> <li>• Reconstruction of the web;</li> <li>• Promotion – sufficient promotion through a road show to all branches around the Czech Republic – requires the preparation of an attractive presentation,</li> </ul>

<b>OUT OF PROJECT SCOPE</b>
<ul style="list-style-type: none"> <li>• SK – realization of the project in Slovakia as well – this is out of the project scope. In the meantime, the project will be implemented only in The Czech Republic;</li> <li>• Ensuring updates in case the rules of the forms change – we ensure the</li> </ul>

<b>OUT OF PROJECT SCOPE</b>
implementation of the project, but not further “service” of the project, because this is out of the project scope. Further service must be provided by some other team outside the claims department.

<b>SUCCESS CRITERIA</b>
<ul style="list-style-type: none"> <li>• New website for claims (including the new online form) launched latest 1.5.2011;</li> <li>• By the end of the year 2011, we expect to have a significant increase in claims solved via online form (without the participation of an agent)</li> </ul>

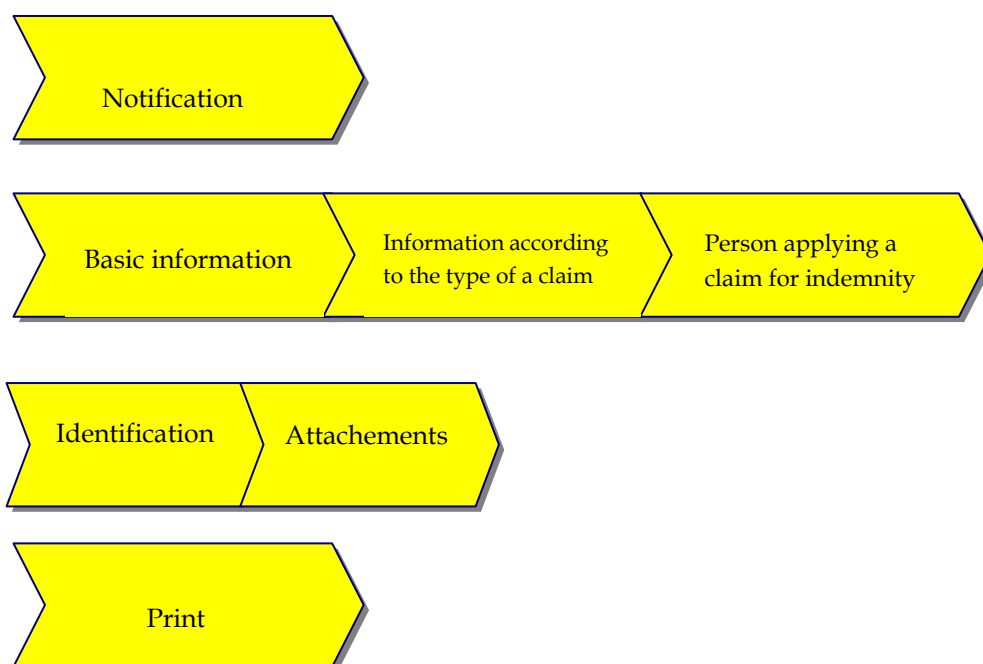
## 2.7 The Task for Programming

The most difficult part of any project is usually the actual implementation. Since this project is to create an online form, we needed to prepare the task for the external IT company which will be programming the right process. The basics will be taken from the original written form. The task will be described step by step. To better visualize the change I will always attach picture A, which will be the old version (if available), and picture B, which will be the new online form.

### Guide of application for claims settlement

1. Enter the webpage of claims;
2. Click on “Enter the form” – the form opens;
3. Filling the form controlled step by step – the goal is to make it easy for a client;
4. Printing the form;
5. Signing the form;
6. Bringing the form to a client’s doctor to finally fill in the missing part, which could only be written by the doctor;
7. Sending the form to ING.

## 2.7.1 The Structure of the Form



*Source: Author*

According to the above map you can see that when a client first enters the webpage, he or she will see a notification in the form of a pop-up window with the following text:

*“Dear client,*

*for the successful completion of your claim report, you will need the following:*

- *Personal data (identity card);*
- *Data from the insurance contract (insurance contract);*
- *Details about the insured event.*

*For faster completion of the form, we suggest you prepare these documents.  
You ING, Life Insurance Company”<sup>30</sup>*

After reading this notification, the client will click on “View the Form for Reporting Claims” and start with the basic information needed.

<sup>30</sup> [ING Pojišťovna, Klientská zóna, Pojistná událost](https://www.ingpojistovna.cz/formular/klientska-zona/pojistna-udalost/) [retrieved 12.07.2012], Available on WWW:  
<<https://www.ingpojistovna.cz/formular/klientska-zona/pojistna-udalost/>>.

As part of the first visible page when entering online claims reporting, there is a section called “FAQ” = frequently asked questions. We decided to place this help on the first page because it’s a kind of guide to which everyone is used to read when needed.

## **2.7.2 Frequently Asked Questions = “FAQ”**

### **1. How can I report a claim?**

Client can report a claim using the online form on the address [www.ingpojistovna.cz/nahlaseni](http://www.ingpojistovna.cz/nahlaseni), via phone call to the contact center: +420 844 444 480, or through your agent.

### **2. Inability to work – How and when to report?**

It is necessary to report it immediately, latest by the date which was agreed at the beginning of the fulfillment. The beginning of the fulfillment of the contract depends on the type of the insured contract. In case of late reporting, the company reduces the indemnity. In case of reporting the inability to work retrospectively, the client is not entitled to receive any payment.

### **3. Hospitalization – How and when to report?**

The claim must be reported by a written form without any unnecessary delay after the beginning of the hospitalization, but not later than 15 days. The completed form together with the release report is sent to the company, by no later than 5 days. If your health status does not allow you to report the claim, the claim must be reported no later than 15 days after this barrier is removed.

### **4. The necessary treatment period – How and when to report?**

The client is required to report the claim no later than one month after the end of the treatment, otherwise the company is authorized to reduce the indemnity

### **5. When does the lapse occur?**

1. For insurance contracts signed by the end of year 2004:

According to § 101 Civil Code, the limit is three years and begins one year after the claim.

2. For insurance contracts signed after 1/2005:

According to § 8 Insurance Policy Act, the limit is three years and begins one year after the claim.

The right to indemnity is limited by three years. If it is a life insurance contract signed according to § 54, the limited time for application of the claim is 10 years.

### **2.7.3 First step – Basic Information**

#### **The number of the insurance agreement**

The number of the insurance agreement is necessary information which is obligatory for everyone.

#### **Picture 10: Old version of “Number of Insurance Agreement”**

The image shows a light blue rectangular box. On the left side, the text "Číslo pojistné smlouvy:" is written in a dark blue font. To the right of the text is a white rectangular input field with a thin blue border. Inside the input field, there are eight vertical blue lines that divide the space into nine equal-width segments, intended for entering an 8-digit number.

#### **Picture 11: New online version of “Number of Insurance Agreement”**

The image shows a light gray rectangular box. On the left side, the text "Number of insurance contract" is written in a dark gray font. To the right of the text is a white rectangular input field with an orange border. Inside the input field, there is an orange asterisk (\*) symbol in the bottom right corner.

Verification: Insurance contract: 8 number always – every contract must always have eight digits.

#### **Policyholder**

The policyholder is the person who pays the insurance only, not the person who is insured. The policy holder must be over 18 years old.

**Picture 12: Old version of the “Policyholder”**

STÁVAJÍCÍ PARAMETRY POJIŠTĚNÍ	<b>POJIŠTĚNÍK</b>			
	Příjmení/Obchodní firma		Jméno	
	Titul	Rodné číslo	IČ	
	Ulice		PSČ, Obec	
	Telefon domů	Mobilní telefon	E-mail	
	<b>POJIŠTĚNÝ (není-li zároveň pojištěním)</b>			
	Příjmení		Jméno	
	Titul	Rodné číslo		
	Ulice		PSČ, Obec	
	Telefon domů		Mobilní telefon	E-mail

**Picture 13: New online version of the “Policyholder”**

<b>POJIŠTĚNÍK</b>		Pojištěním je firma <input type="radio"/> ANO <input checked="" type="radio"/> NE	
Příjmení	Smith *	Jméno	John *
Titul	<input type="text"/>	Jsem cizinec <input type="radio"/> ANO <input checked="" type="radio"/> NE	Datum narození
Ulice, č.p.	Pražská, 17 *	Obec	Prague *
Místo narození	London, England *	Státní občanství	English *
Telefon domů	<input type="text"/>	Mobilní telefon	<input type="text"/>
E-mail <input type="text"/>			
Pojištěný je zároveň pojištěním <input type="radio"/> ANO <input checked="" type="radio"/> NE			

31

Verification:

- Surname;
- Name;
- Identification number or the date of birth;
- Street;
- City;
- Postal code;
- Place of birth;
- Citizenship;
- Check for completion of above data.

<sup>31</sup> Please note that all the data used for the presentation of the form are fictional!

## Insured person

The insured person is, of course, the one who is covered by insurance. It can be the same person as the policyholder, but not necessarily. In my example, the insured person is a fictional son of a fictional policyholder.

**Picture 14: New online version of the “Insured” (the old version is not available)**

POJIŠTĚNÝ / 2. POJIŠTĚNÝ

Příjmení  \* Jméno  \*

Titul  Jsem cizinec ☐ ANO ☒ NE Rodné číslo  \*

Ulice, č.p.  \* Obec  \* PSČ  \*

Místo narození  \* Státní občanství  \*

Telefon domů  Mobilní telefon  E-mail

Verification:

- Surname;
- Name;
- Identification number or the date of birth;
- Street, house number;
- Citizenship;
- Check for completion of above data.

## Type of claim

In this step of the form, client has to choose the kind of problem which occurred.

The client can choose from 8 options:

- Death;
- Third degree disability;
- Waiver of payments;
- Serious illnesses;
- Injury/Necessary time of the treatment;
- Permanent consequences of the injury;
- Hospitalization;

- Inability to work.

After choosing of the type of insured event, the client will have to go to the next step. In my example, I will choose “Serious illnesses”. The client has to choose at least one type of claim, but of course he or she can choose more claims at the same time.

### **Picture 15: Selection a Type of Claim**

Zvolte prosím typ pojistné události, který chcete nahlásit. (Je možno nahlásit i více pojistných událostí vztahujících se k jednomu klientovi.)

<input type="checkbox"/> Úmrtí	<input type="checkbox"/> Úraz / Doba nezbytného léčení úrazu
<input type="checkbox"/> Invalidita 3. stupně ?	<input type="checkbox"/> Trvalé následky úrazu ?
<input type="checkbox"/> Zproštění od placení ?	<input type="checkbox"/> Hospitalizace ?
<input checked="" type="checkbox"/> Závažná onemocnění ?	<input type="checkbox"/> Pracovní neschopnost

→ Serious illness

Další krok
→ „Next step“

Verification: Check of choosing at least one type

## **2.7.4 Second Step – Information According to the Type of Claim**

The information which the client is obliged to enter in the second step varies according to the type of the insured event or events chosen in the first step. As long as I chose in my example in the first step the insured event number 4 – Serious illness, now I have to choose the type of the serious illness or more serious illnesses.

I have to choose from: Check for completion of above data.

- Heart attack;
- Loss of hearing/Deafness;
- Transplantation of vital organs;
- Aortic surgery;
- Cancer;
- Blindness;
- Surgery of intracranial benign tumor;



- Apoplexy;
- AIDS;
- Replacement of heart valve;
- Kidney failure;
- Surgery of coronary artery;
- Lung disease causing shortness of breath;
- Multiple sclerosis.

After choosing one of the 14 types of serious illnesses, the client is obliged to enter the name and surname of the general practitioner or the name of the client's medical institution. In my example, I chose the transplantation of vital organs, and Fakultní nemocnice Motol as the medical institution.

**Picture 16: Old version of types of “Serious Illnesses”**

	<input type="checkbox"/> <b>SRDEČNÍ INFARKT</b> - potvrzenou kopii propouštěcí zprávy z nemocnice nebo potvrzenou kopii zprávy odborného pracoviště, které stanovilo nebo potvrdilo diagnózu vždy s uvedením data, ke kterému byla diagnóza stanovena - potvrzenou fotokopii EKG, hodnoty specifických enzymů, příslušné biochemické testy	<input type="checkbox"/> <b>MRTVICE</b> - potvrzenou kopii výsledků neurologického vyšetření (CT, angiografie nebo MR) - potvrzenou kopii propouštěcí zprávy z nemocnice nebo potvrzenou kopii zprávy odborného pracoviště, které stanovilo nebo potvrdilo diagnózu vždy s uvedením data, ke kterému byla diagnóza stanovena - výsledky neurologického vyšetření v rozmezí 3 až 6 měsíců od proběhlé příhody
	<input type="checkbox"/> <b>ZTRÁTA SLUCHU</b> - potvrzenou kopii lékařské zprávy z nemocnice, v případě hospitalizace na odborném pracovišti (ORL), které stanovilo diagnózu oboustranné ztráty sluchu (hluchotu) - potvrzené kopie doplňkových vyšetření sluchového aparátu (RTG, CT, audiogram a další)	<input type="checkbox"/> <b>AIDS</b> - stanovisko oficiálně registrovaného pracoviště v ČR, které podalo infikovanou krev anebo krevní derivát - pozitivní výsledek vyšetření protilátek HIV do 6 měsíců po podání preparátu - hlášení zranění do 7 dnů po úrazu, - předložení negativního testu na HIV protilátky provedeného do 7 dnů po úrazu - předložení pozitivního testu na HIV protilátky do 6 měsíců po úrazu
	<input type="checkbox"/> <b>TRANSPLANTACE DŮLEŽITÝCH ORGÁNŮ</b> - potvrzenou kopii komplexní zprávy z odborného pracoviště, kde byla provedena transplantace, vždy s uvedením data operace	<input type="checkbox"/> <b>NÁHRADA SRDEČNÍ CHLOPNE</b> - potvrzenou kopii komplexní zprávy z odborného pracoviště, kde byla provedena náhrada, vždy s uvedením data operace
	<input type="checkbox"/> <b>OPERACE AORTY</b> - potvrzenou kopii komplexní zprávy z odborného pracoviště, kde byla provedena operace, vždy s uvedením data operace	<input type="checkbox"/> <b>SELHÁNÍ LEDVIN</b> - potvrzenou kopii rozhodnutí o zařazení do trvalého dialyzačního programu - potvrzenou zprávu z dialyzačního střediska (nefrologie) po 3 měsících trvající léčby umělou ledvinou
	<input type="checkbox"/> <b>RAKOVINA</b> - potvrzenou kopii propouštěcí zprávy z nemocnice nebo potvrzenou kopii zprávy odborného pracoviště, které stanovilo nebo potvrdilo diagnózu vždy s uvedením data, ke kterému byla diagnóza stanovena - fotokopii histologického nálezu s číslem preparátu	<input type="checkbox"/> <b>OPERACE VĚNČITÝCH TEPEN</b> - potvrzenou kopii komplexní zprávy z odborného pracoviště, kde byl bypass proveden, vždy s uvedením data operace

ZDRAVOTNICKÁ ZÁŘÍZENÍ	Jméno praktického lékaře, název a adresa zdravotnického zařízení, telefon	
	Jména lékařů a názvy zdravotnických zařízení, ve kterých byl pojištěný v souvislosti s pojistnou událostí léčen nebo zemřel	
	Máte-li k dispozici podklady vztahující se k pojistné události, přiložte je nebo jejich ověřené kopie.	

### **Picture 17: New online version of types of “Serious Illnesses”**

#### **Typ závažného onemocnění**

<input type="checkbox"/> Srdeční infarkt	<input type="checkbox"/> Mrtvice
<input type="checkbox"/> Ztráta sluchu	<input type="checkbox"/> AIDS
<input checked="" type="checkbox"/> Transplantace důležitých orgánů	<input type="checkbox"/> Náhrada srdeční chlopně
<input type="checkbox"/> Operace aorty	<input type="checkbox"/> Selhání ledvin
<input type="checkbox"/> Rakovina	<input type="checkbox"/> Operace věnčitých tepen
<input type="checkbox"/> Oslepnutí	<input type="checkbox"/> Onemocnění plic způsobující dechovou nedostatečnost
<input type="checkbox"/> Operace nitrolebečních nádorů nezhoubného původu	<input type="checkbox"/> Roztroušená skleróza

#### **Zdravotnická zařízení**

Jméno a příjmení praktického lékaře/název zdravotnického zařízení

Ulice, č.p.  Obec  PSČ

Telefon

Jména lékařů a názvy zdravotnických zařízení, ve kterých byl pojištěný v souvislosti s pojistnou událostí léčen nebo zemřel

Předchozí krok

Další krok

Verification:

- Check that at least one type of serious illness is chosen;
- Filling the name and surname of the client's general practitioner or the client's medical institution.

### **2.7.5 Third Step – Information about the Person Applying a Claim for Indemnity**

In this step, the client must indicate who will receive the indemnity. It can be the policyholder, the insured person, or a third party. If the first or second option is chosen, no additional information is required as this data was entered in the first step. However, if the third option is chosen, all the missing data is required. In my example, I chose the third party – the mother. In the second part of this step, the method of payment is indicated.

The options are:

- To the account;
- Postal money order;
- Within ING products.

**Picture 18: Old version of “Information about the person applying a claim for indemnity”**

**Picture 19: New version of “Information about the person applying a claim for indemnity”**

Osoba uplatňující nárok na pojistné plnění je zároveň : ☐ Pojistník ☐ Pojištěný ☒ Někdok jiný Firma : ☐ ano ☒ ne

Přijmení  Jméno  Titul

Jsem cizinec ☐ ANO ☒ NE Rodné číslo  Vztah k pojištěnému

Ulice  Obec  PSČ

Telefon  Místo narození  Státní občanství

Pojistné plnění poukázat na: ☒ Na účet ☐ Složenkou ☐ V rámci ING produktů

Bankovní účet č. :  Kód banky  Variabilní symbol :

- Surname;
- Name;

- Identification number or date of birth;
- Relationship to the insured;
- Street, house number;
- City;
- Postal code;
- Citizenship;
- Method of indemnity payment;
- Where to pay the indemnity.

## 2.7.6 Fourth step – Further Information/Communication

The fourth step serves as a space for any further communication, additional notes, etc.  
This is the only step which is not obligatory and may be skipped.

**Picture 20: Old version of “Further Communication”**



**Picture 21: New online version of “Further Communication”**

Další sdělení



## 2.7.7 Fifth Step – Identification

Here, the client is informed as to why the identification is so important.

*“The method of identification and verification is protecting you from an unauthorized handling with your insurance agreement. Therefore please pay attention to the prompters for correct selection of which way of identification, but also to the type of signature verification”<sup>32</sup>*

The client is required to enter whether he or she is the client of the ING company, the kind of identity document by which he or she wants to be verified (identity card or passport), the authority by which this document was issued and the expected amount of indemnity. If the expected indemnity is over 20 000 CZK, the client is required to verify the signature. This can be done in three ways:

- Agent of ING;
- The worker of the Orange house;
- Notary.

### Picture 22: New online version of “Identification”

#### Identifikace

Způsob identifikace <sup>?</sup> a případného ověření <sup>?</sup> vás chrání před neoprávněným nakládáním s vaší pojistnou smlouvou. Proto prosím věnujte pozornost návodům pro správnou volbu jak způsobu identifikace, tak i typu ověření podpisu.

**Osoba uplatňující nárok na pojistné plnění**

Jsem klientem ING <sup>?</sup> ☒ Ano <sup>?</sup> ☐ Ne <sup>?</sup>

Druh průkazu totožnosti <sup>?</sup> OP (Občanský průkaz) <sup>?</sup>

Číslo <sup>?</sup> 1 2 3 4 5 6 7 8 9 <sup>\*</sup>

Vydaného kým <sup>?</sup> P r a h a 1 <sup>\*</sup>

Platného do <sup>?</sup> 2 9 . 1 2 . 2 0 1 4 <sup>\*</sup>

Očekávaná výše plnění <sup>?</sup> ☐ 0 Kč – 19 999 Kč ☒ 20 000 Kč – 299 999 Kč ☐ 300 000 Kč a více

Ověření podpisu <sup>?</sup> ☐ Poradcem <sup>?</sup> ☐ Pracovníkem ING Oranžového domu <sup>?</sup>

☒ Notářem anebo v přenesené působnosti krajským úřadem nebo obecním úřadem s rozšířenou působností <sup>?</sup>

Upozorňujeme: Ověření podpisu je zpoplatněno dle ceníku příslušného notáře.

Předchozí krok

Další krok

<sup>32</sup> [ING Pojišťovna, Klientská zóna, Pojistná událost](https://www.ingpojistovna.cz/formular/klientska-zona/pojistna-udalost/) [retrieved 12.07.2012], Available on WWW: <https://www.ingpojistovna.cz/formular/klientska-zona/pojistna-udalost/>.

Verification:

- Are you a client of ING;
- Identity document;
- Number of the identity document;
- Expected sum of indemnity.

## 2.7.8 Sixth Step – Attachments

Attachments are the last part of the online form. In this part, all the necessary documentation according to the type of claim will be generated, e.i., all forms will be printed together with the postal address.

Before printing everything, the client has a chance to preview the documents.

### **Picture 23: Last part of the online form “Attachments”**

#### Přílohy dle typu pojistné události

**Doklad o pracovní neschopnosti**

Tisknout doklad o pracovní neschopnosti ? ☐ ano ☒ ne

**Závažná onemocnění**

Prosíme přiložit

- celkový výpis ze zdravotní dokumentace od praktického lékaře
- případně další dokumenty uvedené u jednotlivých onemocnění

Transplantace důležitých orgánů

- potvrzenou kopii komplexní zprávy z odborného pracoviště, kde byla provedena transplantace, vždy s uvedením data operace

Předchozí krok      Náhled vyplněného formuláře před tiskem      TISK

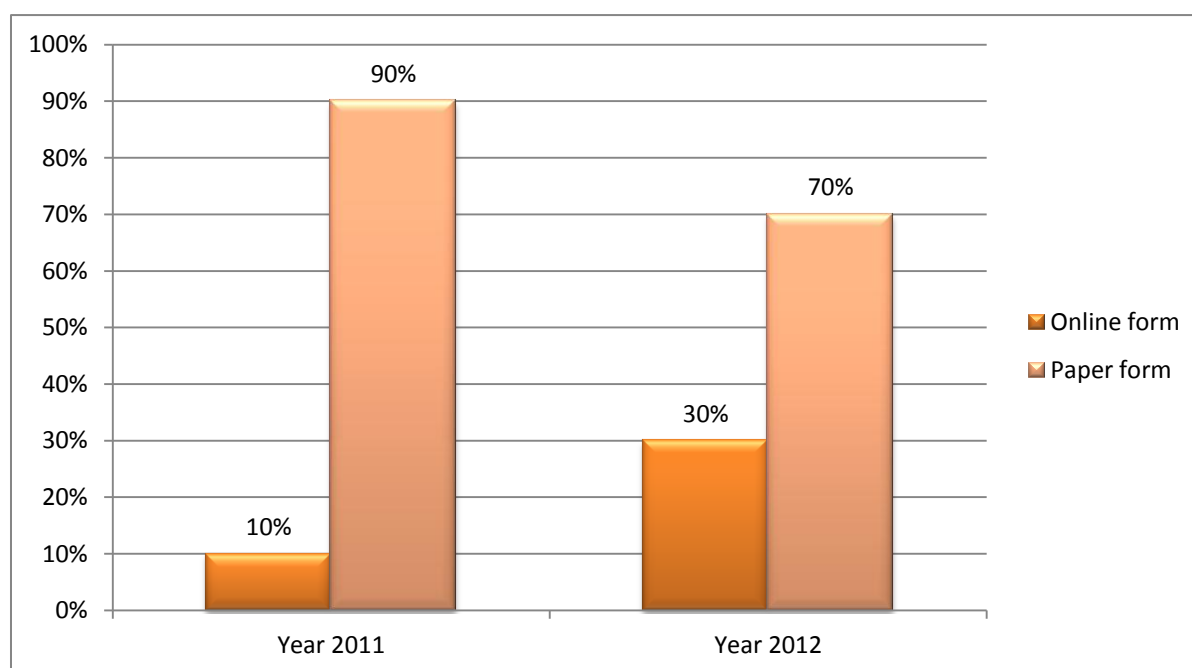
After the applications implementation, there were rounds of testing and editing to produce the final version which was shown in the pictures above. Before the final launch of the online form, it was promoted through a road show around the Czech Republic in which the agents and brokers were trained how to use the new form and more importantly how to present it to their clients. The final version was launched in May 2011, and after one year and two months of use, I prepared the output which will be described in detail in the following chapter.

### 3 Evaluation of the Project

Any project which costs money, time, and employee energy, and which is finally realized requires an evaluation to determine whether its realization was worth the effort involved. Project eLividace was launched at the beginning of May 2011. For a project of this type and size, this is sufficient time to make a fair assessment.

I decided to make the evaluation in cooperation with employees of the claims department as they are most likely to provide a competent assessment. I also wanted to make an evaluation from the client's point of view but, unfortunately, the company's internal policy does not allow it. It is not permitted to send questionnaires via email directly to clients. However, the department of claims has feedback from clients as well as from agents and brokers. The general reaction to the online form is positive from all sides – clients, agents, brokers, and employees of the company. Clients appreciate that they can fill in the form from the comfort of their homes. Because they are checked by the control mechanism of the intelligent online form, they make fewer or almost no mistakes. Most typical was the omission of necessary information (including their email and telephone number) which is very important for the company. The more data we collect from our clients, the better.

**Chart 1: Percentage Ratio of Using Online Form and Paper Form**



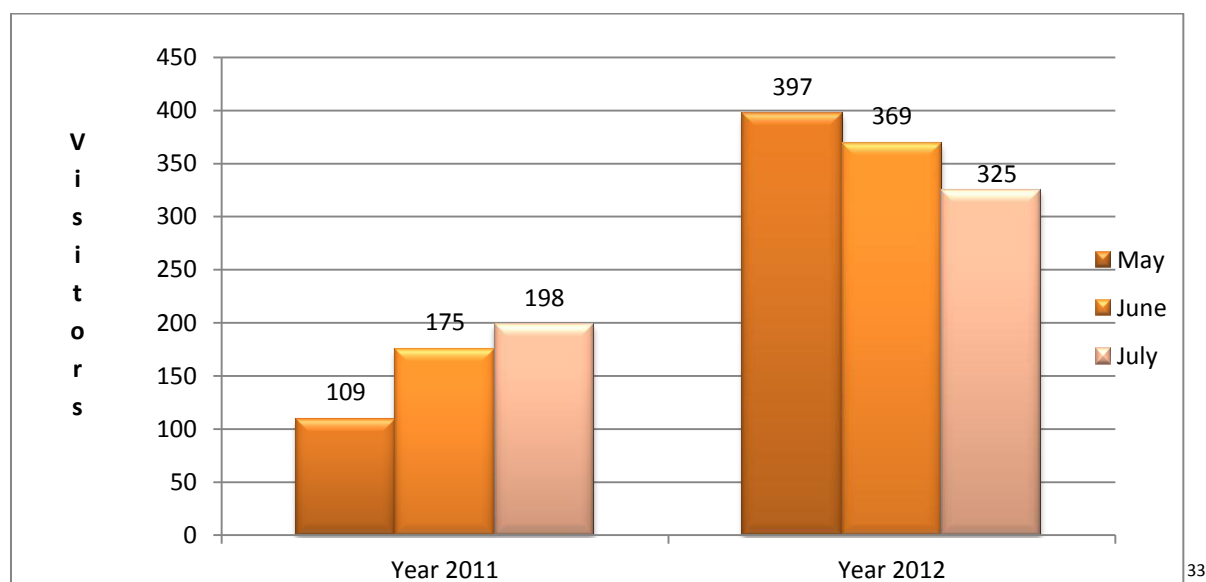
*Source: Internal sources of ING, own interpretation of the data*

In the chart above you can see the percentage of the online form's use compared to the paper form. In this part, the goal at the beginning was to reach 20% of online form use after the first year of implementation. This goal was reached and, moreover, was surpassed by over 10%.

Of course 70% of the clients still prefer the old paper method, but this presents an opportunity for us to grow. There will be a revision of the webpage to make the online form more visible. As long as the online form generates 50% fewer mistakes compared to the paper form, it will save a lot of time in the claims department. Also, any error in the online form is much easier to correct because the online form requires the client's email and telephone number, making the client easier to contact and solve the problem quickly, which is of course welcomed by clients. While completing the paper form, they sometimes forgot to add their contacts making it difficult to deal with problems quickly and the whole process of solving a claim is delayed.

Every project manager wishes that their project will experience an upward trend. As we can see from the charter below, there was an increasing tendency in the first quarter of the lifetime of the project in year 2011. In year 2012, there was a decreasing tendency in the months of May, June and July. In general this is not good, but in these months many clients are on holiday and do not report any insured events.

**Chart 2: Number of Visitors of the online Form**



*Source: Internal data ING, own interpretation of the data.*

<sup>33</sup> The data were processed according to the official database of ING;

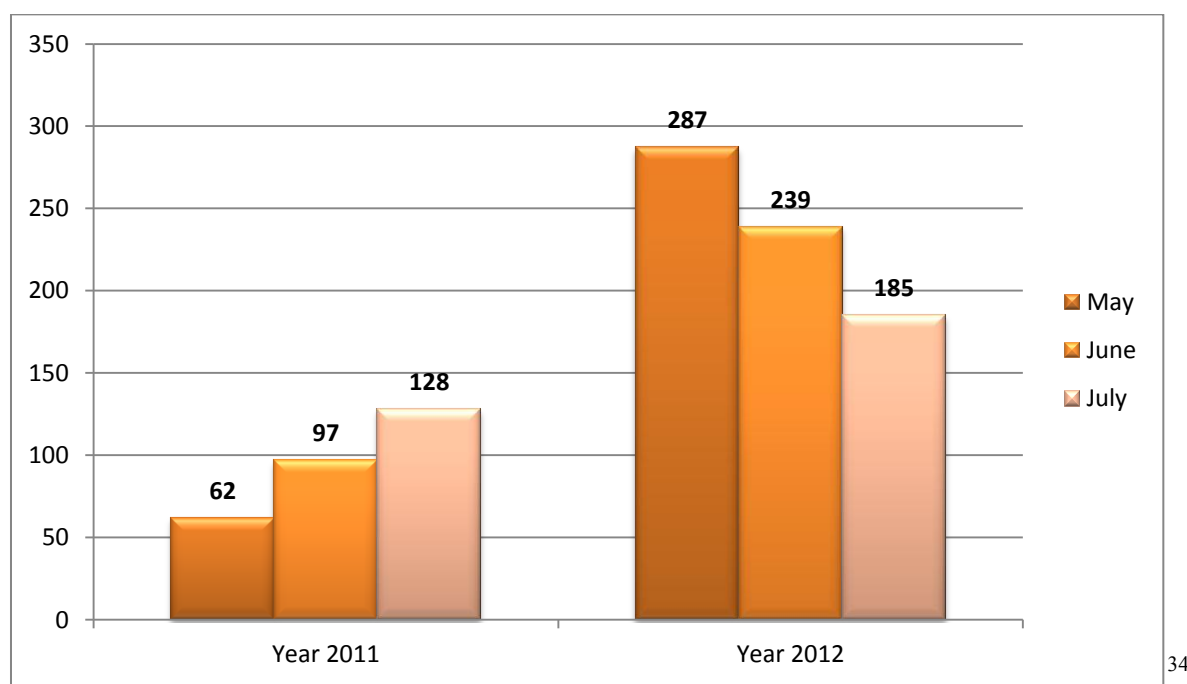


According to the claims department, the brunt of reports is felt after the summer and before Christmas. It is important to note that the number of visitors rose compared to 2011.

As I already mentioned above, clients have to enter their email and telephone number, which is another benefit for the company. We gain data in a relatively spontaneous way and this is very important for further research. A company project called Net Promoter Score (NPS) examines the satisfaction of the clients every 6 months. NPS needs as many contacts as possible.

As was mentioned in the project charter in one of the previous chapters, this project was not realized in Slovakia. However, the company works as a single unit for both countries which means that report claims from the Slovak Republic are solved at the central office in Prague. The claims department observed that, from Slovakia, there are many more incorrectly completed forms than from the Czech Republic and one reason for this trend is the lack of an online form. The expected implementation to our neighbors should occur in the next year.

**Chart 3: Number of completed, printed and sent forms**



*Source: Internal data ING, own interpretation of the data.*

In the chart above, I wanted to show how many online forms were completed, printed and sent to the department of claims. We can observe a similar tendency as in the chart showing the number of visitors. There is a downward trend in the year 2012, but this is due to the off

<sup>34</sup> The data were processed according to the official database of ING.

season. In general, the trend is positive because the numbers are growing compared to the previous year.

I would like to briefly summarize the main benefits brought by the implementation of the project:

- Less incorrectly filled in forms;
- Generates more free time for agents, who were determined to create new business instead of focusing on the service of the old business;
- Facilitates work on the claims department and saving time of the employees;
- Generates more data from clients, which can be used for further research;
- Speeds up the process of solving claims, which creates more satisfied clients.

After reviewing all the information I can say that the project fulfilled the expectations and that it was worth implementing.

Finally, I would like to show a table with the evaluation of the complete usage of the form. We can observe that clients most often gave up completing the form at the first step, which could be caused by not knowing the number of their insurance contract (essential information for the process). After overcoming the first step, clients usually have no further problems with filling the form. We can observe that in 1 year and 4 months the online form was visited by 3,298 people, which is quite a good attendance.

**Table 6: Evaluation of Usage**

Month & Year	Visitors	1 <sup>st</sup> step unfilled	2 <sup>nd</sup> step unfilled	3 <sup>rd</sup> step unfilled	4 <sup>th</sup> step unfilled	5 <sup>th</sup> step unfilled	6 <sup>th</sup> step unfilled	Filled forms	Printed forms
May, 2011	109	10	2	0	0	1	1	95	72
June, 2011	175	39	3	0	0	1	0	152	137
July, 2011	198	24	0	0	0	2	1	171	148
May, 2012	397	67	4	1	0	4	3	318	297
June, 2012	369	52	3	1	0	0	1	312	259
July, 2012	325	52	3	1	0	1	5	263	215
Total from May 2011 till July 2012	3298	615	30	18	0	21	37	2577	2168

*Source: The table was made according to the official internal database of ING, 5.8.2012, own interpretation of the data*

## Conclusion

The main goal of my thesis was to explain what insurance is in general, why people need it, the basic classifications of insurance and the types of insurance available. In addition, I wanted to explore how the process of resolving claims works, analyze the weaknesses in this area and suggest some possible improvements. Finally, I presented the implementation of the eLikvidace<sup>35</sup> project with its results to assess whether or not the aim was achieved and in what way.

In order to meet this objective, the thesis was divided into 3 main chapters. The first chapter is predominantly theoretical to provide some basic knowledge of the topic. In the first half of the theoretical part of my thesis, I tried to explain what insurance is and what benefits it can provide. Later, I mentioned the basic classifications of insurance and the basic types of life insurance as these types were used later in the project. In the second half of the theoretical part, I described the specifics of claims settlement, which is crucial for the practical part. For the first main chapter, the information was gathered from professional literature and online sources but I also used some primary data provided mainly by internal documents of ING.

The second chapter, which is predominantly practical with some theoretical features, begins with a short explanation of the history of ING, a company which plays a significant role in my thesis. Later, I introduced the project so that readers can understand the core of the practical part. In order to find the weaknesses in the process, it was necessary to make an analysis of the current situation in the company. After the analysis, I set the goals which were expected to be achieved by the project. The specification of the objectives is described in more detail in chapter 2.6 Project Charter.

Before preparing the implementation of the online form, I had done market research to gain some inspiration from the competitors. I devoted Chapter 2.4 to this research where it is described in more detail. As each project usually has several options for implementation, I researched the advantages and disadvantages of each in order to decide which option was the best.

In order to realize any project in ING, a project charter is used. I explained briefly what this is and its benefits. I think this part could be especially beneficial because the project charter is a

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<sup>35</sup> eClaims in English translation.

useful tool for analyzing background, objectives, benefits, planning, budget and risks as well as constraints and success criteria.

Since the main goal of the project was to create a successful and easily understandable online form for reporting claims, I devoted one of the later smaller chapters to the project specifications and visualization. To better understand this specific part, I attached graphics illustrating the logic of the process.

The most important part is presented in the last chapter called Evaluation of the Project and, as its name suggests, it is an assessment of the project after more than a year of implementation<sup>36</sup>. The main goal of the project itself was to create an intelligent online form for reporting claims which would be understandable to everyone. We expected an increased number of forms completed independently by client, improved quality of company service, and a reduction of incorrectly or incompletely filled in forms. I believe that these objectives were successfully fulfilled. To better present the results of the project, I created simple charts showing the data collected. For the two last chapters, I used a number of online sources as this topic is very recent and is more about the online environment about which there is little to no literature.

Initially, the project implementation was limited to The Czech Republic. However, since we work with Slovakia as a single unit, it is my hope that this project expands to another country. Since the project, as it is presented in the last chapter, was very successful in The Czech Republic, our Slovakian partners are quite motivated to begin their own implementation.

Another possible area for further research involves the legal norms in The Czech Republic and how they limit insurance companies in terms of complete online communication with the client. Because online communication in some cases is not relevant, it is still necessary to communicate with clients via traditional letters, which is both very time consuming and expensive.

At the end of my thesis I can state with confidence that, in view of all the data collected and presented, the goal to make a quick overview of the claims settlement process and to realize the Revision of Reporting Insured Events project in ING Životní Pojišťovna N.V has been fulfilled with positive results.

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<sup>36</sup> As the project was launched in May 2011.

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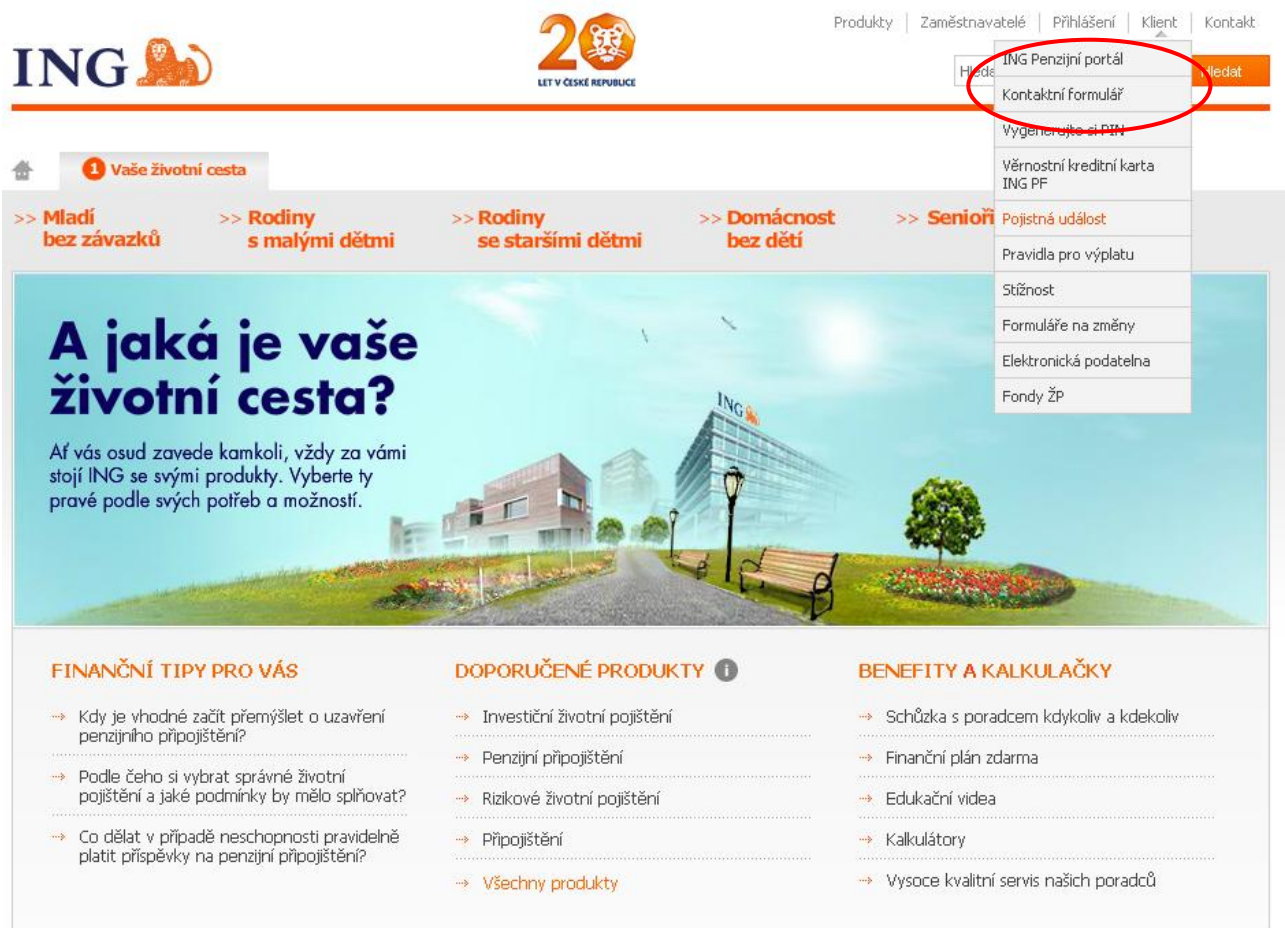
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# Appendices

## Appendix 1: Placement of the online form on ING webpage<sup>37</sup>



<sup>37</sup> ING Pojišťovna, Klient, Pojistná událost, [retrieved 25.08.2012], Available on WWW: <http://www.ingpojistovna.cz/>.

## Appendix 2: The first page which client see when reporting claim online<sup>38</sup>



Produkty | Zaměstnavatelé | Přihlášení | **Klient** | Kontakt

Hledaný výraz... Hledat

[→ Finanční tipy](#) [→ Produkty](#) [→ Kalkulačky a benefity](#)

**Klient > Pojistná událost**

# Likvidace škodné (pojistné) události

ING Životní pojišťovna N.V., pobočka pro Českou republiku a ING pojišťovna, a.s. (dále jen ING Pojišťovna)

K nahlášení škodné události použijte následující formulář. Formulář je připraven v interaktivní formě, to znamená, že podle vyplnění prvních informací (např. podle druhu škodné události – zda se jedná o nemoc nebo o úraz) vám již bude nabízet jen odstavce, jejichž vyplnění je nezbytné právě k řešení vaší konkrétní škodné události.

Při uplatňování škodné události dbejte, prosím, na řádné vyplnění formuláře, případně doložení požadovaných dokumentů, které jsou ke škodné události nezbytné. Doložením všeho potřebného pomůžete k urychlení šetření škodné události. Vyplněný tiskopis je nutné vytisknout, podepsat a v případě potřeby nechat ověřit totožnost.

Vytisknutý dokument se všemi náležitostmi (včetně příloh) zašlete na adresu:

ING/Likvidace pojistných událostí  
Nádražní 25, Praha 5  
150 00  
Česká republika

Škodnou (pojistnou) událost můžete nově nahlásit také elektronicky. Vyplněný a podepsaný formulář naskenujte a se všemi přílohami, prosím, pošlete na e-mailovou adresu: **hlaseni\_pu@ing.cz**

[> ZOBRAZIT FORMULÁŘ PRO NAHLÁŠENÍ ŠKODNÉ UDÁLOSTI](#)

Výsledný formulář se vytiskne ve formátu PDF. V případě, že nemáte na svém počítači instalovaný prohlížeč pro tento formát souboru, nainstalujte si před vyplněním formuláře program [Adobe Acrobat Reader](#).

V případě dotazů neváhejte kontaktovat vašeho poradce pro finanční plánování / pojišťovacího zprostředkovatele i kontaktní centrum na lince +420 844 444 480 vám rovněž ochotně zodpoví vaše dotazy.

<sup>38</sup> ING Pojišťovna, Likvidace škodné (pojistné) události), [retrieved 25.08.2012], Available on WWW: <https://www.ingpojistovna.cz/formular/klientska-zona/pojistna-udalost/>.

### Appendix 3: Paper version of the form for reporting claims<sup>39</sup>



## Oznámení pojistné události k pojistné smlouvě životního pojištění – nemoc, invalidita

Určeno pro  
elektronické zpracování

Číslo pojistné smlouvy: <input type="text"/> Identifikační číslo poradce: <input type="text"/>		
STÁVAJÍCÍ PARAMETRY POJIŠTĚNÍ	<b>POJIŠTĚNÍK</b> Příjmení/Obchodní firma: <input type="text"/> Jméno: <input type="text"/> Titul: <input type="text"/> Rodné číslo: <input type="text"/> / <input type="text"/> IČ: <input type="text"/> Ulice: <input type="text"/> PSČ, Obec: <input type="text"/> Telefon domů: <input type="text"/> Mobilní telefon: <input type="text"/> E-mail: <input type="text"/> <b>POJIŠTĚNÝ (není-li zároveň a pojistníkem)</b> Příjmení: <input type="text"/> Jméno: <input type="text"/> Titul: <input type="text"/> Rodné číslo: <input type="text"/> / <input type="text"/> Ulice: <input type="text"/> PSČ, Obec: <input type="text"/> Telefon domů: <input type="text"/> Mobilní telefon: <input type="text"/> E-mail: <input type="text"/>	
	<input type="checkbox"/> <b>ÚMRTÍ</b> Prosíme přiložit: - ověřenou kopii úmrtího listu - ověřenou kopii listu o prohlídce mrtvého nebo výpis úmrtího - diagnózu z matriky, která vystavila úmrtího list Datum úmrtí: <input type="text"/> Příčina úmrtí / diagnóza č.: <input type="text"/> Popis okolností, za kterých došlo k úmrtí: <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> <b>PŘIPOJIŠTĚNÍ PRO PŘÍPAD INVALIDITY</b> Prosíme přiložit: - potvrzenou kopii rozhodnutí o přiznání invalidního důchodu III. stupně Českou správou sociálního zabezpečení nebo odborný posudek o zdravotním stavu, nemá-li pojistník nárok na invalidní důchod dle § 39 odst. 2c) zákona č. 155 Sb., v platném znění - potvrzenou kopii Posudku o invaliditě <input type="checkbox"/> <b>ZPROŠTĚNÍ OD PLACENÍ</b> Prosíme přiložit: - potvrzenou kopii rozhodnutí o přiznání invalidního důchodu III. stupně Českou správou sociálního zabezpečení nebo odborný posudek o zdravotním stavu, nemá-li pojistník nárok na invalidní důchod dle § 39 odst. 2c) zákona č. 155 Sb., v platném znění - potvrzenou kopii Posudku o invaliditě
	<input type="checkbox"/> <b>ZÁVAŽNÁ ONEMOCNĚNÍ</b> Prosíme přiložit: - odevzdaný výpis ze zdravotní dokumentace od praktického lékaře - případně další dokumenty uvedené u jednotlivých onemocnění <input type="checkbox"/> <b>SRDEČNÍ INFARKT</b> - potvrzenou kopii propouštěcí zprávy z nemocnice nebo potvrzenou kopii zprávy odborného pracoviště, které stanovilo nebo potvrdilo diagnózu vždy s uvedením data, ke kterému byla diagnóza stanovena - potvrzenou fotokopii EKG, hodnoty specifických enzymů, případně biochemické testy <input type="checkbox"/> <b>ZTRÁTA SLUCHU</b> - potvrzenou kopii lékařské zprávy z nemocnice, v případě hospitalizace na odborném pracovišti (ORL), které stanovilo diagnózu oboustranné ztráty sluchu (hluchoty) - potvrzené kopie doplňkových vyšetření sluchového aparátu (RTG, CT, audiogram a další) <input type="checkbox"/> <b>TRANSPLANTACE DŮLEŽITÝCH ORGÁNŮ</b> - potvrzenou kopii komplexní zprávy z odborného pracoviště, kde byla provedena transplantace, vždy s uvedením data operace <input type="checkbox"/> <b>OPERACE AORTY</b> - potvrzenou kopii komplexní zprávy z odborného pracoviště, kde byla provedena operace, vždy s uvedením data operace <input type="checkbox"/> <b>RAKOVINA</b> - potvrzenou kopii propouštěcí zprávy z nemocnice nebo potvrzenou kopii zprávy odborného pracoviště, které stanovilo nebo potvrdilo diagnózu vždy s uvedením data, ke kterému byla diagnóza stanovena - fotokopii histologického nálezu s číselm předpisem	<input type="checkbox"/> <b>MRTVICE</b> - potvrzenou kopii výsledků neurologického vyšetření (CT, angiografie nebo MR) - potvrzenou kopii propouštěcí zprávy z nemocnice nebo potvrzenou kopii zprávy odborného pracoviště, které stanovilo nebo potvrdilo diagnózu vždy s uvedením data, ke kterému byla diagnóza stanovena - výsledky neurologického vyšetření v rozsahu 3 až 6 měsíců od proběhnutí příhody <input type="checkbox"/> <b>AIDS</b> - stanovisko oficiálně registrovaného pracoviště v ČR, které podalo infikovanou krev nebo krevní derivát - pozitivní výsledek vyšetření protilátek HIV do 6 měsíců po podání preparátu - hlášení zranění do 7 dnů po úrazu, - předložení negativního testu na HIV protilátky provedeného do 7 dnů po úrazu - předložení pozitivního testu na HIV protilátky do 6 měsíců po úrazu <input type="checkbox"/> <b>NÁHRADA SRDEČNÍ CHLOPNE</b> - potvrzenou kopii komplexní zprávy z odborného pracoviště, kde byla provedena náhrada, vždy s uvedením data operace <input type="checkbox"/> <b>SELHÁNÍ LEDVIN</b> - potvrzenou kopii rozhodnutí o zařazení do trvalého dialyzačního programu - potvrzenou zprávu z dialyzačního střediska (nefrologie) po 3 měsících trvajících léčby umělou ledvinou <input type="checkbox"/> <b>OPERACE VĚNČITÝCH TEPEŮ</b> - potvrzenou kopii komplexní zprávy z odborného pracoviště, kde byl bypass proveden, vždy s uvedením data operace

Pojistitel: ING Životní pojišťovna N.V., pobočka pro Českou republiku, IČ: 40763587, se sídlem Nádražní 344/25, 190 00 Praha 5-Smíchov zapsaná v obchodním rejstříku vedeném Městským soudem v Praze, oddíl A, vložka 6305  
 Zákazník: ING Životní pojišťovna N.V., se sídlem Rotterdam, Woon 505, Nieuwmarkt 18a/101 zapsaná v obchodním rejstříku Obchodní komory Rotterdam, Nizozemské království, datová zpráva 07. ledna 1963, číslo zprávy 20402.211 (dále jen vyúčtování nebo ING Životní vyúčtování).

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<sup>39</sup> Internal sources of ING, [retrieved 25.08.2012],





# Nezapomeňte

na výhody **nového formuláře**  
pro nahlášení pojistné události

**elektronický**  
**chytrý**  
**inteligentní**  
**jasný**  
**snadný**  
**srozumitelný**  
**rychlý**  
**pohodlný**  
**bez chyb**  
**jednoduchý**

**ING**

**ingpojistovna.cz/nahlaseni**

<sup>40</sup> Internal sources of ING, [retrieved 25.08.2012],