**PERSONAL DETAILS**

Names : Lloyd

**EDUCATIONAL QUALIFICATIONS**

Institution : University of South Africa

Year : 2007 - 2011

**Qualification Obtained : B Com Risk Management Degree**

Institution : Insurance Institute of South Africa

Year : 1994 - 1999

Qualification obtained : Advanced Diploma In Insurance Studies

**Membership Status: : Fellow Member (FIISA)**

**CAREER PROGRESSION**

**Company NicozDiamond Insurance Company (Zimbabwe)**

Duration 1 February 2017 up to date

**Position** Claims Manager

**Key Duties**

Supervises the claims process.

Manages the claims costs.

Ensure that service level standards are in place and are adhered to.

Approves and checks all claims.

Monitors and Distribute Mail.

Reviewing Reserves For Claims.

Monitoring Claims Experience On Policies.

Overseeing Recoveries Function For Third Party & Salvage plus Provision Of Documents For Technical Recoveries

Developing, Managing Intermediaries, Repairers, Clients & Broker Relationships.

Negotiating Claims Payments With Clients, Repairers & Third Parties.

Human Resources Management

Preparation Of Weekly & Monthly Claims Reports

Oversees Timely Submission Of Returns To Regulatory Bodies

Ensures Claims Registers Are Updated

Training and Mentoring Subordinates On Claims Management

**Company NicozDiamond Insurance Company (Zimbabwe)**

Duration 16 July 2012 up to date

**Position** Deputy Strategic Business Unit Head & **Senior Claims Processor**

**Key Duties**

Analyze and investigate claims, set reserves, determine compensability and settle claims.

Develop and manage all claims action plans to a resolution and approve/deny claim payments.

Prepare claims for settlement and negotiate settlement with best outcome

Calculates and assigns timely and appropriate reserves to claims; manages reserve adequacy throughout the life of the claim.

Calculate and settle pay benefits due; approves and makes timely claim payments and adjustments; and settles claims within designated authority level.

Document decisions, correspondence, reports and discussions.

Manage and direct all cases to closure in the most efficient and effective way possible

Communicate claim action/processing with claimants and clients in a professional and timely manner.

Perform other job related duties requiring the same general skill set

Validation of claims prior to payment

**Company Dart Link Services (Zimbabwe)**

**Duration 13 May 2010 – 13 July 2012**

Position **Portfolio Manager Claims & Underwriting**

**Key Duties**

* Analyzes and manages complex or technically difficult claims by investigating and gathering information to determine the exposure on the claim
* Manages claims through well-developed action plans to an appropriate and timely resolution.
* Assesses liability and resolves claims.
* Negotiate settlement of claims within designated authority.
* Calculates and assigns timely and appropriate reserves to claims.
* approves and makes timely claim payments and adjustments; and settles claims within designated authority level.
* Ensures timely and cost effective claims resolution.
* Coordinates referrals for additional investigation and/or litigation management.
* Uses appropriate cost containment techniques including strategic vendor partnerships to reduce overall cost of claims for our clients.
* Manages claim recoveries, including but not limited to subrogation.
* Communicates claim activity and processing with the claimants and the clients; maintains professional client relationships.

Coordination of claims

* Claims Negotiation
* Claims Recoveries
* Engage Insurers on outstanding claims
* Diary Management of outstanding claims

**Company Nicoz Diamond Insurance Company (Zimbabwe)**

Duration July 1997 up to 31 July 2008

**Position** **Claims & Underwriting SBU Deputy Head**

**Claims Management**

**Key Duties**

Analyze and investigate claims, set reserves, determine compensability and settle claims.

Develop and manage all claims action plans to a resolution and approve/deny claim payments.

Prepare claims for settlement and negotiate settlement with best outcome

Calculates and assigns timely and appropriate reserves to claims; manages reserve adequacy throughout the life of the claim.

Calculate and settle pay benefits due; approves and makes timely claim payments and adjustments; and settles clams within designated authority level.

Document decisions, correspondence, reports and discussions.

Manage and direct all cases to closure in the most efficient and effective way possible

Communicate claim action/processing with claimants and clients in a professional and timely manner.

Perform other job related duties requiring the same general skill set

Validation of claims prior to payment

Supervise team members

Co- lead/manage a team of twelve members of staff

Purification of claims monthly

Train subordinate and trainee staff members

**Position Underwriting**

**Key Duties**

* Recommend adequate limits of insurance provide loss prevention advice and offer security recommendations/requirements for the financial security of customers.
* Provide pricing that is commensurate for the exposure.  Pricing that comply with market regulations and the current pricing philosophy.
* Review and comply with company reinsurance procedures by determining the amount of insurance in force on a single risk .
* Place/Cede excess to capacity in line with treaty programme.
* Assist in developing and implementing the marketing plan and help train, motivate, and develop agencies.
* Make field trips to visit agents, policyholders and prospects as needed.
* Evaluate agency/brokers loss ratios and make recommendations as appropriate.
* Document electronic policy files to log actions, follow-up, etc. within timeliness standards determined by department management
* Collaboratively work in cross-functional teams to help improve procedures, and service.

Reason for leaving Voluntary Retrenchment

Contact Person /Reference Provided On Request

**Company**  **AIG Zimbabwe Insurance Company**

Duration 1996 to June 1997

**Position Claims Administrator**

* Verify that policies are in force and identify pertinent coverage
* Evaluate claims and charges submitted by Insured members and other service providers to determine eligibility of benefits
* Gather information needed to investigate the claim
* Prepare claims for settlement and negotiate settlement with best outcome in mind
* Manage and direct all cases to closure in the most efficient and effective way possible
* Communicate claim action/processing with claimants and clients in a professional and timely manner.
* Work with repair facilities, health facilities,  and/or contractors to facilitate necessary services or repair work

 Reason for leaving Promotion prospects

Contact Person Provided on request

**Company**  **Eagle Insurance Company (Zimbabwe)**

Duration 1993 - 1996

**Position Claims Administrator**

Key Duties

* Investigate, evaluate and adjudicate claims in accordance with policy conditions, applicable laws and best claim practices;  Ensure proactive claims handling aimed at the prompt and cost effective resolution of claims through well-developed action plans; Determine need for and direct independent adjusters to gather information to determine the exposure on the claim and control their costs.
* Participate in presentations to insured’s including loss control services
* Set appropriate reserves within authority level
* Assess liability and resolve claims within established evaluation process.
* Maintain diaries and complete tasks within required time-frames as set forth by service level standards.
* Calculate and assign timely and appropriate reserves to claims.
* Monitor reserve adequacy throughout the life of the claim.
* Ensure claim files are timely and properly documented with a clear and concise analysis on liability, damages, reserves and an action plan for resolution.
* Process and pay claims and expense invoices in a timely manner and within designated authority level.
* Negotiate settlements within authority limit.
* Refer to counsel as needed.
* Refer cases as appropriate to supervisor and management.
* Prepare file summary reports on high exposure files for upper management review
* Provide other general claim services as needed, including responding to customer needs

Reason for Leaving :Better Perks Offered

Contact Person :Provided On Request

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**Training & Courses** :Team building & leadership course

:Customer care training

:First Line Management training programme

:Middle Management training programme

:Advanced Credit Management Seminar

:Balanced Score Card

:Mentoring & Coaching Workshop

**IT Skills** :Microsoft Office

:Word

:Excel

:Power point

:Internet & E-mail

:**Familiar with Premia 9 & 11 , Premium & Other Computer Systems**