



# RDT

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## Navigating the future of claims management

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White Paper



[WWW.RDT.CO.UK](http://WWW.RDT.CO.UK)

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## Navigating the future of claims management



Insurance claims processing is rapidly transforming, driven by technological advances and changing customer needs, with this evolution set to reach new heights.

This paper will delve into how these pivotal changes are poised to reshape the insurance industry and explore the transformative capabilities of RDT's advanced ACE platform in driving this evolution.

Imagine the insurance landscape in 2030: a world where technology and human interaction merge seamlessly to redefine efficiency and customer experience. McKinsey paints a vivid picture of this future, one where the harmonious blend of tech and human touch reshapes our industry. Adding to this vision, Gartner spotlights the transformative power of expanded data usage, cutting-edge automation, and an open insurance environment. These elements are not just trends; they are the keystones of a revolution in the insurance sector.

New roles are created, such as digitally adept claims handlers and technology product owners, reflecting a shift towards digitalisation. Amidst economic challenges and strategic shifts, insurers increasingly focus on digital optimisation. Embedded insurance gains traction, risk prevention and customised claims experiences, powered by data analytics and AI, become central.

This white paper will explore how these significant changes will influence the future of the insurance industry, leading to innovation and a strong emphasis on meeting customer needs. Discover the transformative potential of claims rules engines, particularly RDT's agile composition engine for claims, ACE. Learn how they open doors to enhanced efficiency, foster robust ecosystems, and become central to realising value swiftly and effectively.

## 02 Forecasting the future

# Learning from the past

The evolution of insurance claims processing has been a remarkable journey, unfolding in distinct phases over recent decades. This transformation has been driven by a fascinating interplay of technological innovations and evolving customer expectations, painting a vivid picture of an industry in constant motion.



### The Digital Dawn

The 1980s marked a revolutionary shift. Insurance companies transitioned from paper-heavy processes to computer-based systems for smoother claims processing and data handling. It was the beginning of a journey towards efficiency and automation.



### The Internet Wave

In the late 1990s, insurance shifted online, enabling customers to compare and purchase policies independently. In 1996, RDT create the first website where customers could buy from multiple providers. Six years before the launch of the first price comparison website!



### The Age of Continuous Tech Integration

Over time, insurers have embraced various technologies to refine and speed up their processes. Data emerged as king, reshaping everything from customer interactions and product development to risk assessment. This ongoing digital integration is vital for insurers to stay in the game in our tech-centric world.



### Pandemic-Driven Digital Surge Technologies

The pandemic hit the fast-forward button on digital transformation in claims processing. There was a dramatic increase in virtual claims handling, with a notable rise in the use of customer-submitted photos and videos, highlighting a major shift towards digital-first operations.

Our retrospective journey emphasises the transformative advancements already achieved, hinting at a future where technology further revolutionises the insurance claims process. RDT, established nearly three decades ago, has been instrumental in this transformation. Our deep-rooted experience in both technology and insurance has led to the creation of some of the industry's most innovative software solutions.



# Specialty markets' new horizon: applying P&C strategies for breakthroughs

Lloyds of London has launched a two-year initiative called Blueprint Two. It aims to provide a more flexible digital infrastructure, resulting in significant cost savings and improved data standards for all market stakeholders.

A core element of the initiative is to revolutionise the insurance lifecycle by digitising risk submission, claim settlement, and renewal processes.

By streamlining customer interactions across the open markets and delegated authority, it aims to enable efficient handling of new business, endorsements, renewals, and digital claims.

Specialty insurance markets have traditionally been a step behind Property and Casualty (P&C) insurance in adopting new technologies. Yet, with the advent of initiatives like Blueprint Two, there's a rising awareness of how technology can revolutionise the industry. This includes advancements in data handling, integration engines, and streamlining processes. Specialty insurers have a valuable chance to draw insights from the P&C sector's experiences. By collaborating with RDT, specialty insurers can fast-track their own digital transformation, leveraging these tech advancements to enhance efficiency and service.

Robin Merittens from InsTech aptly notes, "specialty insurance can learn a lot from the technologies and approaches already adopted in general insurance, especially personal lines. The widely held belief that digital claims models were only applicable to household, motor and pet is dissipating and there is now widespread acceptance that digitisation and automation of some parts of the value chain is inevitable. While higher complexity means higher levels of human involvement in decision making, there's much that can be automated before and after that."

The key takeaway from Blueprint Two is the importance of full digitisation in the insurance industry, a trend accelerated by the pandemic and the increasing demand for streamlined online services. The P&C sector has shown that integrating technology is essential for modernising insurance processes, enabling faster and better services for all stakeholders.



In the context of Blueprint Two, this means focusing on creating a more advanced and efficient insurance marketplace through digital transformation. The core of this initiative involves building new systems, processes, and data standards to improve daily operations in the insurance industry. This effort aligns with the experiences in the P&C sector, where leveraging digital tools and data-driven strategies has been crucial in evolving industry practices. For successful implementation, Lloyd's has emphasised the need for clear guidance and support for industry participants. This approach is mirrored in the P&C sector, where effective transitions to digital frameworks have relied on comprehensive support and the active involvement of all industry members.

## Reshaping claims processing

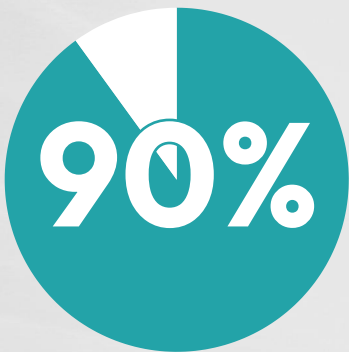
RDT anticipates a substantial transformation of the claims process by 2030, a perspective corroborated by published materials by McKinsey and other sources.

Every stage of the claims journey, beginning even before an incident takes place, will be enhanced by a harmonious blend of technology and human interaction. This synergy aims to streamline the process, speeding up claim resolutions and significantly improving the customer experience.

The future will be about strategically positioning human interaction where it has the most impact while leveraging technology to augment the efficiency and effectiveness of claims handlers.

This involves reimagining the claims process to offer customers more choices, ensuring that their experience is not just satisfactory but truly exceptional, marked by personalised and meaningful human engagement.

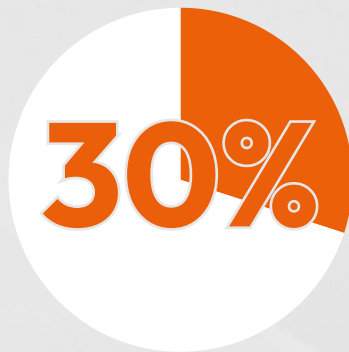
### Claims facts



#### Customer Retention

Insurance customers say that claims processing efficiency influences their loyalty to their insurer.

Forbes



#### Embedded Insurance on the Rise

Proportion of all global insurance transactions that will happen in embedded channels by 2028.

EY analysis, 2023

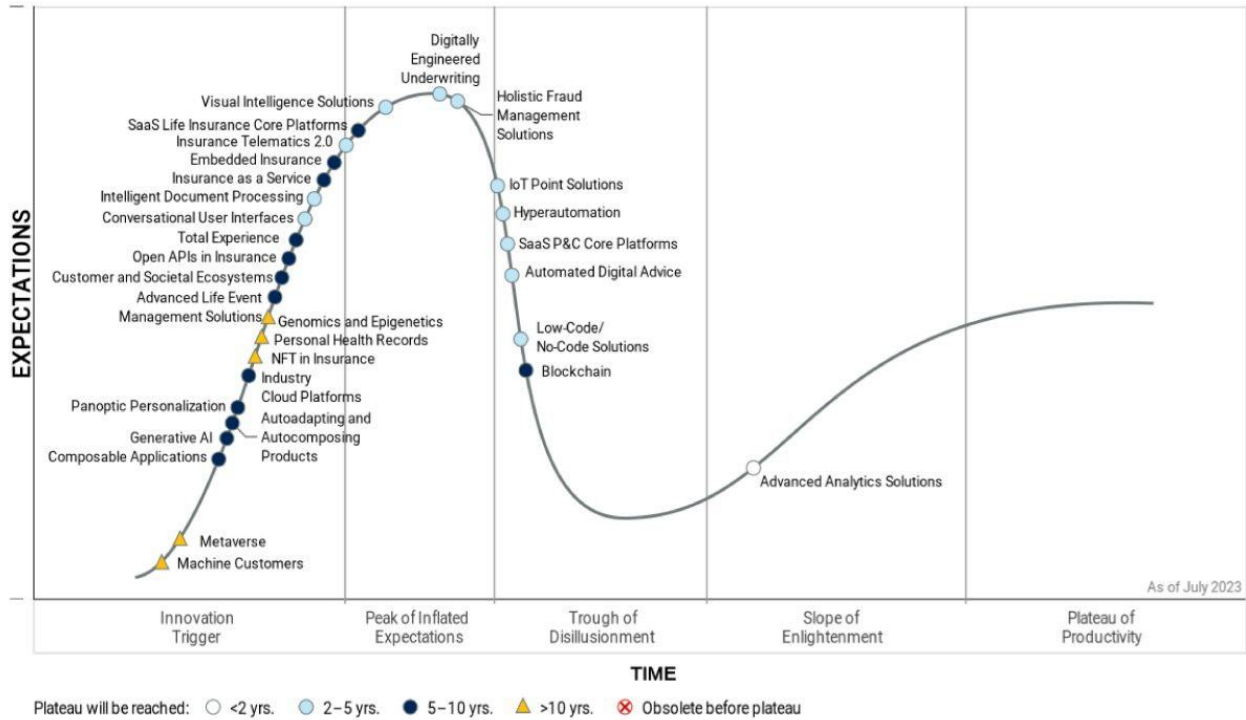


#### Straight Through Processing

Claims management will shift from 80% traditional and 0% no-touch to 40% traditional and 20% no-touch by 2030.

Carrot Connect, 2024

Hype Cycle For Digital Life and P&C Insurance, 2023



Gartner has identified three key technologies that can potentially transform the insurance value chain and 18 others that will have a significant impact.

On reviewing the above Gartner Hype Cycle there is a clear emphasis on expanding data usage to gain better insights into risks and customer needs, thereby improving efficiency and agility. Secondly, the focus is on driving automation adoption, moving beyond basic technology to apply a business outcome-driven approach with various automation tools.

Lastly, preparing for a more open insurance environment in the future will be crucial for insurers, which involves investing in APIs, evaluating open APIs, and industry cloud platforms, while also modernising core systems to build a robust foundation for the future of the insurance sector.

Gartner predicts that leading insurers will adopt a customer-centric strategy by integrating customer and societal ecosystem insights. This will involve applying comprehensive personalisation to better align insurance products with customer needs, ensuring a more tailored and relevant experience for everyone.

## Ones to watch

Gartner's top three technologies set to transform insurance are:

- 01 Auto Adapting Products**
- 02 Customer & Societal Ecosystems**
- 03 Genomics & Epigenetics**

# ACE

## Shaping the future: how RDT's ACE is revolutionising automation

Discover how our cutting-edge automation solution empowers our clients to streamline operations, enhance efficiency and adapt to industry demands. From claims processing to policy management, ACE simplifies workflows, ensuring optimal performance and customer satisfaction.

### Client Case Studies



87% of insurance claims are resolved with just one touch



Estimated headcount saving £2m FTE from Total Loss book alone



Claims that took 3 weeks to close now take less than 3 days



60% Surge in Net Promoter Scores

## What is ACE?

Our cutting-edge workflow orchestration software transforms processes, boosts efficiency and elevates customer experience across the claims cycle.

### Out of the box functionality

ACE provides customisable workflow templates for the insurance sector and supports the development of bespoke workflows. With a library of standard integrations and expandable API capabilities, ACE fosters seamless collaboration across modern and legacy platforms.

### Artificial Intelligence

ACE can harness data from external sources, creating a living system capable of self-learning and continuous improvement. Thousands of data points are at your disposal as the system meticulously records every decision made, allowing it to learn and adapt.

### Empower Business Users

ACE empowers users with intuitive drag-and-drop workflow creation, integrated BPMN capabilities, and robust tools for process optimisation. Business users can customise workflows, adjust variables, conduct A/B testing, mine data, and generate insightful reports. Automating tasks, ACE greatly enhances productivity, enabling teams to concentrate on strategic goals.

## Talent in a changing landscape



As the insurance industry evolves, traditional claims roles are expected to diminish, with a corresponding shift in the skills required.

The position of a claims handler is likely to be divided into two distinct roles, with new roles emerging.



### Digitally Enabled Advisors

The first will be a digitally enabled customer advisor, focusing on simple claims. This role will leverage digital tools to efficiently process straightforward claims, providing quick and effective customer service.



### Claims Prevention Specialist

This role focuses on identifying potential risk factors and implementing strategies to prevent claims before they occur. By analysing data and trends, claims prevention specialists can advise on risk management strategies, thereby reducing the frequency and severity of claims.

This proactive approach benefits the insurer in terms of reduced claim costs and enhances customer satisfaction by minimising the likelihood of loss or damage.



### Digitally Supported Complex-Claim Adjustors

The second role will involve complex-claims handling, where individuals are equipped with digital tools to aid managing claims that are too intricate for current automated systems.

This position focuses on the resolution of highly complex claims that surpass the capabilities of existing automation technologies.



### Claims Technology Product Owner

This individual will oversee the development and implementation of claims-related technology solutions.

They will be crucial in bridging the gap between technological advancements and practical, everyday claims processing.



## Economic trends and strategic shifts



Insurers are grappling external economic and pricing pressures, stagnant demand in mature markets, modest productivity and a range of significant disruptions, leading to a focus on digital claims optimisation. Rapid inflation, macroeconomic uncertainty, talent management challenges and supply chain delays have driven this.

The industry is also contending with economic volatility and significant disruptions, again, leading to a focus on digital claims optimisation. Rapid inflation, macroeconomic uncertainty, talent management challenges, and supply chain delays drive this.

These factors collectively push the industry towards adopting digital solutions to manage these complexities.

In this context, three strategic trends are emerging, poised to significantly influence future claims management.

## Embedded insurance

Embedded insurance, which integrates protection seamlessly into daily life, is becoming increasingly popular among consumers looking to safeguard important purchases. This next generation offering extends well beyond traditional mobile phone coverage, travel insurance, and product warranties.

The Asia-Pacific region has witnessed significant growth in embedded insurance, driven by consumers' familiarity with direct distribution and the prevalence of multi-functional apps combining commerce, banking, and other services.

In contrast, Europe's adoption has been slower, largely due to stringent data privacy and conduct regulations, although Open Insurance rules could accelerate this trend.

There's a growing trend towards deeper collaboration, with insurers increasingly seen as the driving force behind product offerings. Furthermore, embedded insurance is recognised for its potential to revolutionise claims processes by integrating risk prevention directly with insured assets.

### Risk prevention with Aviva partnerships

Aviva pays to install a sensor ("LeakBot") on its customers' incoming water pipes to detect even minuscule leaks. HomeServe can then repair these before a pipe floods at home, causing serious damage.



## Risk prevention

The insurance industry increasingly focuses on preventing claims before they happen, shifting from a traditional risk transfer model to a proactive risk mitigation approach.

An example of this is using technology in cars to automatically reroute them away from icy bridges in winter, thereby preventing potential accidents.

Simultaneously, there's a move towards redefining the claims experience to anticipate and meet customer needs seamlessly and provide a personalised experience. For instance, insurers offer customisable, real-time tracking of claim status and progress, enhancing transparency and customer engagement throughout the claims process.

This requires a fundamental change in the industry's value proposition, focusing on risk prevention and leveraging data analytics and AI for dynamic customer pricing and more tailored service offerings.



## Delivering Societal Value

Insurers are expected to be crucial in managing climate risks, developing solutions to cover personal and commercial coverage gaps, and contributing to sustainability efforts. This involves innovative products and services, like resiliency services and parametric coverages.

Recent research suggests that customers increasingly favour more sustainable options for handling claims.

Emissions can be reduced in three key claims areas:

### 1. Embed emission reduction at the policy level

Redesign insurance policies to support sustainable claims handling, promoting repairs with lower emissions, and using certified green suppliers.

### 2. Optimise the claims process

Claims handlers can reduce emissions by making eco-friendly decisions during the claims lifecycle. They can prioritise digital over on-site inspections, recommend repairs for less severe cases, and minimise recovery distances by directing claims to the nearest repairers.

### 3. Decarbonise the claims value chain

Effective supplier management is key to reducing claims emissions. Insurers can drive major direct emission reductions by encouraging suppliers to lower their emissions and monitoring their progress.

Strategies include enhancing recovery rates in total loss cases by salvaging more emissions-intensive materials like aluminium and developing a value chain for recycled parts to facilitate the use of lower-emission materials.

Insurers could also incentivise repair shops and partners to use this lower-emission value chain and promote those certified in green energy usage.

Reducing claims emissions can be an opportunity to rethink fundamental elements of the approach to claims.

# £500M

UK P&C insurance industry— with £20 billion in gross written premiums —could save up to £500 million by optimising indemnities while still pursuing actions that reduce emissions – Dan Fiehn, Compre.

## The rising tide of claims inflation

The insurance industry is currently facing a significant challenge with claims inflation, affecting various sectors, particularly Property and Casualty (P&C) insurance.

This trend is primarily due to the rising costs of materials and labour, compounded by logistical hurdles like shipping delays and supply chain bottlenecks, including a shortage of lorry drivers. These factors lead to more expensive and delayed claims.

The broader economic climate also plays a role. Fluctuating inflation rates and changes in monetary policies, such as those by the Bank of England, add layers of complexity for insurers. Although there's an expectation that inflation will eventually slow down, it's uncertain whether this decrease will align with the financial targets set by these institutions.

For insurers to effectively tackle this challenge, understanding and adapting to these factors is essential. Utilising a tool like ACE is crucial, as processes can be quickly optimised, keeping insurers ahead of fluctuating market conditions.





## Compliance challenges

The evolving landscape of privacy and regulatory uncertainty, particularly in health-related technologies, is poised to profoundly impact the future of insurance claims management.

As concerns about data privacy intensify, insurers may face challenges in leveraging new technologies for processing and analysing claims, especially those involving personal health information. This could slow the adoption of advanced data-driven tools like AI and machine learning, which are crucial for efficient claims processing and fraud detection.

Moreover, the cautious approach towards data handling mandated by privacy regulations will require insurers to invest more in secure data management systems. This could increase operational costs and necessitate more robust data governance frameworks. Insurers might also need to adapt their claims

processing protocols to comply with evolving regulations, potentially leading to longer processing times and a shift in the customer experience.

These privacy concerns could also influence customers' willingness to share data, impacting the amount and quality of data available for processing claims. This might limit the effectiveness of predictive analytics and risk assessment models, which rely heavily on large datasets.

However, this challenge also presents an opportunity for innovation in claims management. Insurers could develop new data collection and analysis methods that are privacy-compliant yet effective. This might include anonymising personal data or using synthetic data for training AI models, allowing the industry to continue benefiting from technological advancements while respecting privacy concerns.

# 07 Technology watchlist

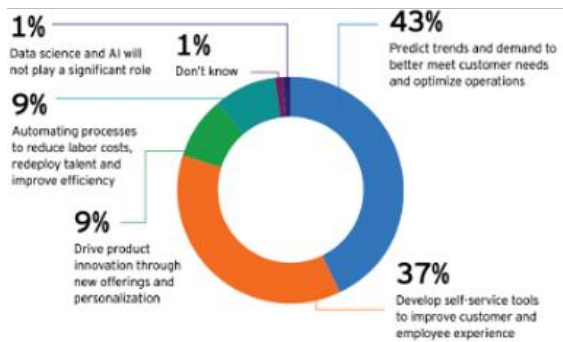


## AI

Despite the excitement surrounding AI, many insurers still seem hesitant to implement it in customer-facing tasks, mainly due to the current ambiguity in regulatory frameworks.

In summary, AI and machine learning algorithms can efficiently analyse and categorise large volumes of data, including claim documents, images, and historical records. The potential for data-driven decision-making is one of AI and ML's most substantial advantages to claims processing.

The most impactful use of AI in claims management will be accident and damage verification, information verification, completeness checks, fraud detection, intelligent claims assignment, and loss prevention. Early adopters are also exploring “human-in-the-loop” applications. For instance, Gen AI-based co-pilots or co-bots can enhance the productivity and value of knowledge for workers across the business.



Source: EY Tech Horizon global survey, 2022

More progressive insurers will use AI to help predict claim trajectories and address the root causes of claims inflation. Productivity and effectiveness will be improved materially by providing decision support to loss adjusters based on the complexity of the claim.

The potential of AI to enhance the value proposition and significantly improve customer experiences is an opportunity that should not be underestimated. This technology allows insurers to distinguish themselves in a competitive market.

## Hyperautomation

Recently, insurers have been pursuing enhanced automation and workforce augmentation, increasingly relying on vendors who blend traditional solutions like Business Process Management (BPM) and Robotic Process Automation (RPA) with AI and algorithms. This integration automates processes and transaction steps more efficiently.

Hyperautomation tools are emerging as the next advancement in automating, optimising, and transforming processes in the insurance industry.

Streamlining claims, particularly through straight-through processing, is a key goal for many insurers, especially in the Property and Casualty (P&C) sector. This approach is crucial when claims volumes are high but individual claim values are lower, optimising efficiency and speed in the claims handling process.

Intelligent document processing is becoming vital for enhancing operational efficiency in underwriting, claims, and supply chain management. It is key in extracting and analysing substantial information from semi-structured and unstructured data.

Insurers increasingly adopt visual intelligence solutions, encouraging customers to submit images and videos via smartphone apps. These solutions expedite claims and enable claims adjusters to remotely collaborate with policyholders in real-time, documenting property damage accurately while minimising travel time and expenses.



## Data analytics

Technological advancements have enabled insurers to collect and analyse vast amounts of data. This shift has led to more informed pricing, coverage, and risk assessment decisions.

The true transformation in the insurance industry occurs when data and insights are effectively utilised to guide claims decisions.

The ongoing evolution of cloud-based data platforms is streamlining this process significantly. With the advancement of logical data warehouses, also called data fabric, insurers find it increasingly simpler to manage and govern their data. This enhancement is vital as it renders the data more accessible and usable, particularly for AI and machine learning models, which are growing in importance within the sector.

Consequently, this leads to smarter and quicker decision-making, benefiting insurers and policyholders.

In the future, the insurance industry will benefit from easier access to new datasets, including real-time data from connected devices. This will not only expedite claims processing but also help in mitigating future loss risks. Additionally, adopting remote assessment technology will facilitate virtual inspections, enhancing decision-making accuracy.

## Chatbots

A critical moment for customer satisfaction occurs during claims. Claims are the core product that insurers offer. Enhancing the customer experience in this area can yield significant dividends when executed effectively.

Predictive chatbots will continue to materially improve self-service channels. Coupled with back-end automation, this will speed up claims processing, provide better data, and reduce manual touch points while enabling personalisation of the claims journey and supporting them at critical moments.

Gartner predicts conversational user interfaces will have a major benefit for insurers. Benefits include:

1. Improve efficiencies through human augmentation and automation in employee-facing use cases.
2. Access through natural-language prompts, by text or voice, allows claims handlers to accelerate interactions and navigation within their business applications.
3. Accelerate processing during busy periods and shorten customer response times.

## Rules engines & APIs

The scarcity of research material on business rules engines indicates a potential opportunity to capitalise on this information gap.

Business rules engines like ACE, enable non-technical staff to quickly create and implement new claims processes. Coupled with APIs (Application Programming Interfaces), they play a vital role in integrating legacy IT systems with modern ones and in sourcing data from diverse origins.

This capability markedly improves the speed and accuracy of claims processing. Additionally, it presents an opportunity to connect multiple ecosystem partners into a single, powerful platform, offering a comprehensive solution.



## Internet of Things (IoT)

IoT has been a key driver in the insurance industry's digital transformation, with connected devices like wearables, smart home appliances, vehicle telematics, and medical devices offering valuable data.

Gartner considers IoT to have reached its peak impact. However, future advancements, such as data from satellites and sensors creating detailed models of infrastructure and digital twins for communities, promise to narrow the protection gap with more robust and accurate simulations for enhanced protection.

## Beyond the next five-year horizon

The impact of Augmented and Virtual Reality (AVR), NFT's, and the metaverse on business is a subject of increasing interest and speculation among experts.

The metaverse, while not yet fully realised, is expected to see rapid growth, with predictions that 15-33% of global digital transaction spend could eventually shift to the metaverse. By 2030, its market value could reach \$8 to \$13 trillion. The metaverse, involving spatial computing and the overlay of virtual worlds onto our physical one, includes technologies such as blockchain, cryptocurrencies, artificial intelligence, NFTs, and AVR.

However, historical trends indicate that certain technologies can be overhyped and ultimately fail to meet expectations. For instance, blockchain, once highly touted, has seen its impact downgraded due to consortium failures and the non-materialisation of anticipated use cases.

The extent of their impact will depend on the pace of their adoption in broader society. Consequently, it is reasonable to anticipate that these technologies will not significantly impact in the next five years.

The relentless drive for better efficiency highlights the crucial role of claims rules engines like RDT's ACE platform in unlocking future value in the insurance sector.

This paper provides a comprehensive look at the evolution of claims management, highlighting past shifts in working and forecasting the role of technology and human skills in shaping the industry's future. Much of the transformation that has occurred has been triggered by technological advancement rather than being driven by the industry, and it is fair to assume this trend will continue.

The continuous integration of technologies such as data analytics and AI is transforming key aspects of the insurance industry, including customer interactions, risk assessment, and claims management. This shift highlights a significant move towards digital processes, a trend accelerated by macroeconomic market conditions and exemplified by the increased adoption of virtual claims handling during the COVID-19 pandemic.

Looking ahead, improving efficiency and customer experience will be driven by a blend of technology and human interaction in claims processing. Data usage will continue to expand, along with high levels of advanced automation and the emergence of an open insurance environment. Roles within the industry

will evolve, with digitally enabled claims handlers and new positions like claims technology product owners and claim prevention specialists emerging.

There will be a strategic shift towards digital optimisation and embedded insurance. Delivering societal value will gather momentum as regulators demand insurers play a crucial role in managing climate risks and sustainability efforts. In the long term, the impact of augmented and virtual reality and the metaverse are likely to have a profound impact on claims management as these types of digital interactions become more commonplace in daily life.

We are at the cusp of an exhilarating era in insurance and technology. RDT, with its deep-rooted expertise in delivering market-leading solutions, is perfectly poised to play a crucial role in guiding insurers and MGAs through the evolving landscape. The continuous pursuit of optimisation brings to the forefront the potential of claims rules engines like the ACE platform. With its ideal design for enhancing efficiency, building robust ecosystems, and hastening the journey to value realisation, RDT is not just a participant but a driving force in this exciting journey of transformation.



Established in 1991, RDT balance longstanding heritage with a dynamic, forward-looking approach, and are the architects behind some of the UK's most widely embraced insurance software. Through deep collaboration with clients, we have built tailored solutions that turbocharge performance and sharpen competitive edges within the insurance industry.

At the heart of our ethos is a boundless commitment to innovation, exemplified by our agile methodology, which ensures lightning-fast and rock-solid development. This agile approach not only fosters boundless creativity and collaboration but has led to our new workflow orchestration technology, automating processes across the insurance lifecycle, setting new standards of speed and precision.

But RDT isn't just about delivering top-tier software solutions; we're dynamic partners in our clients' technology journeys, propelling them towards a future defined by success and excellence. Discover the RDT difference and join us on a journey towards unparalleled efficiency, profitability, and innovation.

## Are you ready to transform your insurance business with cutting-edge technology?

Connect with us today to explore how our bespoke software solutions, tailored to your unique needs, can elevate your operations and give you a competitive edge. Let's redefine the future of insurance together.

Contact [RDT](#) now and take the first step towards a more efficient, profitable, and secure future in the insurance industry.

[Get in touch](#)



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