GENERAL INSURANCE STANDARD OPERATING PROCEDURE

End-to-End Hassle-Free Claims Lifecycle

DOCUMENT REF	EFFECTIVE PERIOD	TARGET SLA
SOP-CLM-001	**2026 Operational Year**	**24–48 Hours Settlement**

1. Executive Overview & Guiding Charter

This document details the operational architecture of an automated, hassle-free claims handling process. The objective is to eliminate administrative delays, provide full visibility to insured policyholders and brokers, and enforce aggressive Service Level Agreements (SLAs) from first notice of loss (FNOL) through final indemnity discharge.

Utmost Good Faith & Proactive Communication: Every claim is acknowledged instantly with designated handler contacts and clear milestone notifications.

Document Minimization: Strict adherence to class-essential documentation; eliminating repetitive or unessential administrative friction.

Digital Self-Service & Express Assessment: Digital image and video submission for sub-threshold losses to bypass physical inspection waits.

Guaranteed Payout Timelines: Direct electronic funds transfer (EFT) within 24 to 48 hours upon receipt of an executed Discharge Voucher.

2. Comprehensive Step-by-Step Workflow & SLA Schedule

Step 1: First Notice of Loss (FNOL) [SLA: Within 24–72 hrs of incident]

Client or broker submits incident details via self-service portal, incident WhatsApp desk, or dedicated claims email. Immediate emergency mitigation advice is dispensed automatically.

Step 2: Intake, Triage & File Allocation [SLA: Within 2 Business Hours]

The Claims Management System verifies policy validity, confirms premium warranty compliance, generates a unique Claim Reference ID, and assigns a designated Claims Handler. Client receives an SMS/Email receipt.

Step 3: Track Categorization (Fast-Track vs. Standard) [SLA: Within 4 Business Hours]

- Fast-Track (Express): For minor property damage, windscreen breakage, or small own-damage vehicle claims below ₦1,000,000. Photos/videos evaluated directly.
- Standard Track: For major property, burglary, marine, or third-party liability claims. Field surveyor/loss adjuster dispatched immediately.

Step 4: Inspection & Loss Adjustment [SLA: 24 to 48 Hours]

Field adjuster survey conducted within 24h (urban centers) or 48h (remote locations). Preliminary survey report submitted within 48h. Adjuster prepares transparent adjustment sheet detailing gross loss, policy excess, and net adjustment.

Step 5: Electronic Discharge Voucher (DV) Issuance **[SLA: Within 24 Hours of Assessment]**

Adjusted offer and digital Discharge Voucher sent via e-sign portal or secure authorization. Insured reviews and signs electronically without cumbersome paper notarization requirements.

Step 6: Payment Disbursement & File Closure **[SLA: 24 to 48 Hours from DV Receipt]**

Automated finance batch processing dispatches direct electronic fund transfer (EFT) to the client's verified bank account. Remittance advice and formal settlement notification are delivered automatically.

Step 7: Post-Settlement Review & Subrogation Recovery **[SLA: Post-Disbursement]**

Where third-party liability exists, the subrogation desk initiates recovery proceedings against third-party insurers without holding up the client's initial indemnity payment.

3. Streamlined Documentation Matrix (No-Runaround Checklist)

Motor Comprehensive	• Completed Claim Form • Driver's License copy • Incident photos showing registration & damage • Repair estimate from approved garage • Police Report (only if theft or bodily injury)	**3 – 5 Business Days**
Fire & Special Perils	• Inventory of damaged property • Municipal Fire Service report (where applicable) • Asset purchase records / invoices • Reinstatement / Repair quote	**5 – 7 Business Days**
Burglary & Theft	• Police Extract / Incident Report • Photographic proof of forcible/violent entry • Itemized inventory and valuation of stolen goods	**5 – 7 Business Days**
Marine Cargo	• Original Bill of Lading / Airway Bill • Commercial Invoice & Packing List • Exception/Delivery receipt with damage remarks • Joint Survey Report	**5 – 10 Business Days**
Public Liability	• Third-party formal letter of claim • Detailed incident report • Photographs of damage / Medical bills • (Strictly no admission of liability by insured)	**7 – 14 Business Days**

4. Dispute Governance & Customer Protections

No Unilateral Repudiation: Claims cannot be rejected without a formal repudiation memorandum co-signed by Head of Claims and Chief Legal Counsel, explicitly stating policy clauses.

Interim Relief Facility: For complex corporate property or industrial losses where assessment is

prolonged, an advance payment of up to 50% of the undisputed loss is released within 7 days to preserve business continuity.

Tiered Escalation Matrix: Level 1: Claims Adjuster (24h) | Level 2: Head of Claims (48h) | Level 3: Executive Committee & Ombudsman (5 Business Days).