# **Re-assigning a claim guide for Compensators**

September 2024

Version 2.1

www.claimsportal.org.uk



#### **Overview**

The re-assign function **must only be** used in the following circumstances:

- 1. To forward a claim to a brand within your organisation
- 2. To forward a claim to a Third-Party Administrator (TPA) handling claims on behalf of your organisation
- 3. If you are a TPA, to forward a claim to an Insurer/Compensator organisation you are handling claims on behalf of



The re-assign function **must not be** used in the following circumstances:

- 1. To forward a claim to an external Insurer / Compensator not linked by brand to your organisation
- 2. If you are a Third-Party Administrator (TPA) to forward a claim to another TPA

Where these options occur, the claim/s should be rejected, returning them to the Claimant Representative for resubmission to the correct Compensator/Insurer.

#### Note:

The use of the Re-assign functionality is monitored for mis-use.

| <b>CLAIMS</b> P§RTAL | <b>∷</b> Worklist               |                                  |                   |                   |                        |                  |                            |
|----------------------|---------------------------------|----------------------------------|-------------------|-------------------|------------------------|------------------|----------------------------|
|                      | Search Criteria                 |                                  |                   |                   |                        |                  | ^                          |
| 🔒 Home               | Business Process                |                                  | Application St    | atus              |                        | Current Activity |                            |
| ≔ My Worklist        |                                 | •                                |                   |                   | Ŧ                      |                  | •                          |
| Q Search             | Pending Date dd/mm/yy  dd/mm/yy | y 🛱                              | Lock Status       | me O Unlock       | ed 🖲 All               |                  |                            |
| ≔ Users              | SEARCH                          |                                  |                   |                   |                        |                  | RESET                      |
|                      | 1 records found                 |                                  |                   |                   |                        |                  |                            |
|                      | Application ID                  | Claim<br>Type                    | Claim<br>Transfer | CR Ref.<br>Number | Comp<br>Ref.<br>Number | Claimant Name    | Activity Name              |
|                      | ► = . 000000000381799           | RTA<br>Process<br>version<br>9.5 | NO                | 0123456           |                        | test, Test       | F_0_25_AcceptClaimDecision |

Select 'My Worklist' from the home screen of your user profile. Open the relevant claim by clicking the document icon.

| Claim ID<br>000000000381799                            | 0          | R Reference num<br><b>123456</b> | ber                  | Insure<br>MIB N        | r Company Name<br>ISL 2 (COMP) |                   | Comp     | reference number    | Ô    | 0 (     | • 8    |
|--|------------|----------------------------------|----------------------|------------------------|--------------------------------|-------------------|----------|---------------------|------|---------|--------|
| Application: <b>RTA Process</b> Activity: <b>F_0</b> _ | 25_Accep   | otClaimDecision                  | Application Stat     | us: <b>Claim Submi</b> | tted                           |                   |          |                     |      |         |        |
| 1 Claim and Claimant Details                           | 2 N        | ledical Details                  | 3 Vehicle Da         | mage and Alternat      | ive vehicle provision          | 4 Accident Det    | ails     | 5 Other Party Det   | ails | 6 Lia   | bility |
| - Date Of Birth<br>01/01/2000                          | Ē          | Occupation —<br>Insurance        |                      |                        | Is this a child claim? —<br>No |                   | ~        | AskCUE PI Reference |      |         |        |
| National Insurance Number (NIN)<br>AB123456C           |            | Vehicle registra<br>TEST         | ation number —       |                        |                                |                   |          |                     |      |         |        |
| If the claimant does not have a National Ins           | urance nui | nber, please explai              | n why C              | laim decis             | ion ×                          |                   |          |                     |      |         |        |
|  |            |                                  | Do                   | you accept or rejec    | t this claim?                  |                   |          |                     |      |         | 1,     |
| Address 🗸  |            |                                  |                      | × REJECT               | 🗸 АССЕРТ                       |                   |          |                     |      |         |        |
| House Name<br>Linford Wood House                       |            |                                  | - Numb<br>6-12       |                        |                                | Postcod<br>MK14 6 | e<br>5XT |                     |      |         |        |
| Street 1<br>Capital Drive                              |            |                                  | Street 2             |                        |                                | District          | l Woo    | d                   |      |         |        |
| Town/City<br>MILTON KEYNES                             |            |                                  | County<br>Buckingham | shire                  |                                | Country<br>United | Kingd    | lom                 |      |         |        |
|  |            |                                  |                      |                        |                                |                   |          |                     |      |         |        |
| E→ EXIT PROCESS + CLAIM                                | ACTIONS    |                                  |                      |                        |                                |                   |          |                     | C    | LAIM DE |        |

If the claim is sent to you in error, select 'Claim decision' and then 'Reject'

| Claim ID<br>000000000381799                            | CR Reference numb<br>0123456 | ber                   | Insurer Co<br>MIB MSL 2 | mpany Name<br>2 (COMP)     | Com<br>-               | np reference number                    | ê U <b>- B</b> |
|--|------------------------------|-----------------------|-------------------------|----------------------------|------------------------|--|----------------|
| Application: <b>RTA Process</b> Activity: <b>F_0_2</b> | 25_AcceptClaimDecision       | Application State     | tus: Claim Submitted    |                            |                        |  |                |
| 1 Claim and Claimant Details                           | 2 Medical Details            | 3 Vehicle Da          | mage and Alternative v  | ehicle provision           | 4 Accident Details     | 5 Other Party Detail                   | s 6 Liability  |
| Date Of Birth<br>01/01/2000                            | Occupation<br>Insurance      |                       | ls<br>N                 | this a child claim? —<br>O |                        | AskCUE PI Reference –<br>ASKCUEPI12345 |                |
| National Insurance Number (NIN) AB123456C              | Vehicle registra<br>TEST     | tion number —         |                         |                            |                        |  |                |
| If the claimant does not have a National Insu          | rance numt                   | •                     |                         |                            | ×                      |  |                |
| Address 🗸  | @ REA                        | SSIGN                 | #+ RE-ALLOCATE TO       | BRANCH                     | ペ STATE FRAUD          |  |                |
| House Name   |                              | Number                |                         |                            | Postcode –<br>MK14 6XT |  |                |
| Street 1<br>Capital Drive                              |                              | Street 2              |                         |                            | District<br>Linford We | bod                                    |                |
| Town/City<br>MILTON KEYNES                             |                              | County<br>Buckinghams | shire                   |                            | Country<br>United Kin  | gdom                                   |                |
| [→ EXIT PROCESS + CLAIM A                              | CTIONS                       |                       |                         |                            |                        |  | CLAIM DECISION |

To send the claim to another Organisation, click on 'Claims actions' and then 'Re-assign'

| 1 Claim and Claimant Details                                | 2 Medical Details       | 3 Vehicle Damage and Alter                    | rnative vehicle provision     | 4 Accident Details       | 5 Other Party Details                | 6 Liability  |
|---|-------------------------|---|-------------------------------|--------------------------|--------------------------------------|--------------|
| ate Of Birth<br>1/01/2000<br>ational Insurance Number (NIN) | Occupation<br>Insurance | ation number                                  | Is this a child claim? –      | ~                        | AskCUE PI Reference<br>ASKCUEPI12345 |              |
| 123456C<br>claimant does not have a National Insuran        | ice number, ple         | eassign<br>you sure that you want to reassign | the claim to another insurer? | ×                        |                                      |              |
| ddress ✓<br>House Name<br>Linford Wood House                |                         | 6-12  | CANCEL                        | CONFIRM<br>MK14 6XT      |                                      |              |
| Street 1<br>Capital Drive                                   |                         | Street 2                                      |                               | District<br>Linford Wood |                                      |              |
| Town/City<br>MILTON KEYNES                                  |                         | County<br>Buckinghamshire                     |                               | Country<br>United Kingdo | om                                   |              |
|   |                         |   |                               |                          |                                      |              |
| EXIT PROCESS + CLAIM ACT                                    | TONS                    |   |                               |                          |                                      | LAIM DECISIO |

| Claim ID CR Reference num<br>00000000381799 0123456   | iber Insurer Company Name<br>MIB MSL 2 (COMP) | Comp reference number           |  |  |  |  |  |  |  |
|---|---|---------------------------------|--|--|--|--|--|--|--|
| Application: RTA Process Activity: F_10_21_ReassignClaimToInsurer Application Status: Claim Submitted |   |                                 |  |  |  |  |  |  |  |
| Assign to insurer   |   |                                 |  |  |  |  |  |  |  |
| MIB MSL 2 (COMP) (trXL12000)  |   | SELECT INSURER                  |  |  |  |  |  |  |  |
| Search Insurer 🗸  |   |                                 |  |  |  |  |  |  |  |
| Insurer Type Insurer V  | CRIF  | SEARCH MOTOR INSURER'S DATABASE |  |  |  |  |  |  |  |
| # Insurer Name 🗘  | Company Name 🗘                                |                                 |  |  |  |  |  |  |  |
| 1 CRIF Alternate COMP   | CRIF Alternate COMP                           | SELECT                          |  |  |  |  |  |  |  |
| 2 CRIF Helpdesk Comp  | CRIF Helpdesk Comp                            | SELECT                          |  |  |  |  |  |  |  |
| 3 CRIF HELPDESK Insurer   | CRIF HELPDESK Insurer                         | SELECT                          |  |  |  |  |  |  |  |
| 4 CRIF Insurer  | CRIF Insurer                                  | SELECT                          |  |  |  |  |  |  |  |
| 5 Crif Insurer  | Crif Insurer                                  | SELECT                          |  |  |  |  |  |  |  |
| 6 CRIF SW Compensator   | CRIF SW Compensator                           | SELECT                          |  |  |  |  |  |  |  |
| 7 CRIF2 SW Compensator  | CRIF2 SW Compensator                          | SELECT                          |  |  |  |  |  |  |  |
|   | <b>0</b> 2024 Gif G = 1                       |                                 |  |  |  |  |  |  |  |
|   | © 2024 Crit S.p.A                             |                                 |  |  |  |  |  |  |  |

Press 'Select insurer', then type the name of the insurer. The results will appear as above.

| Claim ID<br>000000000381799                               | CR Reference number<br>0123456        | Insurer Company Name<br>MIB MSL 2 (COMP) | Comp reference number<br>- | ê U <b>e</b> B |
|---|---------------------------------------|--|----------------------------|----------------|
| Application: <b>RTA Process</b> Activity: <b>F</b> _      | 10_21_ReassignClaimToInsurer Applicat | ion Status: Claim Submitted              |                            |                |
| Assign to insurer   |                                       |  |                            |                |
| Claim Information ~                                       |                                       |  |                            |                |
| Insurer Information × -                                   |                                       |  |                            |                |
| Insurer Information 🗸                                     |                                       |  |                            |                |
| Selected Insurer Name *<br>CRIF Alternate COMP (CRIF_ALT_ | _COMP)                                |  |                            | SELECT INSURER |
| BACK  |                                       |  |                            | ASSIGN         |
|   |                                       |  |                            |                |

#### Select the appropriate insurer and then press 'Assign'

| Application 000000000381799                 |                           | Ар  | plication ID                                      | 000000000381799            |  |   |
|---|---------------------------|-----|---|----------------------------|--|---|
| i Application Info Ø A<br>⑦ Process History | i Application Info        |     | in Applicant                                      | Applicant test, Test       |  |   |
| H Process Details                           |                           | Pro | cess  | RTA Process                |  |   |
|   |                           | Ар  | blication Status                                  | Claim Submitted            |  |   |
|   |                           | Act | ivity   | F_0_25_AcceptClaimDecision |  |   |
| Application Info                            |                           |     |   |                            |  |   |
| Application Owner                           | ≗ trnathan_testCR 開 001   |     | Indexed Fields                                    |                            |  | Worklist (Process)                              |
| Process Starter                             | 💄 trnathan_testCR 🛱 001   |     | GDPR Owner Su                                     | irname                     |  | P COMP Branch Claim Dispatcher 📲 001            |
| Last Activity completed by                  | 💄 trnathan_testcomp 🛱 001 |     | GDPR Accident                                     | Data VRN                   |  | P COMP Branch Claim Handler 🛱 001               |
| Start Date                                  | Sep 10, 2024, 1:19:50 PM  |     | GDPR Owner Na                                     | ame                        |  | P COMP Branch Claim Handler Team Leader 🛛 🛱 001 |
| Pending Date                                | Sep 10, 2024, 3:47:15 PM  |     | GDPR Owner Po                                     | ostCode                    |  | P COMP Claim Dispatcher 🗧 001                   |
| Dispatch Date                               | Sep 10, 2024, 3:47:15 PM  |     | GDPR Insurer Response A2A Defendant Date Of Birth |                            |  | P COMP Claim Dispatcher 🛛 002                   |
| Age of Application                          | 2 hours, 27 minutes       |     | GDPR Driver Surname                               |                            |  | P COMP Claim Handler 🛱 001                      |
| Pending Period                              |                           |     | GDPR OtherPart                                    | ty PostCode                |  | P COMP Claim Handler 🛱 002                      |
|   |                           |     | GDPR OtherPart                                    | ty VRN                     |  | 🔎 COMP Claim Handler Team Leader 🛛 🛱 001        |

This will take you back the overview screen of the claim.

| <b>CLAIMS</b> P©RTAL | i≣ Worklist  |  |
|----------------------|--|--|
|                      | Search Criteria                                      | ^                                      |
| 🔒 Home               | Business Process                                     | Application Status Current Activity    |
| 😑 My Worklist        | · · · · · ·  |  |
| Q Search             | ✓     dd/mm/yyyy     iiii     dd/mm/yyyy     iiiii   | Clock Status O Locked by me O Unlocked |
| ⊞ Users              | SEARCH   | RESET                                  |
|                      | 0 records found                                      |  |
|                      | No Applications were found with the selected Filters |  |
|                      |  |  |
|                      |  |  |
|                      |  |  |
|                      |  |  |
|                      |  |  |
|                      |  |  |

The claim will no longer be visible in your worklist.

|   |                   | Working on          | Other Activities   | in vour Worklist  |                                       |
|---|-------------------|---------------------|--------------------|---|---------------------------------------|
|   | Home              | You are not working | on any Activity    |   |                                       |
| ٥ | Start new process | Notifications       |                    |   |                                       |
| ≣ | My Worklist       |                     | Date               | Notification messages   |                                       |
| ۹ | Search            | 1. 🔀 🖃              | September 10, 2024 | Claim 000000000381799 re-assigned by MIB MSL 2 (COMP) to CRIF Alternate COMP. |                                       |
| ≡ | Users             |                     |                    |   | DELETE ALL NOTIFICATIONS VIEW ALL (1) |
|   |                   |                     |                    |   |                                       |
|   |                   |                     |                    |   |                                       |
|   |                   |                     |                    |   |                                       |
|   |                   |                     |                    |   |                                       |
|   |                   |                     |                    |   |                                       |
|   |                   |                     |                    |   |                                       |
|   |                   |                     |                    |   |                                       |

The Claimant Representative will receive a notification advising of the claim being re-assigned.