

MARKET BULLETIN

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Title	Claims Transformation Programme: Revised 2010 Claims Scheme Process Guidelines for Legacy Phase 2 Implementation
Purpose	To communicate the revised 2010 Claims Scheme Process Guidelines
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Related links	www.loyds.com/claimsscheme www.loyds.com/legacy

On 31 March 2014 Lloyd's published [Market Bulletin Y4783](#), which announced the expansion of the Claims Transformation Project ("CTP") claims agreement practices to legacy claims in the property, treaty reinsurance and accident & health classes (Phase 2 claims) with effect from 30 June 2014. The bulletin contained a revised Schedule 5 to the Lloyd's Claims Scheme (Combined), which has been updated to reflect the incorporation of the Phase 2 claims into CTP.

The purpose of this bulletin is to communicate the updated 2010 Claims Scheme Process Guidelines in advance of the implementation of Phase 2. These revisions comprise guidance on the conversion of Phase 2 claims from a prior scheme to the 2010 Claims Scheme and the handling of such legacy claims on paper. A copy of the updated Process Guidelines is included with this bulletin.

The Lloyd's Claims Scheme (Combined) and all related material, including the updated 2010 Claims Scheme Process Guidelines, can be found at www.loyds.com/claimsscheme.

Further Information

If you have any questions regarding the above or comments on the guidelines, including matters that might be addressed in market training, please contact the project team at: CTP@loyds.com or +44 (0)20 7327 5900.

CTP: 2010 CLAIMS SCHEME PROCESS GUIDELINES

VERSION 6.0

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DOCUMENT PURPOSE

This document has been produced in conjunction with the managing agents working group to support compliance with the Lloyd's 2010 Claims Scheme (the "2010 Claims Scheme"), as contained within the Lloyd's Claims Scheme (Combined). It sets out the process by which the underwriters will operate the 2010 Claims Scheme. This document is supplemental to, but does not form part of, the Lloyd's Claims Scheme (Combined).

These Guidelines are not intended to be prescriptive recognising that, subject to compliance with the 2010 Claims Scheme:

- Managing agents will need to exercise their judgment in each instance to respond to claims and communicate with other Lloyd's syndicates appropriately.
- There may be circumstances where a managing agent will require further assistance in implementing the 2010 Claims Scheme or these Guidelines. Assistance may be obtained from the Lloyd's Claims Project Team at either CTP@lloyds.com or 020 7327 5900.

Further details regarding all aspects of the 2010 Claims Scheme and the Lloyd's Claims Scheme (Combined) can be found on Lloyd's website at www.lloyds.com/claimsscheme.

1.0 BACKGROUND

- In 2008/9 the Claims Business Requirements Review made a series of recommendations for the development of claims management in the Lloyd's market which were approved by the Franchise Board and the board of the LMA. These recommendations included a revised claims agreement framework incorporated into a new claims scheme called the 2010 Pilot Scheme, to be tested as a pilot ("2010 Pilot"). The progression of pilot claims was monitored by Lloyd's against the formal success criteria established by the Claims Implementation Board ("CIB") and approved by the Franchise Board.
- The success criteria were met or exceeded and in February 2011 it was recommended by the CIB, and subsequently approved by the Franchise Board, that the scope of the 2010 Pilot Scheme would be expanded in a series of phases to all other classes of business. The three phased expansions took place during 2011 and 2012, and are supported by a revised Lloyd's Claims Scheme called the Lloyd's Claims Scheme (Combined), which incorporates both the 2006 Claims Scheme and the now renamed 2010 Claims Scheme, and which came into effect from 1 January 2012. All active risk codes have been in scope of the 2010 Claims Scheme from 1 July 2012.
- In order to fully realise the benefits of the CTP agreement practices (principally enhanced customer service from a 54% reduction in transaction times) the CIB recommended to the Franchise Board in December 2012 that the scope of the 2010 Claims Scheme should be applied to those existing open subscription market claims that are currently being handled in accordance with the 2006 Claims Scheme and prior ("Legacy claims"). It was further recommended that this implementation of Legacy claims should be phased by class of business. The Franchise Board approved this recommendation in 2013, and from 31 December 2013, Legacy claims in the marine and energy classes were made subject to the 2010 Claims Scheme. With effect from 30 June 2014 Legacy claims in the property, treaty reinsurance and accident & health classes will also be subject to the 2010 Claims Scheme.
- For each risk code the inception date after which policies are subject to the 2010 Claims Scheme is listed in Schedule 5 of the Lloyd's Claims Scheme (Combined). The most recent version is appended to Lloyd's Market

Bulletin Y4783 issued on 31 March 2014. This has been updated to reflect the incorporation of the latest phase of Legacy risk codes to be migrated. For full details please use the link to www.lloyds.com/claimsscheme.

2.0 THE LLOYD'S CLAIMS SCHEME (COMBINED)

- The Lloyd's Claims Schemes (the 2010 Claims Scheme and prior schemes) are intended to provide a framework by which Lloyd's subscription claims can be determined to ensure a consistent approach that delivers the best service to the customer in terms of fairness and speed. The schemes also ensure adequate protection is afforded to all Lloyd's syndicates on the risk in the way that claims are determined. Over time a number of claims schemes have been implemented and Lloyd's has made changes to them to ensure that they reflect the changing needs of the market and evolving best practice.
- As such, at the end of 2011 the arrangement of the Lloyd's 2006 Claims Scheme (as amended) was revised to reflect the fact that the 2010 Pilot Scheme (previously contained as an annex to the 2006 Claims Scheme) is no longer a pilot. It was replaced by the Lloyd's Claims Scheme (Combined), which was issued in September 2011 and came into force from 1 January 2012. The Lloyd's Claims Scheme (Combined) now consists of an introductory section which sets out the scope of the 2006 and 2010 Claims Schemes. Part I of the Scheme sets out the 2006 Claims Scheme. Part II sets out the 2010 Claims Scheme. These sections are followed by five schedules.

Part I: 2006 Claims Scheme

- The scope of the 2006 Claims Scheme remains unchanged. With regards to the requirements of the scheme, following feedback from the market, paragraphs 8, 9 and 13 were amended with effect from 1 January 2012 to enhance the rights of the following syndicates to receive information relating to dispute resolution proceedings where the syndicates are parties. These changes mirror similar provisions in the 2010 Claims Scheme. The 2006 Claims Scheme otherwise has not been changed other than to reflect changes to the defined terms used. For example in this section, "*scheme claims*" are now referred to as "*2006 scheme claims*".

Part II: 2010 Claims Scheme

- The 2010 Claims Scheme and its operation is the subject of this document.

3.0 SCOPE OF THE 2010 CLAIMS SCHEME

The formal scope of the 2010 Claim Scheme is set out in Part 2, paragraph 1 of the Lloyd's Claim Scheme (Combined). In outline, as originally communicated via Market Bulletin Y4522 on 30 September 2013, all claims transacted via ECF arising from subscription risks with the risk code(s) listed in Schedule 5 of the Lloyd's Claims Scheme (Combined) are within the scope of CTP, provided that:

- the inception date of any open market policy is on or after the date specified in column E of Schedule 5; or where applicable,
- the inception date of any binding authority is on or after the date specified in column F of Schedule 5.

Please note that the latest version of Schedule 5 was communicated via Market Bulletin Y4783 on 31 March 2014 to incorporate the latest phase of Legacy risk codes.

In respect of CTP Legacy claims, in Schedule 5 the inception dates for open market policies and binding authorities (columns E and F respectively) that have been brought within scope of the 2010 scheme have been amended to read "All Policies". This means that all subscription market claims which attach to these risk codes should be determined in accordance with the 2010 Claims Scheme, including existing claims previously handled under the 2006 Claims Scheme or prior, and including claims transacted via paper.

However, there are two claim types which are not included in Legacy Phase 2, and will be introduced in the third and final phase at the end of 2014. They are:

- Claims attaching to Canadian Binders which are handled via Scheme Canada (using the Lineage system);
- Claims attaching to binders which contain both 1st and 3rd Party sections under different risk codes (e.g. a binder which contains both property and casualty sections). NB. it is common for a property binder to have a single risk code (e.g. B2, B3) but have 3rd party/liability components advised against it. These are in scope of Phase 2 since they attach to a single risk code.

Please note that for Legacy Phase 1, claims attaching to Motor Truck Cargo / Fire Theft Collision binders (MTC / FTC) were deferred to Phase 2 (since they are part marine and part property). These binders will be introduced with Phase 2 on 30 June 2014.

Please note that claims attaching to 'Singleton' risks (where there is only one syndicate on risk or each of the syndicates is managed by the same managing agent) continue to remain out of scope of both the 2006 and 2010 Claims Schemes. See Section 4.2 below for details on how the ECF 'Claims Scheme Indicator' should be used for Singletons.

Consortia, Package Policies, Full Follow and Delegation

- With regard to Consortia risks, if a policy is written by a *single* Consortium, and there is no other Lloyd's participation outside of the Consortium, it is considered a Singleton and therefore claims notified against these policies will be out of scope of CTP, subject to any contrary provisions in the Consortium agreement. If written by more than one Consortium and/or there is additional Lloyd's participation it is considered a subscription risk and claims would therefore be in scope provided all other necessary scope criteria are fulfilled. For Complex claims it would be the first syndicate *outside* of the Consortium who fulfils the Second Lead role (or in the case of two Consortia on risk the delegated claims agreement party of the following Consortium should fulfil the Second Lead role for claims agreement).
- Where a contract contains several sections (e.g. 'package policies') and one or more sections relate to a 2010 Claims Scheme risk code(s), the 2010 Claims Scheme will apply only to the sections that fall within the 2010 Claims Scheme risk code(s).
- Contracts written on a "full follow" basis are within the scope of the 2010 Claims Scheme for the Lloyd's market and are therefore subject to the 2010 Claims Scheme rules. It is the responsibility of the Lead to assign the claim to the appropriate triage category, where necessary liaising with the Second and capturing any agreement within the claim file (either via ECF or within the paper file for Legacy claims) if it is decided to re-assign the claim to a different triage category other than that determined by the financial value alone.
- In June 2013, following the satisfactory evaluation of the CTP claims agreement practices and in response to a recommendation from the CIB, the Franchise Board concluded that there was no longer a need to restrict the

appointment of service providers for the delegation of the Second Lead claims role. Previously, managing agents were only able to outsource their Second Lead claims role to Xchanging Claims Services or another service provider if the managing agent already outsources determination of their Lead claims to that service provider.

- [Market Bulletin Y4707](#), issued on 2 July 2013, accordingly permits managing agents to delegate the determination of the Second Lead agreement role to a service provider of their choice provided that the provider is competent and appropriate taking into account Lloyd's Claims Management Principles and Minimum Standards and all other regulatory requirements. Managing agents are reminded that most claims outsourcing arrangements need to be properly documented and notified to Lloyd's in accordance with the Claims Outsourcing Arrangements List process as communicated in [Market Bulletin Y4630](#). Further details may be found at www.lloyds.com/claimsoutsourcing.

4.0 CLAIM HANDLING PROCEDURES

- All participants should be familiar with the Lloyd's ECF Systems, Processes and Procedures ("SP&P") and should continue to act in accordance with these provisions of the SP&P for the handling of ECF claims. As before, each claim should be determined based on its merits and on all the circumstances presented, having regard to the Lloyd's Claims Management Principles and Minimum Standards that apply. Within these overarching considerations, managing agents should endeavour to apply the following process guidelines.

4.1 Process Maps

The process of determining 2010 scheme claims is represented in the process maps at Appendix 1.

4.2 Identifying and categorising a 2010 scheme claim

All claims

- On receipt of notification of a claim the Managing Agent identified by the broker as Lead confirms that it has been correctly identified.
- The Lead should then ensure that:
 - the claim is not a Singleton;
 - if the claim has been advised via ECF that it is in scope for ECF;
 - if the claim has been advised via paper file that it is a Legacy claim as defined in the Background section above;
 - if attaching to an open market policy, that the policy incepts on or after the date shown in column E of Schedule 5 for that risk code, or;
 - if attaching to a binding authority, that the binding authority incepts on or after the date shown in column F of Schedule 5 for that risk code.

For the first advice of a new claim on ECF, the system will endeavour to identify the applicable claims scheme by using the risk code and Year of Account of the policy and will default the 'Claims Scheme' field to "2010" as appropriate. If any of the above criteria are not satisfied, particularly in the case of Singleton claims, the Lead de-selects "2010" in the Claims Scheme field on ECF and selects "2006 and prior".

For paper files introduced via CTP Legacy, please refer to Section 4.3 below for full details.

- In the event the Lead identifies any conflict of interest, that Managing Agent advises the broker and followers, via the usual methods for the presentation format (i.e. ECF or paper), and a new Lead is designated.

4.2.1 Claim Categories

- On receipt of notification of a 2010 scheme claim, the Lead considers the information then in hand and makes an initial assignment to one of the 2010 Claims Scheme categories. For ECF claims, the Lead then makes the related entry in the Triage Category field on ECF. For paper claims, the Lead should clearly reference the designated Triage Category on the 'Technical Processing Instruction Form' provided in Appendix 2, Section 7.6 below and described in Section 4.4.

Financial Considerations

- For open market claims, the Lead's assignment is guided by the amount potentially claimed¹ in the notification (or in the first advice indicating an amount to be potentially claimed), as stated in paragraph 2(d) in the 2010 Claims Scheme.
- The assignment value threshold between the Standard and Complex categories is set at a class of business level, to allow for variations in the value of the average claim between classes of business. The thresholds are detailed at risk code level within column D of Schedule 5 of the Lloyd's Claims Scheme (Combined). However, the value bands by class of business are as follows:

Class of Business	Financial Threshold (Lloyd's share)
Property Treaty	£500,000
Energy	£500,000
All other classes	£250,000

- When considering the financial value of a non-GBP claim the prevailing rate of exchange at the time at which the assessment takes place should be used.
- There may be situations where the GBP value of the claim may be just over or just under the threshold depending on the precise rate of exchange applied. In these situations the Lead should use their discretion, selecting an appropriate rate of exchange and triaging the claim based on the non-financial considerations (examples of which are given below) as well as the precise value.

Non-Financial Considerations

¹ includes notices of circumstances

- In addition to the financial value of the claim the Lead should, for every presentation of every 2010 scheme claim, also consider other factors that may apply to the category assigned.
- **If there are pending dispute resolution proceedings between the (re)insured and the syndicates in relation to the claim, the 2010 Claims Scheme requires the Lead to designate the matter as a Complex claim.**
- In addition the Lead may consider a range of other non-financial factors relevant to their class of business in assigning a claim category, including without limitation:
 - claims seeking extra contractual damages (including punitive damages) or claims seeking damages in excess of policy limits against the (re) insured or the (re) insurer;
 - criminal proceedings against the (re)insured;
 - claims where fraud or financial crime is alleged or otherwise at issue;
 - potential or actual denial of coverage;
 - notice or complaint from a regulatory body claiming improper handling of claim;
 - allegations of bad faith and /or potential breach of regulation, including SEC / regulatory investigations;
 - potential issues around the establishment of quantum;

 - multiple, complex, class action or high value lawsuits against (re)insured;
 - serious injury² and fatalities implicated by the claim;
 - periodic payment orders /settlements;

 - consideration of a client reported ultimate net loss;
 - consideration of clash cover position;
 - advanced and/or projected settlements.
- The Lead may wish to confer with the Second in evaluating these factors and making the assignment, and if any uncertainty remains, the claim is assigned to the Complex category.
- For claims arising from Binding Authorities:
 - Bordereaux which only contain claims which are within the TPA / Coverholder's delegated claims handling authority, as agreed in the Binding Authority, should be assigned Standard (even if the potential combined value of the component losses within the bordereaux presentation exceeds the financial threshold applicable to the relevant risk code, or the claim is to be denied where authority to handle denials is granted to the TPA / Coverholder within the binding authority).
 - All bordereaux which hold the financial detail of any above authority individual item(s) should also be assigned Standard, unless the Lead believes that there are any specific issues which they feel require the involvement of

² (a) Brain damage resulting in physical or intellectual impairment; coma
 (b) Loss of sight or hearing, loss of limb or permanent disability or disfigurement.
 (c) Paralysis and/or spinal cord damage, paraplegia, quadriplegia.
 (d) Second or third degree burns covering 50% or more of body.
 (e) Life-threatening internal injuries.

the Second. It is worth reiterating that the Lead may wish to confer with the Second in categorising either the bordereau entry and/or the individual entry, having regard to the non-financial factors described above.

- Individual claims which exceed the TPA / Coverholder's delegated claims handling authority will have separate claim presentations (in addition to the line item within the bordereau). These individual above authority items should be assigned according to the financial threshold for the risk code applicable to the binder claim (in column F of Schedule 5), and with due consideration of the non-financial factors (and as further explained above).
- For claims arising from Co-Lead Binding Authorities:
 - It should be noted that individual claims which exceed the TPA / Coverholder's delegated claims handling authority must still be advised via paper since these claims remain out of scope of the current implementation of ECF. For this reason, Co-Lead Binding Authorities will only be in scope of the 2010 Claims Scheme as and when the class of business to which they relate is brought into scope via CTP Legacy. For classes where Legacy remains out of scope claims arising from Co-Lead Binding Authorities should continue to be handled according to the current applicable Claims Scheme.
 - Where the bordereau is advised via ECF then the process as defined in the Lloyd's SP&P should be followed – please refer to the SP&P for full details.
 - Owing to the nature of Co-Lead binders there will always be *at least* two Co-Leads determining each claim submission (both bordereaux and above authority). Therefore all submissions arising from Co-Lead Binders should be assigned as Standard.
 - Please note that where there is only one syndicate / managing agent on a particular slip of a Co-Lead Binder then the 2010 Claims Scheme will not apply to that slip (but it would to other slips under the same Co-Lead Binding Authority which has a following market).
- Claims advised via treaty statements arising from proportional treaties (Treaty Scheme) should be triaged as Standard (even if the financial amount of the combined claim elements within the statement exceeds the financial threshold applicable to the relevant risk code), unless the Lead believes that there are any specific issues which they believe requires the involvement of the Second.

Triage Categories for Fee-Only Entries

- ECF claims created for the payment of professional fees on a separate underlying claim (known as "Parallel UCRs" – please refer to the Lloyd's SP&P document for further details) which are in scope of the 2010 Claims Scheme should be triaged according to the category of the claim to which they relate. However, in line with the process for re-categorising a Complex claim to a Standard claim, the Lead and Second can jointly re-assign a Complex fee-only entry to the Standard category on a claim by claim basis. Please refer to Section 4.5 "Ongoing management of the Claim" for full details of re-assigning a Complex claim.
- NB. For fee payments, which could arise from paper claims as well as ECF claims, the above principles should be applied when agreeing the fee transaction.

4.3 Legacy Claims: First presentation of a pre-existing Legacy claim

The introduction of Legacy claims will naturally require a slightly different approach, since these claims are already 'in flight' and have initially been determined in accordance with the 2006 Claims Scheme or prior. This section therefore describes the steps and considerations which should be undertaken by the Lead when presented with a Legacy claim for the first time.

Point of Triage Classification

- Although each phase of CTP Legacy has a specific go-live date (i.e. 31 December 2013 for Phase 1, 30 June 2014 for Phase 2 and 31 December 2014 for Phase 3), it is expected that *Legacy claims will not be designated a Triage Category until the claim's next natural presentation after the go-live date*. It should be noted that usually this will be via the broker creating a new ECF transaction or presenting the paper file to the Lead. However, in some circumstances, such as direct reporting cases, this could be triggered by the receipt of an update via a third party, such as a lawyer's or loss adjuster's report.
- It should therefore be noted that a Legacy claim should be assigned a Triage Category upon any update or notification which causes the resolution strategy of a claim to be reconsidered and / or revised or any further instruction or appointment of a third party. It is from this point that the obligations of representing the following market and the associated liabilities commences.
- Legacy claims should be assigned a triage category in the same way as described in Section 4.2 above.

Pre-existing queries on a Legacy claim

- Where a claim has an outstanding query raised by XCS in their Claims Agreement for Followers ("CAF") role (i.e. an adjusting query, rather than a technical or data-related query), and that query remains outstanding, it is the responsibility of the Lead (and Second Lead for Complex claims) to consider and assess the validity of that query.
- If the query is valid, then the Lead should re-raise the query within their comments to ensure that it is progressed with the broker.
- If it is felt that the query is not valid, then the Lead should include within their instruction to XCS Technical Processing (TP) that the query is no longer applicable and that the claim should be processed.
 - If the Legacy claim is on ECF, this would involve XCS TP amending the CAF-raise 'Query / Reject' response on the queried transaction to either 'Seen/Action' (for advices) or 'Agree Pay' (for settlements).
 - If the broker has created any subsequent transactions while the previous was still in its queried state, then as part of their review the Lead (and Second if applicable) should review these subsequent presentations to ensure that there is sufficient information to allow XCS TP to process these outstanding transactions. If further instruction to TP is required then the Lead should add these to the Public or Private Comments on ECF (although they have already responded to the transaction the system will allow further comments to be added).

4.4 Handling the claim

Lead

- The Lead ensures that the broker has:
 - provided the necessary documentation and information required to adjust the claim (and, for ECF claims, has loaded and identified on the Insurers' Market Repository the documents and information listed in the SP&P and identified in Appendix 2, Section 7.1);
 - identified the Lead and Second Claims Agreement Parties on the (relevant section of the) slip which is loaded onto the IMR;
 - identified as necessary any related policies in the London market not shown on the slip.

- When determining the claim the Lead is mindful that they are performing the adjustment *on behalf of all following syndicates on risk*, not just for their own share. For Legacy claims this includes handling any outstanding adjusting-related queries raised by XCS in their CAF role (as described in Section 4.3 above).
- The Lead endeavours throughout the life of the claim to identify the steps to be taken to resolve the claim, including where possible who will take these steps and the currently projected time frame. This should be made available to the following market via ECF.
- Before agreeing any transaction, from notification to closing the claim, the Lead ensures that sufficient information is available to enable XCS to accurately complete the Syndicate Claims Message (SCM) fields identified in Appendix 2, Section 7.4. For the sake of completeness, Appendix 2, Section 7.5 also indicates the remaining fields which XCS TP will complete. The Lead should also clearly state the narrative to be issued to all syndicates on risk via the SCM.
 - For claims transacted via ECF these instructions should be conveyed to XCS via the Public or Private Comments within the ECF response screen (as appropriate). See also Section 4.6 below in relation to the use by the lead of the lead reserve fields on ECF.
 - For claims transacted via paper, these instructions should be conveyed via the TP Instruction Form held within Appendix 2, Section 7.6. This TP Instruction Form contains two sections: Section A should be completed by the Lead *on each and every presentation of a paper CTP* file and holds fields for the applicable Triage Category, the Lead's (and Second's, if applicable) contact details and the narrative to be issued to all syndicates via the SCM. Section B should *only be completed for a first advice of a paper CTP* file and holds fields for the loss information to be entered by XCS TP for the creation of the SCM to the following market.
- For ECF claims, where appropriate, the Lead calls the broker or raises a query via ECF, in accordance with the ECF best practice of raising queries. For ECF2 users, the Lead is required by the system to select the appropriate 'Query Reason' when entering a formal query response. If information that is incomplete or needs correction can be obtained or corrected later and is not necessary to the current transaction, the Lead agrees the ECF transaction and contacts the broker, by ECF or otherwise, to request that information. The Lead records that contact and the date it is made on ECF for further reference and review, if needed, by followers.
- The Lead also takes reasonable steps to ensure that XCS has issued the SCM containing an appropriate narrative for the new 2010 scheme claim.
 - For ECF claims, it is recommended that this is performed via the use of the ECF004 "Incomplete Items" report available through Xchanging – for further information on receiving this report please contact the Xchanging Service Centre (service.centre@xchanging.com). Alternatively, if using ECF2, the Lead may perform this check via the workflow functionality.
- Depending on the circumstances, the Lead may elect to communicate additional information to all following Lloyd's syndicates through other channels.
- The Lead responds appropriately to requests from followers for information about the claim and steps to resolution.
- The Lead should conduct such financial crime checks (including Anti-Money Laundering / anti-corruption / sanctions checks) as are required by its internal policies, and, where it has been notified by followers that they wish to perform further checks on claims, should liaise with those followers (via the broker, if required) to provide them with such information as they require to perform those checks in sufficient time before the claim is agreed/paid (and should refrain from agreeing claims on behalf of those followers until they have indicated to the Lead that they are in a position for the Lead to do so).

Complex claims

- Where the Lead has decided to assign a notified 2010 scheme claim to Complex the Lead should make clear on the claim entry that the claim must be passed to the Second Lead.
 - For ECF claims, prior to agreeing the transaction, the Lead selects as an agreement party on ECF the managing agent who is named in the (relevant section of the) slip as Second. Please note that an error message will be displayed on ECF if the Lead attempts to respond to a Complex 2010 scheme claim without first having selected the Second.
 - For paper claims, the Lead must clearly state in the relevant field of the TP Instruction Form the managing agent who is named in the (relevant section of the) slip as Second so that the broker is aware that the paper file should be presented to the Second before passing to XCS for processing.
- From February 2012 it is a requirement for the Second Lead to be identified in the Claims Agreement Parties section of the Market Reform Contract (“MRC”) slip. Where the identity of the Second is not clear from the slip, the placing broker and underwriters should be consulted to identify the Second Lead syndicate.

Binder claims

- Section 4.2 above describes how claims arising from Binding Authority risks should be assigned a 2010 Claims Scheme category.
- The handling and processing of Binder claims under the 2010 scheme is largely unchanged with regard to the advising of losses via the bordereaux and the creation of individual XCS CLASS claim entries in certain circumstances. This may be summarised as follows:
- As part of its Technical Accounting service for Binding Authorities, XCS will, without the need for specific Lead instruction, continue to:
 - create individual XCS CLASS claim entries for losses above GBP 100,000 / USD 200,000;
 - ensure that losses above the coverholder’s authority are presented for review along with the bordereau;
 - perform the necessary state / province splits where necessary and create individual XCS CLASS claim entries;
 - perform the necessary CAT code splits where necessary and create individual XCS CLASS claim entries (including down to County level if required by the applicable regulator).
- Where the Lead desires for a loss within the bordereau to have an individual XCS CLASS claim entry created for reason other than those stated above, the Lead should:
 - identify on the bordereau the loss to be split out (e.g. via highlighting on the paper bordereau or via the provision of Public or Private comments on ECF);
 - provide the reason for the individual entry creation (e.g. Medicare loss, coverage issues, a specific event);
 - provide the applicable Cause of Loss code for the individual entry;
 - whether the claim is subject to litigation (and therefore whether the ‘Litigation’ indicator should be selected in XCS CLASS).
- Please note that where an individual XCS CLASS entry is to be created for a Binder claim for the first time, the Lead does *not* need to complete Section B of the TP Instruction Form (as described above).

Second

- The following process guidelines assist managing agents who are nominated as Second underwriter either on slips or sections of slips that are subject to the 2010 Claims Scheme, or who take the Second Lead role on Legacy Claims coming within the 2010 Claims Scheme, and who, jointly with the Lead, manage and agree Complex claims:
 - For ECF claims the daily csv file, used by ECF1 users to identify newly added ECF transactions, generally does *not* advise the Second that it is a claims agreement party at the time the Second is first identified as such by the Lead. Managing agents should identify claims which require their action as Second by searching the ECF Claims Awaiting Action screen manually, ensuring that the 'Second Lead' option is selected from the 'Role' search filter. Managing agents who are potential Seconds are asked to carry out these searches regularly. Please note that the workflow functionality within ECF2 means that the above requirement is not necessary for ECF2 users.
 - Once advised, the Second checks to ensure that it has been correctly identified as the Second underwriter and whether it has any current conflict that would compromise its ability to act in the interests of all following underwriters.
 - The confirmed Second then reviews and independently assesses the claim and its associated documentation before reviewing the Lead's initial assignment to the claim category.
 - If necessary, the Second confers with the Lead to discuss any issues that exist, including requests for information, planned next steps on the claim, and / or instructions to experts (see below).
 - Within ECF, or within the TP Instruction Form, the Second lists the contact details for the person at the Second who is handling the claim.
 - Generally, the Lead and Second endeavour to agree or reach agreement following consultation on all matters before reverting to the broker with a single Lloyd's response. In exceptional circumstances, the Lead and Second may consider it necessary to invoke the disagreements resolution mechanism described in Section 5 below.
 - Appropriate documentation of issues is made available to followers via ECF or upon request. The Second responds appropriately to requests from followers for information about the claim and steps to resolution.

Followers

- Followers receive notification of a claim via the SCM.
- For ECF claims, Followers can also receive notification of a claim via the ECF2 workflow functionality or the ECF1 daily csv file or the reports available from the ECF2 'Claims Data Warehouse' or from Lloyd's Claims Reporting Suite (CRS), which all contain the Triage Category field from ECF. All followers have access to the ECF file to review.
- Upon reviewing the SCM, or the ECF entry and / or reports where applicable, Followers may wish to contact the Lead (or Second) to raise a query or share their views on the steps to resolve the claim.
- Followers should assess what financial crime checks (including Anti-Money Laundering / anti-corruption / sanctions checks) have been performed in relation to the claim by the Lead and notify the Lead if they wish to perform further checks (via the broker, if required) providing the Lead with a full explanation of the information they wish to see in order to perform those checks.

XCS

- Once claims agreement parties action the claim notification, the XCS processing team processes the claim in accordance with its contract and service standards.

4.5 Ongoing management of the Claim

Lead

Proactive Management

- For every presentation of the claim the Lead considers and, if necessary, adjusts the triage category to which the claim is assigned.
- For paper files a new TP Instruction Form should be attached to the file at each presentation, to clearly capture latest triage category, the Lead (and Second) comments, and any financial breakdown (see Section 4.6 below). The fields within Section B of the TP Instruction Form which are unchanged from the previous presentation need not be completed.
- Each step taken by the Lead is on behalf of itself and all followers.
- The Lead endeavours throughout the life of the claim to identify the steps to be taken to resolve the claim, including where possible who will take these steps and the currently projected timeframe.
- The Lead manages progress and takes such additional steps as are necessary to address complications encountered and progress towards resolution.

Communication

- The Lead makes available to followers (via ECF or otherwise) the management plan and where known information about:
 - any investigation that is to be carried out to assess the existence and quantum of any potential liability under the policy;
 - the positions being advanced by the insured or its broker and the Lead's responses on behalf of the followers;
 - the possibility of any recovery opportunities and the current plan for assessing and pursuing them;
 - financial crime law / regulation (including Anti-Money Laundering / anti-corruption / sanctions) applicable to the claim under consideration (to the extent permissible in accordance with such law/regulation) and how it plans to address such law/regulation.
- The Lead communicates to followers, via the 'Public' or 'Private' comments on ECF or otherwise according to established market practice, developments in the claim. Where appropriate, the Lead may request the broker to create a transaction on ECF and will respond to that ECF transaction to generate an appropriate SCM. Alternatively the Lead may request a revised SCM to be created by XCS outside of the usual presentation of the file by the broker by contacting the appropriate XCS team, as described in Appendix 2, Section 7.3.
- The Lead communicates its response to the claim to the broker via 'Public' comments on ECF, or via written comments on the paper file TP Instruction Form.
- The Lead provides a response to reasonable requests received from followers for additional information concerning the claim.

Complex claims:

- The Lead and Second each act on behalf of themselves and all followers on Complex claims and may not take action affecting the followers' rights without first conferring and agreeing on that action. Generally, the Lead takes the initiative and obtains the agreement of the Second.
- While the claim is open and remains a Complex claim, the Lead continues to co-ordinate with the Second and to ensure joint access to claim information as it becomes available.
- In the first instance, the Lead co-ordinates communications with respect to the claim and responds to reasonable queries from followers. The Lead also co-ordinates market meetings and ensures that market agreements are reflected within the claim file, or as appropriate.
- The Lead and Second can **jointly** re-assign a Complex claim to the Standard category at any time, on a claim by claim basis and having regard to the individual circumstances of the claim and the non-financial factors described in Section 4.2 above. Usually, this would be evidenced via comments from the Lead *and* Second within ECF or via the TP Instruction Form for a paper file. From the point where it is agreed by both the Lead and Second that a claim should be re-assigned to the Standard category, the responsibility of the Second to determine the claim shall cease.
- If possible, the Lead and Second should consider assigning a Complex claim to Standard once they have agreed to settle the claim for a specified quantum and prior to the settlement transaction being entered by the broker. The purpose of this is to ensure that the settlement transaction is processed as quickly as possible.
- When a Legacy claim is first triaged, if the financial amount exceeds the financial threshold applicable to that Risk Code but the Lead considers that the claim should be assigned to the Standard category, the Lead should assign the claim to Complex but propose to the Second that it should be assigned to Standard. The agreement of the Second to this proposal must be captured in the claim file before it can be re-assigned to Standard.

Second

- The Second works with the Lead on open Complex claims and helps ensure that appropriate plans are in place to address the claim, including steps being taken to facilitate progression towards resolution within projected time frames. The Second also ensures that communication to followers is appropriate. If a matter needs to be discussed before agreement, the Second contacts the Lead.
- The Second makes its comments, on Lead determinations and other involvements, in a timely fashion on the claim file or, as appropriate, through other procedures such as market meetings.

XCS

As with notification, once the agreement parties have identified and approved the action to be taken, the XCS Technical Processing Team processes the claim in accordance with its contract and service standards.

4.6 Contingent Financial Planning (Reserves, Costs etc.)

Lead

- The Lead authorises actions necessary to obtain information that bears on financial contingencies, including indemnity reserves, expert costs, and other matters of potential interest to regulators, auditors and capital providers.
- When appropriate, the Lead identifies on ECF or via the paper TP Instruction Form suggested reserves or adjustments that XCS should enter on CLASS. This process involves indicating any loss and fee reserves to be entered (as described below) together with a description of this decision and reference to any related documentation which the Lead has added to the claim file or loaded onto the IMR.
 - The Lead should state the reserve to be entered by XCS via the completion of the 'Lead Reserve' fields on ECF or via the paper TP Instruction Form unless it agrees with the broker's recommended indemnity reserve and there are no fee or expense elements. **If the lead reserve fields on ECF or on the paper TP Instruction Form are not completed XCS will enter the whole of the broker reserve into the Indemnity reserve field on CLASS.**
 - If the broker's reserve does contain fee and/or expense elements, the Lead should specify how the total reserve should be split by completing the 'Lead Reserve Indemnity' and 'Lead Reserve Fees' fields on ECF or within the paper TP Instruction Form as appropriate.
 - Where the Lead wishes to carry a reserve that is different from that advised by the broker, they should use the 'Lead Reserve Indemnity' and 'Lead Reserve Fee' fields within ECF or the paper TP Instruction Form as appropriate.
 - If the lead wishes to carry a fee reserve, the relevant quantum should be entered in the 'Lead Reserve Fees' field and instructions should be given to XCS in the Private Comments or the TP Instruction Form as to whether this sum should be entered in the 'fees' or 'expenses' fields (or both) on CLASS. NB. Amounts to be entered in the 'expense' field are those which relate to the fees of lawyers who are defending a claim against the insured.
 - If the Lead wishes to carry a nil indemnity reserve instead of the broker advised reserve, they should:
 - enter '1' into the 'Lead Reserve Indemnity' field on ECF, and in the Private Comments field state the 'Outstanding Qualifier Code' to be entered by XCS, or;
 - on the paper TP Instruction Form clearly state a nil reserve and the applicable 'Outstanding Qualifier Code' (see Appendix 2, Section 7.2 for a full list of available 'Outstanding Qualifier Codes' and their descriptions).
 - NB. For ECF claims, any value entered into these 'Lead Reserve' fields is automatically carried forward to the next transaction. Leads should therefore check these fields carefully on each subsequent transaction.
- Where the Lead wishes to instruct XCS to carry a different reserve from that advised by the broker on a paper file, but does not wish to convey this via the broker's paper file, they should contact XCS via email using the applicable email address as described in Appendix 7.3 for the type of update required (e.g. a reserve update or a settlement request direct to the customer).
 - For Complex claims the Second should be consulted prior to issuing the instruction email, and copied on the email from the Lead to XCS.
- The Lead's review and action also includes the following steps:
 - instructions to XCS in the ECF comments field or paper TP Instruction Form to enter the correct TBA / Outstanding Qualifier as appropriate;
 - updating a reserve following any payment, including expert fees;
 - confirming that a correct SCM is issued for that transaction.
- The Lead responds to reasonable queries from followers on ECF or otherwise.

Second

- The Second works with the Lead and assists in ensuring that the above processes are implemented and any necessary corrections are made.
- The Second also reviews the considerations and documentation underlying the Lead's proposed action and recommended reserve. If there are questions or other matters to discuss, the Second contacts the Lead (who has the ability to amend their recommended reserves and add further comments). If the Second concurs with the proposed action and reserve, the Second communicates its agreement within the claim file.
- In the event that the Lead and Second do not reach agreement on the recommended reserve after conferring, the followers will be informed and where appropriate a suitable SCM message is issued. If the Lead and Second decide to hold a market meeting to discuss the matter, the Lead will arrange it.

XCS

- XCS is responsible for processing via CLASS the reserves recommended by the Lead on ECF or via the paper TP Instruction Form and for issuing SCMs in accordance with its contract and service standards.

4.7 Experts

Lead

- The Lead assesses the need for third-party experts, the timing of their involvement, and the scope of instructions. The instructions to experts:
 - identify who is giving the instructions and on whose behalf (i.e. the Lead, and Second if applicable, on behalf of all syndicates on the risk);
 - state any requirement for Followers to be sent reports directly (e.g. in the event of any formal dispute resolution proceedings). Please note that this requirement is applicable to both Part I and Part II (i.e. 2006 and 2010 Claims Schemes) of the Lloyd's Claims Scheme (Combined);
 - indicate how fees will be collected from instructing syndicates;
 - are posted on the IMR, with the appropriate security access if necessary, or within the claim file if appropriate.
- In working with experts, the Lead:
 - communicates the steps the expert is to take to advance claim evaluation and determination;
 - obtains reports on a timely basis and follows up as needed to ensure that the expert is addressing and delivering information and advice consistent with the instructions given;
 - reviews and agrees or queries fee statements;
 - takes steps to ensure that supported invoices are processed and paid on a timely basis.

Complex claims

- The Lead contacts the Second to agree the proposed appointment of an expert. Exceptionally, if the Lead is unable to contact the Second, having made their best endeavours to do so and provided the immediate appointment of an expert is essential to protect the interests of the following syndicates, the Lead may instruct an expert without agreement from the Second.
- The Lead advises the expert at the time of instruction that the claim is jointly handled by the Lead and the Second, and requires the expert to simultaneously send all of its reports and other communications in that matter to both the Lead and the Second.
- The Lead and the Second discuss as necessary the management of the third-party experts, including any issues with the expert's advice or actions to be taken in relation to the expert's performance.
- If the Lead and Second are unable to agree on the choice of a third-party expert or the advice to be sought from an expert, that matter is resolved by reasonable discussion, including their respective Heads of Claims or the followers where necessary.

Second

- The Second works with the Lead in selecting and managing third-party experts for Complex claims. Among other things, the Second:
 - considers whether the instructions are appropriate in the circumstances;
 - confirms that expert reports or other advice are reflected on ECF and/or are available to followers;
 - checks and follows up to ensure that the expert's assessment is sufficient and current;
 - ensures that an appropriate code has been indicated by the Lead (e.g. when reserve is "TBA");
 - reviews whether an appropriate fee reserve is established.
- The Lead and Second ordinarily confer and agree on the choice of third-party experts for Complex claims. If the Second does not agree with the expert proposed by the Lead, the Second explains its concerns and proposes another expert to the Lead who does not present those concerns. Further reasonable discussions to reach resolution follows the process outlined above.

4.8 Settlement Process

Lead

- Where all or part of a claim has been accepted for payment by the agreement parties:
 - the Lead obtains and makes available the documentation which supports that payment and takes such reasonable steps as necessary to confirm that the payment is processed by XCS;
 - the Lead confirms that any fees pertaining to the work leading up to and implementing the payment have been submitted, reviewed, processed and paid accordingly;

- the Lead continues managing any open balance of the claim up to and including closing the file at the appropriate time.
- For direct or confidential settlements, please refer to Appendix 2, Section 7.3 for details of how to provide instruction to XCS outside of the usual broker claim file process.

Second

- In connection with Complex claims, the Second continues to work with the Lead up to and including settlement and closing the file, including:
 - reviewing, assessing and discussing with the Lead as necessary of proposals by the Lead to settle all or part of the claim;
 - confirming that current, available information relevant to a proposed settlement is on ECF or otherwise accessible to followers, including any third party reports that bear on the decision and proposed action.

XCS

- Where the agreement parties confirm an authorised action, XCS Technical Processing Team processes all payments and file closures in accordance with its contract and service standards.

5.0 RESOLUTION OF DISAGREEMENTS UNDER THE 2010 CLAIMS SCHEME

- As detailed above, the Lead and Second jointly manage and confer concerning the handling of Complex claims. The 2010 Claims Scheme process assumes that, consistent with long-established market practice, the agreement parties will independently evaluate the decisions to be made and, after conferring as necessary, will reach agreement on the steps to be taken.
- Additionally for Complex claims, if any situation should arise in which the Lead and Second are unable to agree, or the follower(s) representing at least 50% of the Lloyd's participation so requests, the following process applies.

Lead

- The Lead identifies with the Second a mutually convenient date, time, and location for a market meeting and the Lead provides notice and invitation to all managing agents with syndicates that are followers on risk.
- Within sufficient time to allow review prior to the meeting, the Lead identifies to the Second and the followers the matter(s) to be addressed at the meeting and any documentation or other material that should be reviewed prior to the market meeting.
- The Lead chairs the meeting and ensures that all attendees have fair and equal opportunity to ask questions and present their views. The discussion continues until a market consensus is achieved.
- The Lead records on ECF or otherwise the step(s) in the claim process agreed at the market meeting.

Second

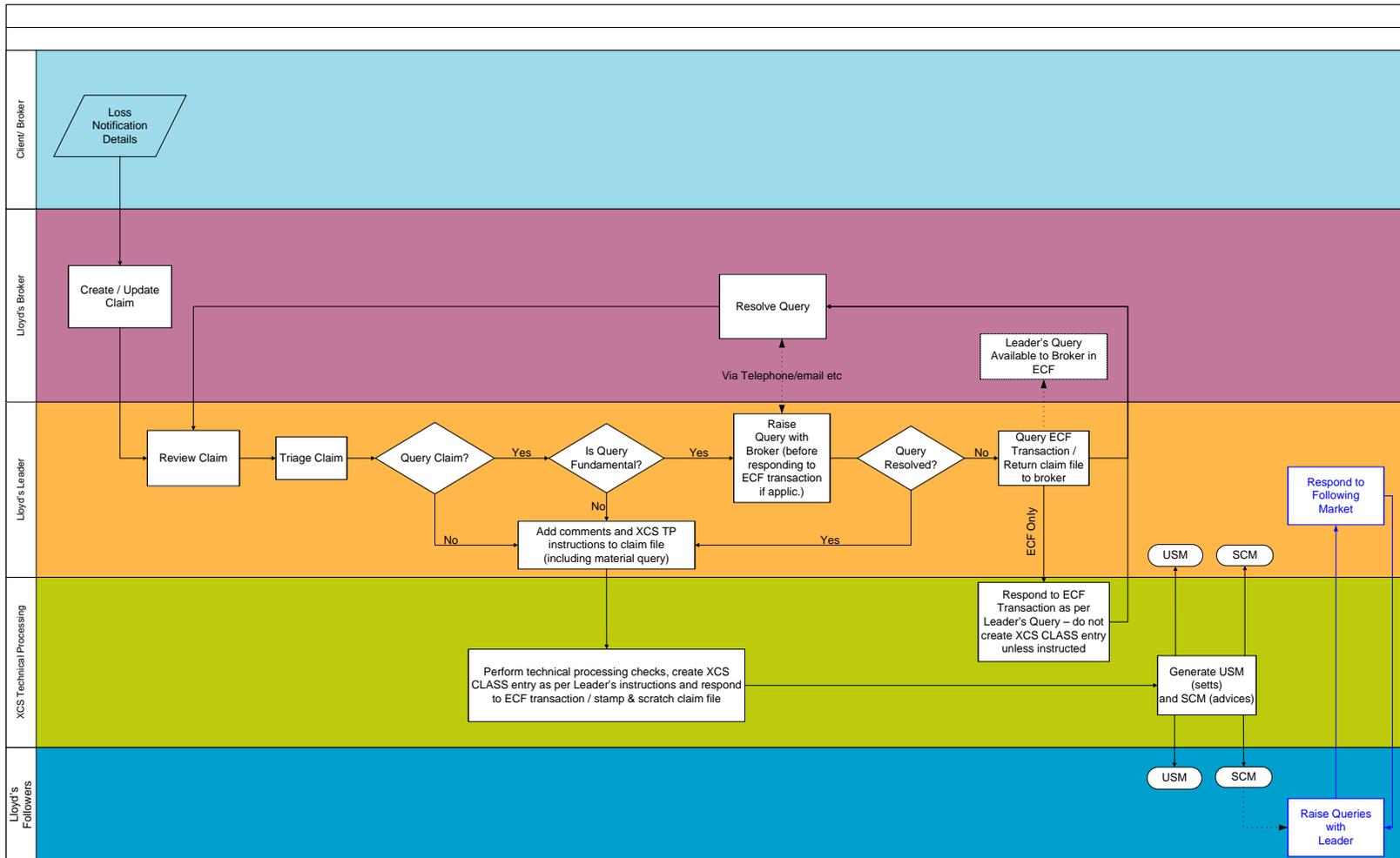
- At the time the market meeting is called, the Second confers with the Lead about the identification of the matter(s) to be addressed at the meeting and any documentation or other material to be reviewed by followers. If the Second does not consider that the identification by the Lead is complete, the Second provides the followers with a supplementary identification.
- The Second assists the Lead at the meeting in ensuring that all participants have a fair and equal opportunity to present their views and to ask questions.

Followers

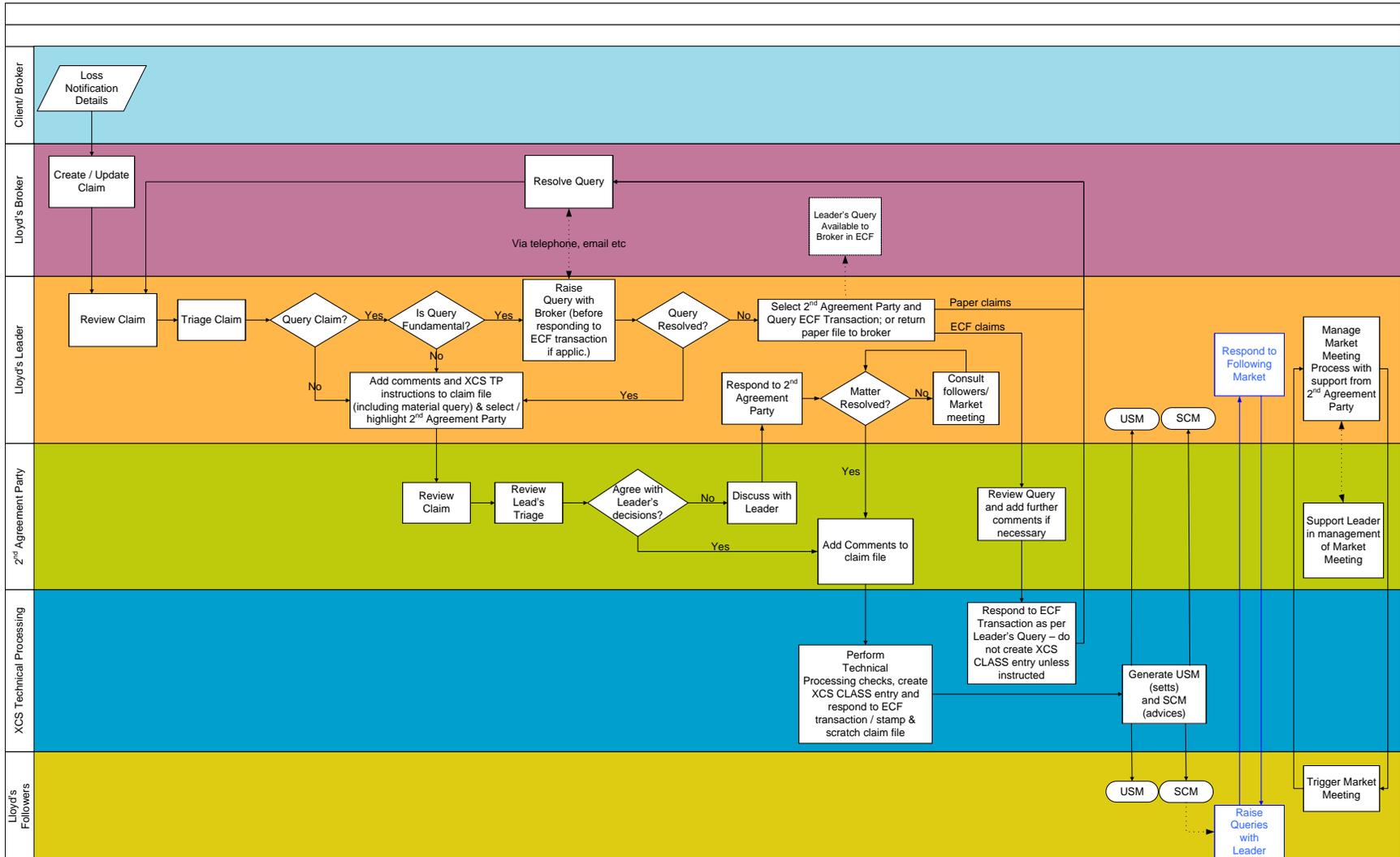
- Followers each select a representative with sufficient experience and authority to speak for the syndicate and who is available to attend the market meeting. The attendees:
 - review the information and material prior to the meeting that was identified by the Lead and the Second and be prepared to comment on the matter(s) for discussion;
 - make best efforts to provide constructive input to the market discussion;
 - commit the syndicate to a position at the meeting.

6.0 APPENDIX 1

Standard Claims Process Overview



Complex Claims Process Overview



7.0 APPENDIX 2

7.1 SP&P documents / information

The following list is an extract from the SP&P, being a quick reference to the responsibilities of the Lead when using ECF. If any of this information is omitted or unclear, the Lead will raise a query with the broker and/or advise the XCS Technical Processing team what information should be populated.

- Confirm broker has uploaded correct claims documents and review same. Will include:
 - slip with OSND and policy, if available and all relevant endorsements (including AP / RP and Non Premium)
 - cover note / Certificate / Declaration, where applicable
 - expert reports, invoices, receipts, shipping documents etc
- Check coverage of details and confirm:
 - certificate / Insured / interest / declaration attaches to policy and sum insured
 - DOL / DCM falls within policy / certificate period
 - claim falls within available policy / certificate limits
 - applicable coverage type
 - deductible / excess / franchise correctly applied
 - loss location
- Review and assess claim documentation. Will include (but not limited to):
 - identity of Insured / Coverholder / Cedant / Reinsured
 - preliminary and subsequent loss details
 - expert reports
 - release form / Proof of Loss Form etc

7.2 Outstanding / “TBA” Qualifier Codes

Code	Description	Code	Description
M	First Advice, Await Adjuster's Report	A	Await Advice from Cedant / Insured / Coverholder
L	Long Tail Advice	R	Recovery
P	Precautionary Advice on High Layers	S	Subrogation
C	Closed	X	Erroneous Entry to be Closed

7.3 XCS process for updating reserves and requesting settlements on direct (confidentially) reported matters

A number of claims in the market are subject to direct reporting between experts and underwriters. The following processes should be used by Leading Underwriters to advise the following market of reserve updates, other informational updates, and to enact payments on matters where the broker is not advising the market.

1) Reserves and Advices on cases where third party experts are reporting directly to lead Underwriters

In order for XCS to issue an SCM advising the market of either a reserve or an update, on a direct reporting basis, the leader should:

Send an email to XCSCASS.directreports@xchanging.com advising:

- OSND
- UCR (if ECF)
- XCS COR (reference number) if a subsequent advice
- Copy of the Slip (if a first advice)
- include an instruction within the email to issue a new SCM
- Confirmation of reserve to be carried split for indemnity, expenses and fees as appropriate together with the entry requirement and any narrative that the Leader would like XCS to record.

2) Other transactions requested via Customer

In the event of a settlement or update request that does not involve a direct reported matter, the Leader may also communicate directly with XCS by emailing: XCSTP.directrequests@xchanging.com

In order for XCS to proceed they will need:

- OSND
- XCS COR (reference number) if a subsequent advice
- UCR (if ECF)
- Agreed LCCF (if non ECF file)
- Copy of the Slip (if a first advice)
- LPAN & Reinstatement calculation (if in respect of a Reinstatement Adjustment)
- If the file is a paper file independent supporting documentation requesting the payment (e.g. report, email from third party)

3) Indemnity Payments made direct to a Third Party (not via the broker)

For payments, other than payment of Fees (which is covered below) which are to be made direct from underwriters to a third party (i.e. not via the broker) the Leader may communicate directly with XCS by emailing: XCSTPdirectsettlements@xchanging.com

The following information will be needed in order for XCS to process the direct settlement request:

- UCR (if ECF)
- XCS COR (reference number)
- Relevant bank details including:
 - bank name,
 - bank address,
 - bank sort code and
 - bank account number.
- Confirmation of payment details including:
 - the amount,
 - the currency – settlement or original,
 - any breakdown of payment e.g. indemnity and defence cost invoices (if applicable)
 - rate of exchange (if applicable)

- Third party support documentation requesting the payment (typically this will be correspondence from party requesting the payment from underwriters)

General Queries - XCS Technical Processing Support

Any queries should be also be sent to XCS Technical Support XCSTechnicalProcessingSupport@xchanging.com clearly in the subject field "Query".

7.4 XCS CLASS data fields – Lead

The following list shows fields within XCS CLASS which capture information that the Lead ensures is present, correct and clear on ECF, including the IMR. If the information is not present or unclear the Lead advises the XCS Technical Processing team what information should be populated.

Claim Field	Mandatory in XCS CLASS
CAT/Cause/PCS code	
Claim (Transaction) Narrative	Yes
Claimant	
Insured	Yes
Loss Name	Yes
Direct Report Indicator	
Subrogation Indicator	
O/S Expense*	

Claim Field	Mandatory in XCS CLASS
O/S Fee*	
O/S Loss*	
O/S Total / Qualifier*	Yes
PTT Exp	
PTT Fee	
PTT Loss	
Settlement Currency	Yes
Sett Rate of Exch.	Yes – if settlement

* The Outstanding amounts that the XCS Technical Process team will enter into XCS CLASS will either be derived from the Broker's reserve amounts or the Lead's recommended reserve as detailed in Section 4.6.

7.5 XCS CLASS data fields – XCS Technical Processing

The following list shows the additional fields which the XCS Technical Processing team complete where applicable.

Claim Field	Mandatory in XCS CLASS
100% VAT Amt	
Advise on SCM Tick Box	
AP SND	
Basis of Limit	
Bkr Claim Ref 1	Yes
Bkr Contact	Yes
Bkr Phone No	Yes
Bkr UCR	Yes
Block Indicator	
Broker TR	Yes
Broker TR /Qual	
Bureau Leader	
Bureau Ppn Amt	
Ccy of Limits	
Certificate of Insurance No(s)	
Charge Type	Yes
Claim Bkr Ref 2	
Claim in Litigation Indicator	
Claim/Ref/Rec	
Claim/Risk Type	Yes - if marine
Country of Origin	Yes
DCM/DOD From	
DCM/DOD Qual	
DCM/DOD To	
DOL From	Yes
Expert Code	
Expert Name	
Expert Org Name	
Expert Ref	

Claim Field	Mandatory in XCS CLASS
Expert Type	
DOL To	
DTI Code	
ECF Claim Indicator	
Excess	
FIL Code 1	
FIL Code 2	
Interest	
Limits	
Location/Voyage of Risk	
Loss Date Narrative	
Loss Fund Advanced Indicator	
Loss Fund Entry Indicator	
Loss Fund Indicator	
Loss Location	
Market Code	
NAIC Code	Yes
NAIC Qual	
Narrative Code	
Non Chargeable Ind	Yes
Orig Ccy	
Orig Insured	Yes
Original Broker	
OSND1	Yes
OSND2	Yes
OSND3	
Other Name	
Other TF Code	
Payee Bkr (Bkr no used in TR)	

Claim Field	Mandatory in XCS CLASS
Payee Broker Pseudonym	
Peer Review	Yes
Perils/Conditions	
Pol/Cert Narrative	Yes
Pol/Cert Period From	Yes
Pol/Cert Period To	Yes
Pol/Cert Qualifier	
Presentation Date	Yes
PTD total	
PTT Total	
Redenom Indicator	
Reinsured	
Risk Code	Yes
Sett/Adv	Yes
Settled in Sett Ccy	
Settlement Bkr Ref 1	
Settlement Bkr Ref 2	
Sim RI Indicator	
Slip Order 1	Yes
Slip Order 2	
Slip type	
State Code	
Syndicate %	Yes
Syndicate No	Yes
Syndicate Ref	
TF Code	
UMR	Yes
Vessel/Aircraft/Conveyance	
Voyage	

Claim Field	Mandatory in XCS CLASS
War Amount	
War Indicator	
XCS Recovery Indicator	
XCS Service Type	Yes
YOA	Yes

7.6 TP Instruction Form

Please see overleaf.

CTP PAPER CLAIM: TP INSTRUCTION FORM



Each paper claim file in CTP requires one of these forms, which should be completed and held in the file to provide the information required for XCS Technical Processing (TP) to issue the SCM. Full details can be found at www.lloyds.com/legacy.

If this form is not properly completed the file may be rejected by TP, resulting in a delay. Note: where a paper file has more than one claim entry or SCM associated with it (e.g. multiple layers, separate fee entries, entries for different currencies) a separate form will be required for each entry.

Section	Who Should Complete?	When To Complete
A	Leader, and Second Lead if Complex	<u>At every presentation.</u>
B	Leader	Complete in full <u>for any first advice.</u> For existing claims where an SCM has already been issued, only complete any fields that need changing.

SECTION A - TRIAGE		Date:
Triage Category: <input type="checkbox"/> STANDARD <input type="checkbox"/> COMPLEX		
Lead Syndicate Name and Number:		Second Lead Syndicate Name and Number:
Lead Adjuster Name:		Second Lead Adjuster Name:
Telephone:		Telephone:
Email:		Email:
O/S Expense	O/S Fee	O/S Loss / Indemnity
TBA? (Yes / No)		TBA Qualifier Code
Transaction / SCM Narrative (max 50 characters)		

SECTION B - DATA

The leader **must complete this section in full for a first advice of a CTP paper claim**. On existing paper files, only fields that need changing must be completed / altered – therefore please check the existing SCM.

Original Signing Number and Date (OSND)

Cat Code

PCS Cat Code

Cause Code

Loss Fund? (Yes/No)

In Subrogation?
(Yes/No)

In Coverage Litigation?
(Yes/No)

Direct Report?
(Yes/No)

Claim Narrative (short description of claim)

Insured name

Reinsured name, if applicable

Claimant name, if applicable

Coverholder, if applicable

Current broker (broker number, contact name and telephone)

Medicare claimant, if applicable

Date of Loss

Date Claim Made (liability only)

Loss Date Narrative

Loss Location

Voyage (marine and energy only)

Loss Name

Vessel / Aircraft / Conveyance if applicable

Limits	
Excess	
Slip Order	
Cover Period	
Policy Period	
Perils / Conditions	
Settlement Currency	Settlement Currency Rate of Exchange

CLASS contains details of any third party experts (loss adjusters, lawyers etc.) used on the claim, which should be entered here by the lead. Please use additional sheets if required. The SCM can only contain details of one of the experts and the lead can select which one by ticking the appropriate box below.

Expert One	Expert Two	Expert Three
Type of Expert	Type of Expert	Type of Expert
Name of Firm	Name of Firm	Name of Firm
Name of Expert	Name of Expert	Name of Expert
Expert's Reference	Expert's Reference	Expert's Reference
Advise on SCM? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Loss Adjuster or Lawyer (name of firm)		