# **CDip L.A. EXPERIENCE FORM**

(PLEASE USE BLOCK CAPITALS) Please complete all sections of this form that are relevant to you. If you require additional space to provide examples of how you meet experience requirements, please attach additional sheet(s).



ninimum 2 years required)

Present Position	
Сотрапу	
Position	
Date of joining company	
Date on assuming current	
position 7	
Experience in claims manage	ement
Company	
Company Address	
Position	
Date of joining company	
Сотрапу	
Company Address	
s Assessing	
Management/Surveying Position	
erwriting Date of joining company /	
Company	I
Company Address	

Position

Date of joining company

/

/

General Claims Experience Please tick all that apply and give brief examples of how you meet some or all of these experience requirements:
Ability to take instructions from client
Ability to identify the parties in a case
Understanding the roles of other professionals (e.g. brokers, solicitors)
Making initial calls to set up inspections
Minimum of 2 years exclusive and focussed experience in property or liability claims
Ability to determine whether a loss is covered or not and interpret policy details
Demonstrating increasing specialisation and expertise in a given area

## Main responsibilities in current role

Please tick all that apply under property claims and / or liability claims and give brief examples of how you meet some or all of these experience requirements:

Property Claims
Ability to measure losses and establish quantities
Ability to establish pricing
Establishing parameters for settlement
Good understanding of insurance principles such as subrogration rights and operation of subrogation
Understanding of operation of recovery rights
Determining potential fraudulent claims and ensuring that claims 'leakage' is kept to a minimum
Ability to determine liability and / or contributory negligence in motor damage and third party damage
Understand when "Contribution" would operate
☐ Issue payment instructions & fee notes
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Understand the need to take into account interested parties when making payments
Other (please detail in space below)

Main responsibilities in current role Please tick all that apply under property claims and / or liability claims and give brief examples of how you meet some or all of these experience requirements:
Liability Claims
Understanding of different court jurisdictions, Injuriesboard.ie procedures and the book of Quantum
Good understanding of insurance principles and ability to reserve damage and small injury claims adequately
Handling referrals from junior members of staff
Determining liability and / or contributory negligence on Circuit and High Court cases
Determining potential fraudulent claims and ensuring that claims 'leakage' is kept to a minimum
Sound technical knowledge in the assessment of injuries. Awareness of medical terminology relevant to claims
Bringing injury cases to conclusion by effectively reserving, investigating, negotiating and settling such claims across the classes
Authority to assess incoming evidence for admittance or request further information
Any restrictions imposed on your authority (e.g. amount of sum insured, types of products etc.)
Knowledge of the Statutory and Common law requirements to allow assessment of Safety Statements, Risk Assessments and other documents at the insured's premises or accident scene.
Clear understanding of the Operation of the Courts Act and Statutes of Limitations and the time allowed to make a claim.
Cher - please detail in space below:

## Verification of Experience

Your record of experience must be verified by two referees, one being someone you report directly to and the other being your HR or Training manager or one of your colleagues or peers.

If you are self employed, please provide the details of two people who will act as referees on your behalf.

In identifying your referees, please make sure that they are familiar with your work and that they agree to being contacted with a request for further information regarding your experience. Please noted that you may also be contacted with a request for further information.

Referee 1 Name	Referee 2 Name
Referee 1 Address	Referee 2 Address
I hereby verify that the applicant has completed all experience requirements detailed on this form	I hereby verify that the applicant has completed all experience requirements detailed on this form
Referee 1 Signature	Referee 2 Signature

#### **Terms and Conditions**

# Data Protection & Privacy

#### l understand that:

- The Insurance Institute respects the right to privacy of
- The information provided by me on this form and gener-
- The information provided by me on this form and generated as a result of my membership of the Institute will be processed in line with Data Protection legislation and the Institute's Data Protection Policy available at <u>www.</u> <u>iii.ie/about/data-protection-and-privacy-policy.</u>
- I agree that for the purposes of evaluating my application for the CDip LA. designation, the Institute may provide my application to an appropriate Industry Expert.

#### Designation Status & CPD

I hereby agree that in the event that I hold or accept an Insurance Institute designation that I will:

- Maintain my membership of the Insurance Institute Fully participate in a Continuing Professional Development (CPD)
- Scheme and comply with its requirements
- Provide the Insurance Institute with my accurate and up to date contact details

I hereby agree that as a condition of my CPD membership of the Insurance Institute, it may provide information on my CPD activity to its Professional Standards Committee (PSC) which oversees the administration of our CPD Scheme and ensure the upholding of professional standards and ethics throughout the industry.

#### **Register of Compliant Persons**

The Institute publishes a Register of Compliant Persons (as part of the Central Bank's Minimum Competency Code) in which the names of current members holding one (or more) designations and grandfathered members are listed.

I understand that I can request removal of my name from the Register at any time by contacting the Institute.

- The following documents are available to view at www.iii.ie
- Examination Regulations
- Exemption Policies
- Prospectus
- Data Protection & Privacy Policy
- Code of Ethics & Conduct
  - Membership Terms & Conditions

## Declarations

I submit this application form for use of the designation CDip L.A. (Certificate of Diploma in Loss Adjusting) and I confirm that the details supplied by me on this form are accurate. I confirm that the referees verifying my application have agreed to be contacted by the Institute for the purpose of checking the above information and testifying to my experience in the fields of loss adjusting, loss assessing and claims. I hereby confirm that I have read, understood and agree to the terms and conditions set out on this form, the Exam Regulations and Exemption Policies.

Name (please print)		
Signed	Date	
INSURANCE INSTITUTE MEMBERSHIP ID	N.B. Please ensure that you have fully com	pleted all sections of this form that are of relevance to you.

# For Office Completion ONLY

CDip L.A. Experience Submission	
Reviewer's Assessment	
Date of Application:	
Name of Applicant:	
Date of Birth:	
CIP Qualified: Y IN Other	
Details of Other:	
Employer:	
Years in Company:	
Years in Role:	
Recommendation: Approve Reject Other	
Details of Other:	
Additional Comments:	
Name of Reviewer:	
Date of Review: Signed:	