



CIP-07 Practice of Claims and Loss Adjusting Case Studies and Guidance

CIP-07 Practice of Claims and Loss Adjusting

On completion of this module, apprentices should be able to:

- Explain how claims arise under various classes of insurance.
- Explain how a claim progresses from notification to settlement.
- Outline the legal environment in which insurance operates.
- Describe the importance and uses of claims information.
- Explain how the existence of cover is determined.
- Outline the roles of and interaction between the various professionals involved in the claims process.
- Discuss how indemnity or liability are investigated and determined.
- Demonstrate the effective negotiation and settlement of claims.

The CIP-07 case studies provide opportunities to apply the academic principles learned in the CIP-07 module in a practical work environment, and to develop key skills in communication, writing and problem solving.

Please also refer to the *Guide to Case Studies* which contains important information and frequently asked questions about all modules.

1. Completing the case studies

Apprentices must complete **4 work-based case studies** for CIP-07. These 4 case studies include:

- Three case studies chosen from five optional case studies (i.e., three case studies from Topics 1-5) and
- A compulsory case study (Topic 6).

Each case study must be completed, marked, and submitted by the specified deadline (see Section 3).

As far as possible, apprentices are expected to research within their own organisation (with guidance from supervisors), cases, documents, policy wordings, or other materials that can be applied to the questions being raised. These should be real-life examples that demonstrate the link between theory and practice.

IF YOU ARE AN APPRENTICE WHO WILL STRUGGLE TO GET CASE FILES, PLEASE REACH OUT TO YOUR LECTURER AND ASSISTANCE WILL BE OFFERED

Apprentices and supervisors should note that the CIP-07 case studies are pitched at a higher level than the APA modules, requiring broader research and greater use of initiative. This reflects the more advanced nature of the material and the stage of the apprentices' experience.

As with previous modules, the apprentice must complete the elements of the case study in the specified format. This may, for example, involve writing a short, typed report developing a PowerPoint presentation or composing a letter.

Brief guidance notes are included to ensure clarity about what the apprentice needs to do, and what the supervisor should look for when marking the work. In all case studies, use your own words, write in plain English, and take care with grammar and spelling.

Where a policyholder or claim case file is required or used, it may be a paper or a digital policy or claim record. Personal details from such files must not be included in the case study submission.

2. The role of the supervisor

The completed case studies will be submitted to and signed off by the nominated Supervisors. A case study marking form is attached (see **Appendix 1**) for completion and sign off for each case study. For more information about this, please refer to the ***Guide to Case Studies***.

The role of the supervisor is to:

- help the apprentice to locate or create suitable case files, work-based materials, or other sources of information
- identify other people in the workplace that can help the apprentice with a particular topic
- assess each apprentice's completed case study (on a pass or fail basis).

3. Deadlines for submitting the case studies

The submission deadlines for CIP-07 are:

CIP-07: ELECTIVE	
	Submission deadline
1	14 June 2026
2	28 June 2026
3	12 July 2026
4	26 July 2026

Remember: these are the final deadlines for uploading the marked case studies to Moodle.

Apprentices and supervisors should agree on an appropriate schedule for discussing, completing, and marking the case study questions to ensure that these deadlines are met.

4. Forward planning

Issuing the case studies in advance allows plenty of time for the apprentices and supervisors to meet the submission deadlines. It also gives adequate notice of any cases and documents that need to be sourced for or by the apprentices.

This table provides a brief summary of what is needed for each of the CIP-07 case studies.

Topic & Textbook chapter		Resources
1	The claims environment (Chapter 1)	Email replies to consumers and colleagues about policy definitions, fraud, and compliance.
2	Claims notification (Chapter 2) and Claims verification (Chapter 3)	Reports on: • Claims notification channels • Claims form questions • Claims verification. Requires reference to a claim from.
3	Claims investigation (Chapter 4)	Interview with claims professional and claims file summary. Requires interview with a claims professional and access to a claim case file.
4	Third-party claims – legal considerations (Chapter 6)	A talk to a university law class on a personal injury's claim's journey to the court room. Requires reference to a personal injury claim file.
5	Indemnity – how much will the policy pay (Chapter 5) and Claims settlement (Chapter 7)	Summary of settled property claim for colleagues. Requires reference to a property claim file.
6	Module overview case study	Ted-talk on a chosen claims-related topic.

Where a policy document/booklet is required, it should ideally come from the apprentice's workplace. However, a policy from another source may be used if necessary. As many Irish insurers now have policy documents on their website, this should not cause too many difficulties for the apprentice or supervisor. We suggest that the apprentices keep the policies used for their case studies, as they can be reused in later modules.

Where a policyholder or claim case file is required or used, it may be a paper or a digital policy or claim record. Personal details from such files must not be included in the case study submission.

Notes for supervisors:

- When helping the apprentice to locate a suitable file, please make sure that the file chosen has enough detail to enable the apprentice to answer all the questions in the case study.
- If a policy information or documents are sourced online, they should be from Irish sources.

5. A reminder about copying and plagiarism

AI Usage in Assignments: The presentation of another person's material, concepts, or arguments, or the use of content extracted from any Artificial Intelligence (AI) software, whether published or unpublished, as one's own without appropriate attribution, is a serious breach of assessment regulations and is a most serious academic offence. All sources that you use must be referenced within your text and in your bibliography. The case study submissions will be checked for plagiarism.

It does not matter whether you use direct quotations or paraphrase the words of an author; you must reference your source using the Harvard Referencing system.

Failure to do so may result in a zero mark or other disciplinary action under ATU Sligo procedures.

6. Advice on Data Protection

Employers and supervisors must ensure that all of the apprentices' work-based learning activities comply with the relevant Data Protection legislation and any other legal/regulatory requirements on an ongoing basis. This may, for example, include anonymising or changing the name, addresses and other personal or sensitive information in case files and other resources.

Where a policyholder or claim case file is required or used, it may be a paper or a digital policy or claim record. Personal details from such files must not be included in the case study submission. Any information taken from real cases/files is intended for use only in answering the case study questions.

Topic 1: The claims environment

This case study is based on the learning outcomes for CIP-07 Chapter 1 (**The claims environment**).

Chapter 1 learning outcomes

On completion of this chapter, apprentices should be able to:

- Development of a claim and the important elements of the claims process.
- Explain the differences between first-party claims and third-party claims.
- Demonstrate the effect of legislation and regulation relating to consumer protection, Environmental, Social and Governance, and Artificial Intelligence on the claims function.
- Explain how insurance fraud arises and the measures used to prevent, detect and combat fraud.

Email 1

Hi,

My name is Mary and I recently submitted a claim under my motor insurance policy (CA174727R).

The claim covers damage to my own car, damage to the other car involved and minor injury to its driver.

However, I do not understand the difference between my claim and the other drivers. Could you:

- Define both types of claims.
- Give me examples of both types of claims.
- Explain the responsibilities of the insurer for each type.
- Illustrate how the claims process differs depending on the claim type.

Thanks in advance, Mary

Email 2

Elizabeth, my name is Tasmin O’Gorman and I work in the Property Department. James gave me your contact details.

We suspect fraud in a high-value property claim and need you to outline a plan for how we might investigate this claim while maintaining customer trust.

Could you include the following in your reply:

- Key fraud indicators to watch for in the claim.
- Steps for investigating the claim without violating the customer rights or data protection laws.
- The role of technology and collaboration with external parties (e.g., the Gardaí or fraud databases).
- Measures to ensure the customer experience remains professional, even if fraud is confirmed.

I look forward to hearing from you, Tasmin

Email 3

Hello Aidan, Paul here from HR.

As per our conversation at the recent Managers’ meeting, can you draft an email to the new claims handlers that addresses the:

- Importance of effective claims handling procedures for insurers and policyholders.
- Main stages in the claims lifecycle, including claim notification, assessment, settlement, and post-settlement activities.
- Common challenges at each stage and their potential impact on the claims process.
- Effect of data protection legislation on the collection and management of claimants’ personal information.
- Influence of the Central Bank Consumer Protection Code (CPC) on communication and timelines during claims handling.
- Impact of delays or mishandling of claims on customer satisfaction and insurer reputation.
- Recommended best practices for ensuring claims are handled efficiently and in compliance with regulatory requirements.

If you have any questions, just give me a call. Thanks, Paul

Guidance notes

Remember that, while each of these emails have a different target audience, they are business emails. This should be reflected in the structure and language used. **COMPLETE ALL THREE**

Email 1: This email should be approximately 300 words. It should answer the questions raised in Mary's email. Remember that you are talking to a claimant so your response should be concise and easy to understand.

Email 2: This email should be approximately 300 words. The requested plan should be contained in the body of your email reply and should answer the questions raised in Tasmin's email. Remember that the plan is for colleagues in insurance so your response should recognise their experience.

Email 3: This email should be approximately 400 words. The email should answer the points raised in Paul's email. Remember that the email is for new claims handlers, likely with very little industry experience.

Topic 2: Claims notification and claims verification

This case study is based on the learning outcomes for CIP-07 Chapter 2 (**Claims notification**) and Chapter 3 (**Claims verification**).

Chapter 2 learning outcomes

On completion of this chapter, student apprentices should be able to:

- Explain the typical claims notification process, including the information gathered by insurers and why this information is important.
- Explain the duties of the insured after a loss.
- Outline how policyholders and insurers can mitigate the effects of a loss.
- Describe the claims documentation that an insurer may require to support a claim and outline the role of intermediaries in claims notification.
- Explain the importance and uses of claims reserves and describe the reserving process.

Chapter 3 learning outcomes

On completion of this chapter, student apprentices should be able to:

- Describe the initial checks that insurers undertake to validate a claim and how the policy structure is used during this process and demonstrate how the basis of cover can affect a claim.
- Explain the concept of disclosure and the legal principle of insurable interest and demonstrate their relevance to the handling of claims.
- Explain the legal principle of proximate cause and demonstrate its relevance to the handling of claims.

Question 1

Investigate the claims notification process for an insurer you are familiar with. Present your findings in a report addressing the following:

- Channels available for claim notifications (e.g., phone, online portal, or in-person).
- Whether notifications are managed internally or outsourced and any benefits or drawbacks of this arrangement.
- Procedures in place for verifying the claimant's identity while observing data protection and confidentiality requirements.
- Differences in the notification process for first-party versus third-party claims.
- Availability of 24/7 notification services and their impact on customer satisfaction.
- Suggested improvements to the current process based on your observations.

(approximately 300 words)

Question 2

Using a claims form from your firm or an insurer you deal with:

- Identify and list 10 key questions found on the form.
- For each question, explain its significance in the claims notification and verification process.
- Discuss how the answers to these questions support initial claims assessment and fraud prevention efforts.

(approximately 300 words)

Question 3

An insurer receives a property damage claim following a severe storm. The claims handler is tasked with verifying the details provided by the insured and initiating an investigation to assess the claim's validity.

Prepare a response discussing the claims notification and verification process, addressing:

- The insured's responsibilities during the notification stage, including the information they must provide and why it is important.
- The claims handler's role in gathering and verifying documentation to support the claim.
- The initial checks performed by the insurer to validate coverage, such as confirming policy terms, active coverage, and premium payments.
- How claims handlers balance regulatory requirements, such as data protection and the Consumer Protection Code (CPC), with the need for thorough verification.
- Recommendations for ensuring the claims process progresses efficiently while maintaining fairness and transparency.

(approximately 400- words)

Guidance notes

This case study is made up of practical, applied questions. Answering them requires you to research what happens in a claims department and present your findings clearly and in the specified format. All questions can be presented as continuous text (paragraphs). Questions 1 and 2 could be presented in a table format.

Regardless of format, use full sentences, rather than bullet points. Make sure that you include all of the points stated in the questions.

Topic 3: Claims investigation

This case study is based on the learning outcomes for CIP-07 Chapter 4 (**Claims investigation**).

Chapter 4 learning outcomes

On completion of this chapter, student apprentices should be able to:

- Explain the purpose of claims investigation, including the role of the claims handler and the scope of desktop claims handling.
- Explain the role of loss adjusters, loss assessors, claims investigators, brokers and other professionals involved in claims investigations, including the potential outcomes of an investigation.

Question 1

The claims investigation process involves several different professionals. Depending on the type of claim, these may include claims handlers, claims investigators, special (fraud) investigators, loss adjusters, loss assessors, solicitors, brokers, private investigators, engineers, or medical experts.

Interview any **one** of these people about their role. You can choose your own questions, but this list might be helpful:

- How would you describe your role in the claim's investigation process?
- What type of claims are you involved in?
- What are you working on at the moment?
- Do you work on behalf of insurers, claimants, or both?
- Do you work on your own or as part of a team?
- How long have you been doing this job?
- Do you need any special qualifications for your role?
- Describe a typical workday.
- What do you like most or least about your job?
- What is the most interesting case with which you have dealt?
- What is the saddest case with which you have dealt?
- If you could change one thing about your job, what would that be?

Present your findings as a newspaper article, giving a 'snapshot' of a day in this person's working life, as well as a sense of how their job fits into the broader process of investigating claims.

Question 2

For some types of claims, a claims handler may instruct a claims investigator or another claims specialist. These professional then prepare a detailed report to help the handler decide the outcome of the claim.

Locate one of the following reports:

- Loss adjuster's final report on a property claim
- Claims investigator's report on a motor accident or a liability claim
- Fraud investigator's report
- Report requested as part of a private health insurance claim investigation.

Read the report carefully and reflect on why it was needed and how it helped the claims handler with the investigation process.

Write a summary of this report, covering the following points:

- A brief summary of the claim and why further investigation was needed
- Why the claims handler chose this particular person/firm to conduct those investigations
- The main points included in the report, including any issues with cover or other problems
- How the report helped the claims handler progress the claim towards its outcome.

Guidance notes

Question 1

To answer this case study question, you need to plan your interview. Remember though that the list of suggested questions is just a guide - you can (and should) add some of your own to the most benefit from your interview with your chosen claim's professional. Use your imagination and your communication skills!

Your answer should be approximately 500 words.

Question 2

There are two elements to COMPLETE in this question:

- Studying the information in the report
- Writing about the report and its significance.

Your answer should be approximately 350 words and should be in continuous prose (full sentences), with clear information about each point.

While it should be possible to answer most of the questions from simply reading the report, it is likely that you will need to ask the claims handler about some points.

Your answer should not include any personal details about the people involved in the claim.

Topic 4: Third-party claims – legal considerations

This case study is based on the learning outcomes for CIP-07 Chapter 6 (**Third-party claims – legal considerations**).

Chapter 6 learning outcomes

On completion of this chapter, student apprentices should be able to:

- Outline the legal basis of a third-party claim and the available remedies in tort.
- Explain the main considerations when assessing the quantum of a personal injury claim.
- Demonstrate the role of the Injuries Resolution Board.
- Describe the defences in tort and explain the other issues that may reduce the cost of a third-party claim.
- Outline the role of the Irish courts system in the claims process including civil and court procedure and demonstrate the impact of statutory limitation periods on liability claims.

Your firm is engaging with a local university's law programme. The students are currently taking a module on Insurance Law. You have been asked to record a talk for the class in which you summarise a personal injury claim's journey from notification to the court room.

Locate a file for a personal injury claim that was the subject of a legal action and court proceedings. Read the file and follow the 'journey' of the claim from its notification to its final outcome.

To complete this case study, record an 8-10-minute voice note and submit the transcript - both of which should address these topics:

- Briefly explain the circumstances of the accident and the people who were involved (do not use their real names)
- Outline the nature and extent of the plaintiff's injuries and any other losses (e.g., damage to property or loss of earnings).
- What documentation was submitted to verify the injuries and other aspects of the claim?
- Did the Injuries Resolution Board assess the value of the claim? If so, what was the amount of that assessment? If not, why not?
- Give an opinion on whether the Injuries Resolution Board route functioned as intended.

- What were the plaintiff's allegations against the defendant (insured)?
- Was liability in dispute? If so, what were the defendant's allegations against the plaintiff?
- Were any attempts made to settle the claim by negotiation? Outline those attempts and why they were not successful.
- Were any other parties named in the proceedings? If so, explain who they were and why they were involved.
- Was a lodgment made into court before the trial? If so explain:
 - the amount and
 - why this was done.
- What witnesses were called during the trial?
- What did the judge decide about the case? (Explain the judgement in terms of liability, damages, and costs)
- Was the claims handler happy with this outcome? If not, why not?
- Give an opinion on why the claim went all the way to court rather than being settled in another way. (Depending on the level of detail presented this could be 800-1000 words)

Guidance notes

There are several elements to this case study question that must be COMPLETED:

- Studying the information in the file
- Reflecting on what it means
- Compiling the script which answers the questions about the case
- Recording the voice note.

The talk must be both focused, engaging and address the chosen topic. It should reference the relevant claim file and legal principles and practices. If the talk is not appropriate for this target audience, you will not pass this assignment. Consider the language and terminology used.

While you may be able to answer some of the questions from simply reading the file, it is likely that you will need to ask the claims handler about some points.

Your answer should **not include any personal details about the people involved in the claim.**

Topic 5: Indemnity – how much will the policy pay and Claims settlement

This case study is based on the learning outcomes for CIP-07 Chapter 5 (**Indemnity – how much will the policy pay**) and Chapter 7 **Claims settlement**.

Chapter 5 learning outcomes

On completion of this chapter, student apprentices should be able to:

- Explain the principle of indemnity and demonstrate the factors that limit and extend the operation of this principle.
- Apply the principle of indemnity to the main classes of general insurance.

Chapter 7 learning outcomes

On completion of this chapter, student apprentices should be able to:

- Explain the ways that insurers settle first-party and third-party claims.
- Explain and apply the principles of salvage, abandonment, subrogation, and contribution.
- Outline the impact of reinsurance recoveries in the claims process.
- Describe the role of the Financial Services and Pensions Ombudsman (FSPO), and the processes of arbitration and mediation in dispute resolution.

You have been tasked with presenting a summary of a settled property claim to your colleagues in the claims department.

Locate a file for a settled property damage claim. The file chosen should relate to a fairly complex claim; ideally one where it took some time to reach a decision on how much the policy should pay. Read the file and follow the ‘journey’ of the claim from notification to settlement. Ask your supervisor, or the claims handler about anything that is not clear.

Develop a PowerPoint presentation (with speaking notes) to cover these questions:

- Briefly outline the circumstances of the claim - i.e., the event and the extent of the damage to the insured's property.
- Under what type of policy and which policy section was the claim made?
- State the wording of the relevant policy section, as well as any exclusions or limitations to cover.
- Was the claim dealt with by desktop handling or was an adjuster (or other professionals) involved?
- Were there any other policies in force that covered some or all of the loss?
- State the sums insured under each section of the policy. Were the sums insured adequate? If not, did the insurer apply average (or take any other action)?
- What is the basis of cover (e.g., reinstatement, 'new for old')?
- What was the extent of the insured's claim? List the items that were included, and the amount claimed for each one.
- Were all items covered by the policy? Identify those that were covered, not covered, or partially covered.
- What documents were submitted to support the claim?
- Did the insurer agree the amounts claimed? If not, why not? Which elements were in dispute?
- How was the settlement amount finally agreed? Outline what the insurer agreed to pay and explain how this was based on the principle of indemnity. Show the application of any excesses.
- What other payments did the insurer make? (e.g., professional fees)
- Was there any limitations or challenges when applying the principle of indemnity?
- Which settlement method was used?
- What is the insured's VAT status? Did this affect the amount or method of settlement?
- Was an excess deducted, and if so, how much?
- Was there a dispute? If so,:
 - Were any alternative dispute resolution methods, such as mediation or arbitration, used?
 - Was the Financial Services and Pensions Ombudsman involved in the claim?
- Give an opinion on how the insurer can balance fairness, efficiency, and compliance with legal and regulatory requirements during the claims process.
- Do you have any other comments on the claim? (e.g., interesting features or unusual challenges).

Guidance notes

This case study involves examining a complex, now settled property insurance claim. You then need to compile the information into a PowerPoint presentation that summarises the claim to your colleagues in the claims department.

There are no sample answers and no 'right or wrong' answers. The best answers are those that demonstrate that you have understood the details of the claim and presented the information appropriately to the target audience. Your answer should not include any personal details about the people involved in the claim.

The PowerPoint presentation should contain approximately 20 slides with presenter's notes.

When developing the PowerPoint:

- Remember your target audience
- Ensure that the content is factually accurate, engaging, and clear.
- Include reference to the claim file and the relevant practices used in your own firm.

Topic 6: Module overview case study

This case study is based on the learning outcomes for the full CIP-07 module and must be completed by all apprentices.

Write a 500-word blog based on one of the following titles for the Insurance Ireland website:

- From incident to indemnity: how insurance claims really work
- Breaking down the claim: who does what in the settlement process?
- Claims across the board: how different insurance classes trigger claims.
- Resolving claims disputes: how insurers navigate conflict to reach settlement.

Your answer should focus on the blog title and demonstrate a thorough and reflective understanding of the claims process. Writing this blog will require an understanding of CIP-07's content but also should also incorporate evidence of discussions with experienced colleagues and online research.



Appendix 1:

Case Study Marking Form



CASE STUDY MARKING FORM

Case Study No.

Submission Date:

Please ensure to complete all boxes as required.

Topic No. Topic Title Insurance Module:

Apprentice Student Number

To be completed by the Apprentice:

I confirm that all the work on the case study is my own work.

Signed _____ (Apprentice) Date _____

Apprentice Student Number

To be completed by the Supervisor:

Checklist (please circle pass or fail as appropriate):

Attempt 1	Attempt 2	Attempt 3
Pass/Fail	Pass/Fail	Pass/Fail

PRINT Name: _____ (Supervisor)

Signed: _____ (Supervisor)

Date: _____