# Jessica Jones

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| **Profile** |  | **Insurance Claims Processor – Automobile Line Specialty**  Dedicated insurance professional with more than 10 years of experience investigating and processing automobile insurance claims. Excel in analysing damages/causes, interpreting policies and negotiating payment solutions. Effectively manage multiple, high-priority projects and take pride in providing exemplary customer service.  [See CareerOne’s advice articles, videos and resume building tool here](http://resume.careerone.com.au/) | |
| **Key Skills** | * Claims Handling and Investigations * Risk Assessment and Mitigation * Damage Assessment * Evaluation of Liability Exposure | * Claims Reports and Documentation * Policy Interpretation * Confidential Records Management * NYS Auto Insurance Regulations |
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| **Experience** | **ABC Insurance Company – Forest Hills, NSW**  **Claims Processor,** 7/02 to present  Analyze claims to determine extent of company’s liability, make approval or denial decisions and negotiate settlements with claimants in accordance with policy provisions. Collaborate with insurance agents and interview claimants to correct errors, rectify omissions and investigate questionable issues.  ***Outcomes:***   * Completed more than 2,500 claims throughout tenure. Provided optimum service to policyholders, negotiated fair settlements and identified fraudulent claims. * Achieved the highest number of inspection appointments (out of 162 colleagues) in 2007. Surpassed goal by averaging 45 appointments monthly (33% above quota). * Selected by supervisor to assist with file closures; resolve complex claims-processing issues; participate in quality-control audits; and monitor claim status updates. * Maintained a superior quality rating of 94% in file handling and claims resolution from 2003 to 2007, exceeding the 85% departmental goal.   **DEF Insurance Company – Astoria, NSW**  **Associate Claims Adjuster,** 6/98 to 7/02  Supported claims adjusters in processing hundreds of first- and third-party auto insurance claims. Analyzed and determined completeness and validity of claims. Assisted policyholders in a busy call-center environment.  ***Outcomes:***   * Accompanied underwriters and insurance agents in the field to investigate claims and determine cause and extent of damages. * Uncovered fraudulent claims scheme; provided evidence leading to the recovery of thousands of dollars in insurance overpayments. * Developed a strong understanding of insurance policies and legal issues through completion of a series of INS classes coupled with in-depth, multi-week claims training. | |
| **Education** |  | **Bachelor of Science,** Major in Business,5/02 ◼ ABc UNIVERSITY NSW  **Training:** Completed extensive training in auto insurance terminology (parts, repair and medical procedures), NYS regulations; and customer service delivery. | |
| **Computers** |  | SAP CRM; Vast; OnBase; Microsoft Excel, Word, Access, Outlook | |