

Claims Management

Türkiye Sigorta covered TL 50 million of the industry's natural disaster indemnity in 2021.

Adopting the power that emerged with the merger and an understanding that prioritizes the satisfaction of the policyholders in damage approach, Türkiye Sigorta has become one of the important actors in the industry with its effective claims management.

Damage processes were optimized by means of the structuring activities. With the effect of the common experience gained through the merger, management criteria damage processes in digital environment and technology support, the Company succeeded in making a difference and continued to be a pioneer in the industry with the projects it implemented.

COVID-19 indemnity of TL 10.2 million

In 2021, Türkiye Sigorta keeps providing widespread service with the expertise methods that prioritize human health and taking all actions in the best way during the ongoing pandemic. The Company closely follows the developments in the pandemic with a sense of social responsibility, and covers COVID-19 related treatment expenses within the policy coverage limits and affiliate rates unless otherwise specified in the policies -without distinction between individuals and institutions- for policyholders who act in accordance with the vaccinations and treatment methods recommended or to be recommended by the World Health Organization, the Ministry of Health and local governments. The amount of indemnity paid due to COVID-19 diagnosis in 2021 corresponded to approximately TL 10.2 million.

The Company continues to provide uninterrupted service through all healthcare institutions at all hours with its provision center operational 24/7. Developments of the "Automatic Provision System" has been continuing in order to provide fast and quality service during the treatment of policyholders in the contracted healthcare institutions.

For outpatient treatment claims, medical and technical evaluation criteria have been uploaded into the system in the form of rule sets. In case of that hospital officer enters information into the system, the provision requests that pass the uploaded rule sets are evaluated by the Automatic Provision system and concluded without waiting. Within the improvement of the provisioning processes, the works on integration between contracted healthcare institutions and the Company continued throughout the year, and provision periods were shortened through the designed process. The average evaluation period for outpatient provisions were reduced to about three minutes.

With the provision notification system, provision request and approval stages in all health institutions are instantly communicated to the policyholders via SMS notifications. In case of non-contracted institution requests and usages, policyholders are provided with the opportunity to follow up instantly via the mobile application.

In 2021, Rapid Claims Payment Project was launched in the management of housing damages by making necessary segmentation in the system. Provision of service support in electronic device damage applications started to intervene as soon as possible and support the policyholders.

Standing by our people in natural disasters

Assuming standing by Turkish people as its primary duty in difficult times with the responsibility conferred by its name, Türkiye Sigorta established local mobile damage contact points in fire and flood zones (Kastamonu and Alanya-Antalya) and dispatched its experienced damage personnel to disaster areas in 2021. With this application, both the disaster victims were supported and current damage processes were quickly eliminated. Minimum quantity of paperwork was requested to eliminate challenges of policyholders, and files were evaluated and finalized by taking action as soon as the mandatory documents reached the Company.

In addition, the questions of all citizens who came to the contact points were answered, and necessary guidance was given, regardless of whether the policy was issued by the Company, due to the sensitivity in the current situation.



Türkiye Sigorta covered TL 50 million of the natural disaster indemnity in 2021. The amount of indemnity paid is shown in the table below:

Indemnity Amounts Paid (TL Million)	
Kastamonu Flood Disaster	22.0
Rize-Artvin Flood Disaster	9.2
Fire Disaster	7.7
İzmir Flood Disaster	6.2
Istanbul Storm Disaster	4.9
Grand Total	50.0

Digitalization in claims management

In 2021, master plan work was performed to provide end-to-end digital integration of claims management activities. In line with this work, it is planned to implement projects that target high satisfaction of customers and sales channels, keep costs under control and increase operational efficiency with an innovative approach.

Aiming to automate claims management as much as possible, both through mobile applications and artificial intelligence steps, the Company plans to commence the relevant activities in 2022.

Türkiye Sigorta started to work on simplification and improvement of its health indemnity management processes in line with its target of increasing its market share and maximizing the quality of health insurance services by showing its strength in the health branch with its 13.42% market share, industry leadership and wide distribution channel network.

In addition, the plans will include the projects such as plotting the integration of inpatient treatment demands with hospital information systems, designing user-friendly screens, extending the medical evaluation criteria and making the different branch-based definitions of contracted institutions' prices.

In 2021, master plan work was performed to provide end-to-end digital integration of claims management activities.

Claims Management

Two different modules, namely Field Audit and Fraud Modules, were developed and went live on OSEM to ensure more coordinated works with Auto Damage Directorate in 2021.

Automation in audit

With the new structure, non-auto damages are divided into products and branches as Individual, Corporate and Bodily Damage teams, and experienced teams who are experts in their fields started to manage such damages. Thus, an organization requiring the experience of residential and commercial teams and faster actions was established. Experienced teams with extensive knowledge of the legislation started to conclude bodily damage applications in particular.

After an expert is assigned to the damage files opened in auto branches, Field Audit Unit implements the necessary controls by performing inspection activities.

The compatibility and accuracy of damages approved by the expert and technical inspection desk are analyzed; crime scene investigation, supplied labor and parts are checked at the service, and unjust claims and enrichment cases are intervened by taking customer satisfaction and Company interests into account.



Two different modules, namely Field Audit and Fraud Modules, were developed and went live on OSEM to ensure more coordinated works with Auto Damage Directorate in 2021.

Certain rule sets were created, the files that the field audit personnel need to audit the work pool were automatically assigned, and all processes were automated with the Field Audit Module.

Moreover, measurement of the performance and financial benefit of the files examined by the audit staff was embodied. With the Fraud Control Module and the Fraud Module, files are assigned to researchers and experts who conduct research and examination of suspicious damage files through the system.

Suspicious damage files are evaluated, they are assigned to researchers and experts, and their success rate and financial benefit are measured by this development made in OSEM system. The Company saved a total of TL 36.81 million from field audit activities by earning TL 9.56 million and TL 27.25 million from the fraud prevention activities throughout the year.

Fraud detection with analytical methods

Unjust gain from insurance fraud does not only heighten the premium costs of the industry, but also affects the trust in the system by threatening the principle of maximum goodwill which is the fundamental basis of the industry. The honest policyholders who face with the rising insurance premiums due to insurance fraud pay the price of these frauds as well.

In this sense, fighting against individuals and institutions that try to commit fraud in order to get the insurance amount means protecting the interests of honest policyholders and increasing reliance in the insurance system, which is an important source of savings in our country's economy.

With this understanding, Türkiye Sigorta tries to establish a proactive fraud management structure, and to create analytical score and business rule score, by interpreting damage data, production data and past fraud patterns with advanced analytical methods in all Auto and Non-Auto branches.

Upon predictive modeling, social network analysis and creation of the business rule structure with this structure, the fraud management process will generate a hybrid score throughout the Company, and fraud detection rate will increase financially and quantitatively.