

## Our Vision and Mission – The Gibraltar Life

### Core Values

Worthy of Trust

Respect for Each Other

Customer Focused

Winning

### Vision

By continuously providing life insurance, the mutual support system, widely in the society based on our enduring principles of human love and family love, we aim to become the most trusted company by our customers and the most admired company by the society and the community.

### Mission

We deliver financial security and peace of mind to our customers and their families by accurately informing the true value of life insurance, providing truly useful life insurance, and continuously providing life insurance services until claim payment with sincerity for each and every customer.

### Strategy

- We provide insurance products that are truly useful for our customers.
- We develop professional resources who continuously explore what they should do and how they should behave for the sake of customers with consulting ability to propose sufficient life insurance according to customer's circumstances and we build an organization of such people.
- We provide life insurance services for our customers by taking sincere and appropriate actions until life insurance functions promised to our customers have been fulfilled.
- By appreciating our employees' job contributions and properly reflecting them in their treatment, all employees join together to build an organization in which each employee's growth makes contribution to the Company's growth.
- We contribute to the development of our affiliated business partners.

## Our Vision and Mission - Claim Payment Team

### Vision

We aim to become a trusted team by our customers and LCs/MRs by taking pleasure in “delivering insurance claims” filled with customers’ affection towards their families through claim payment, keeping that feeling in mind, and making claim payments in an accurate and prompt manner.

### Mission

Based on our understanding of the needs of life insurance, we will continue to make claim payments in an accurate and prompt manner and provide convenient claim procedure/services to fulfill our promise to our customers.

We contribute to delivering “financial security” and “peace of mind” to our customers and their families through claim payment.

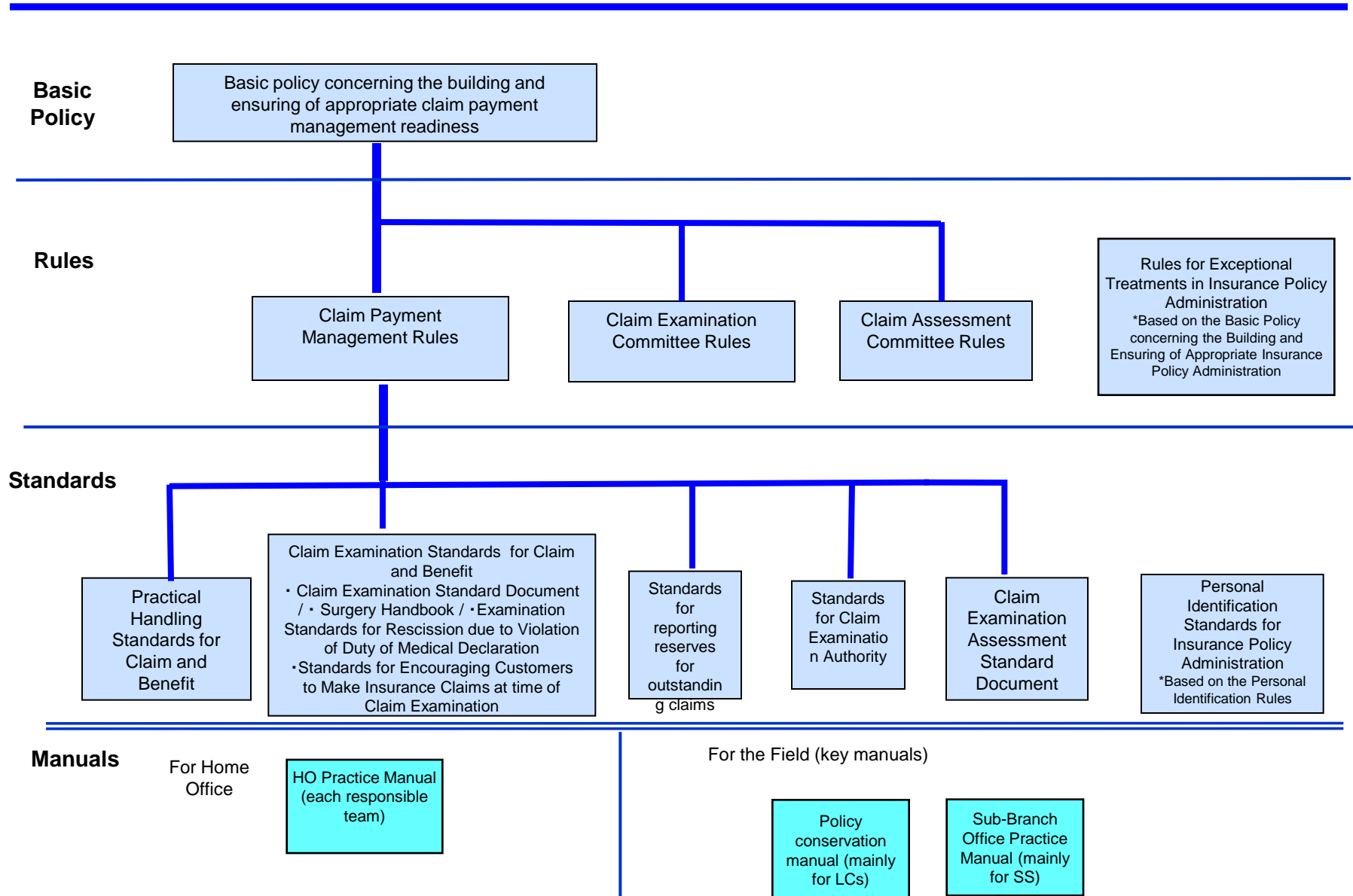
# Breakthrough

3 philosophies

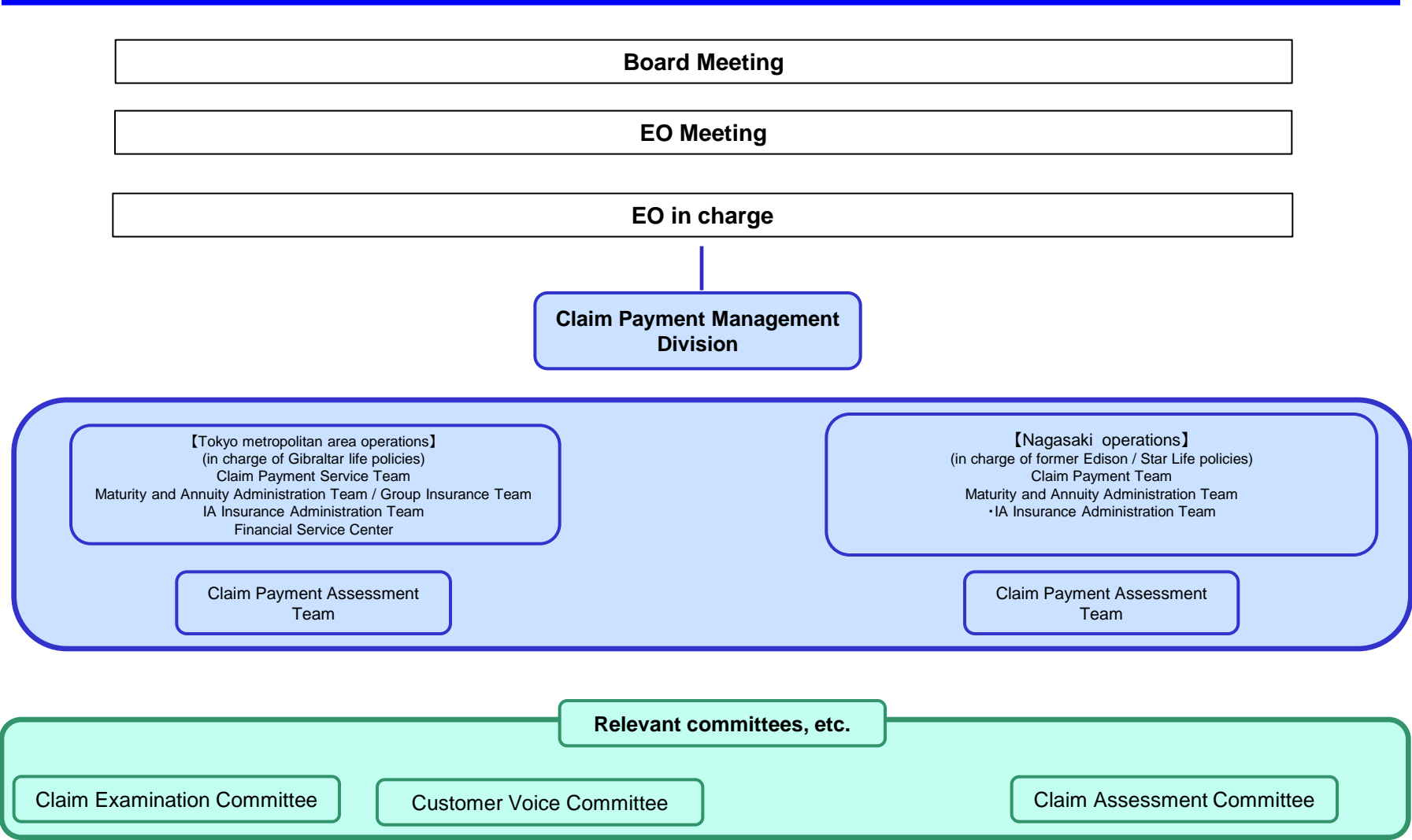
Core Values

Vision  
Mission  
Strategy

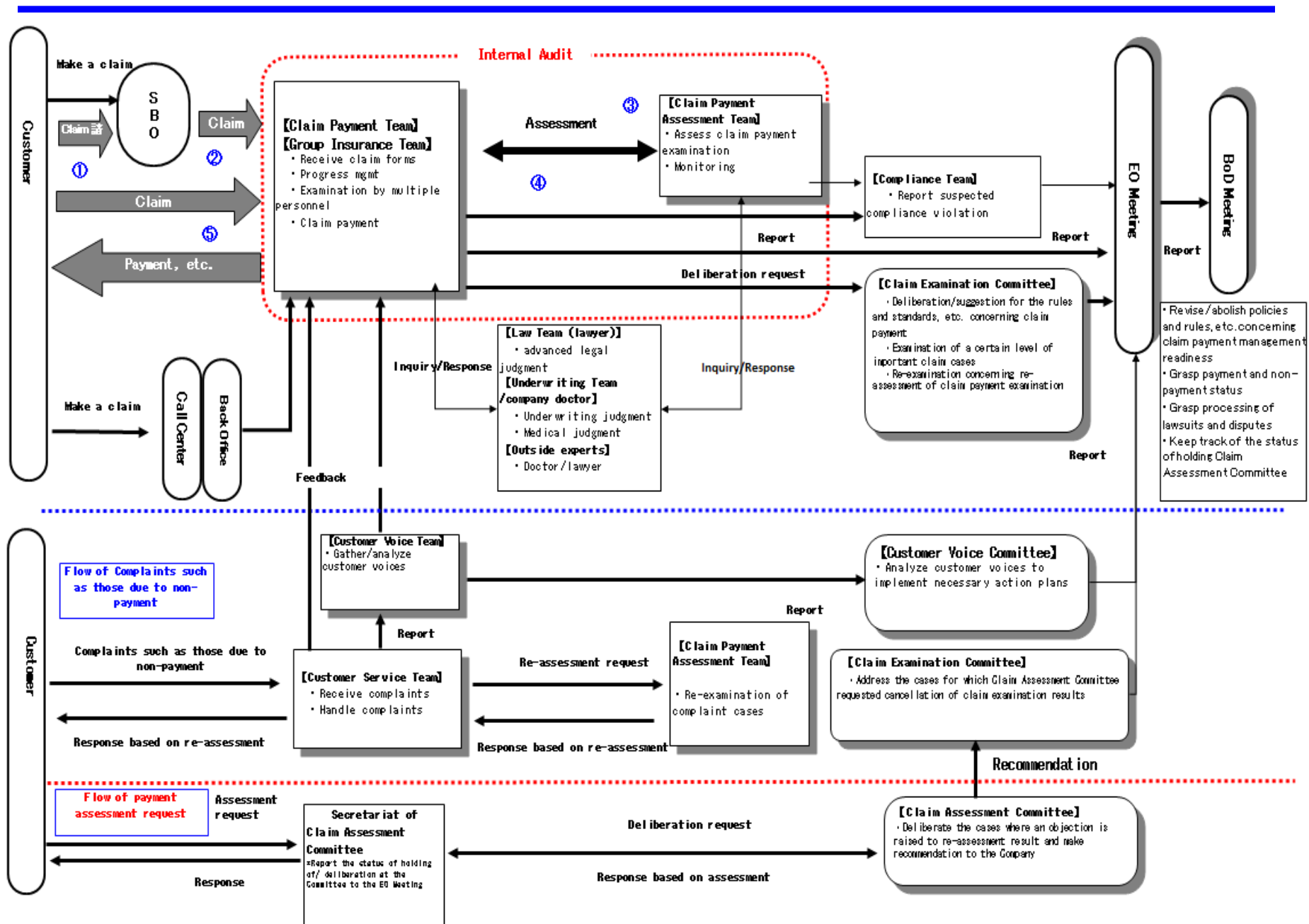
# The Status of the Establishment of Internal Rules, etc.: the Structure of Policy/Rules



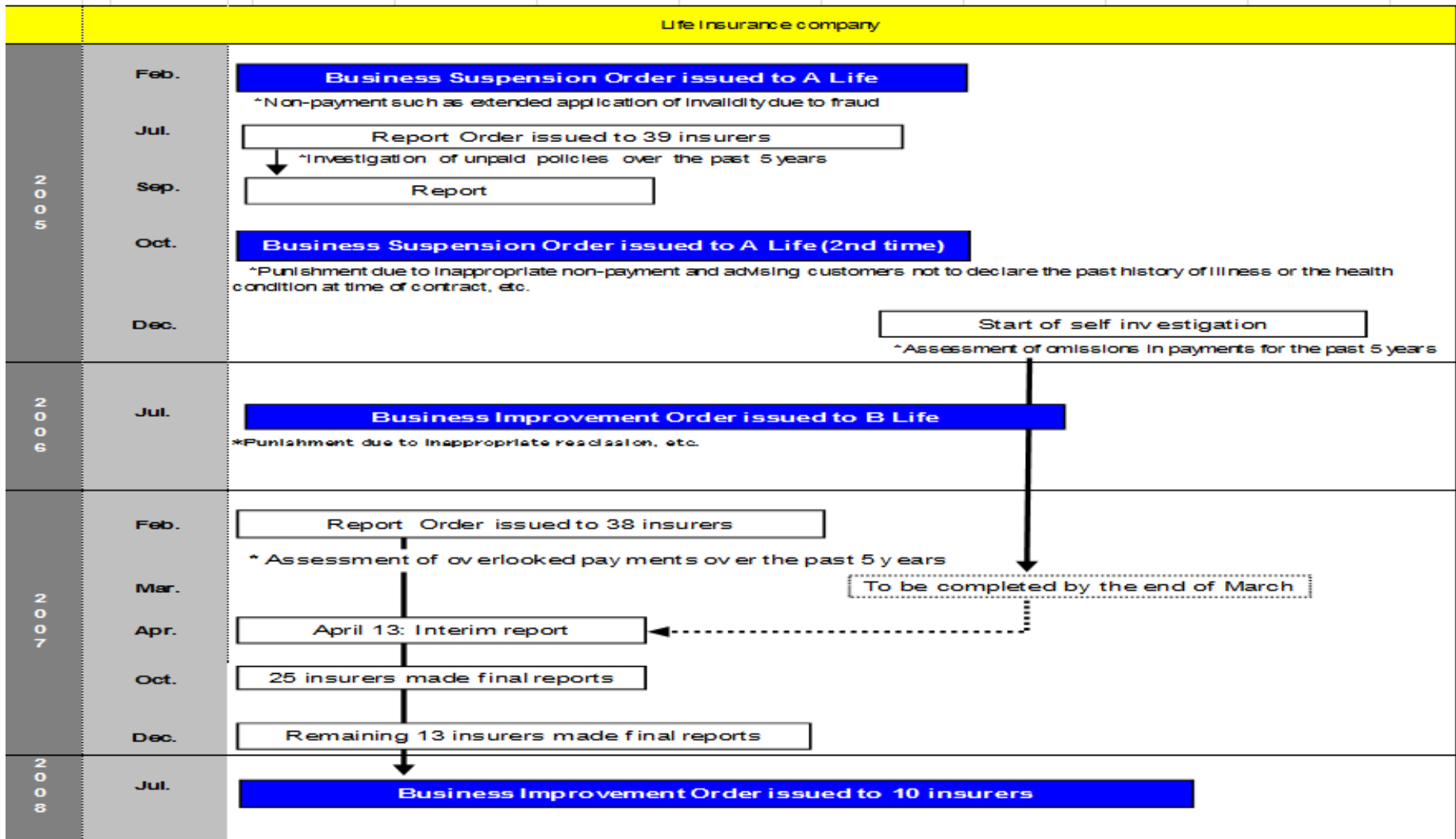
# Claim Payment Management Readiness: The Organizations for Claim Payment Operations



# Claim Payment Management Readiness Claim/Benefit Payment Readiness Chart



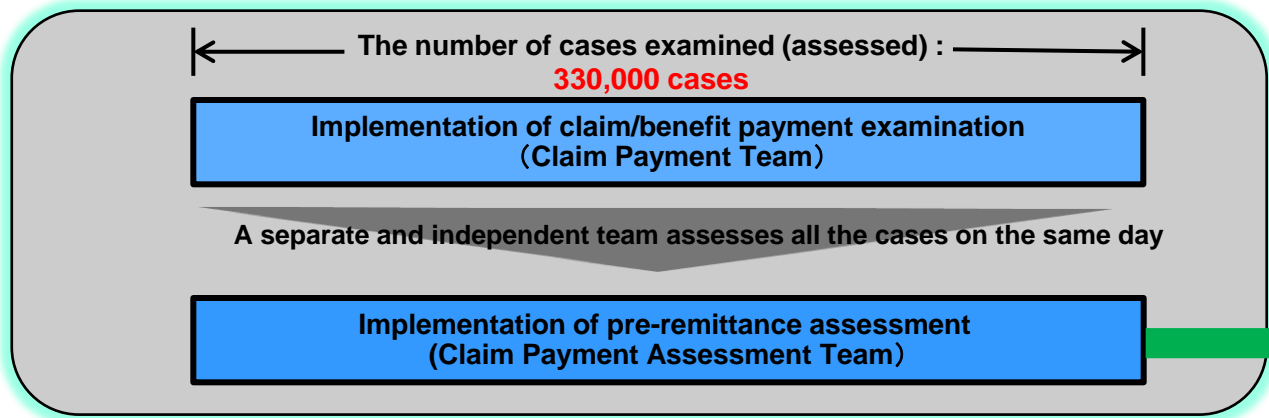
## The Transition of the Unpaid Claim Issues



Request by the authorities for all insurers:

It was requested to release the status of business improvement actions taken by each insurer concerning claim payment management readiness and the results in a way visible to policyholders, etc.

On the same day



The # of omissions in payments prevented by pre-remittance assessment

410 cases / year  
\*The # of claim forms 840 cases/day

Remittance

Internal detection after remittance

① Monitoring  
(to check the accuracy of the assessment / re-assessment after remittance)

\*Implement effective monitoring by targeting omissions in payments, etc.

\*Be conducted within 2 weeks after remittance

Event occurred	The # of cases
Omission in payment	Internal detection: cases

② Detection as a result of confirmation of already paid cases at time of additional claim

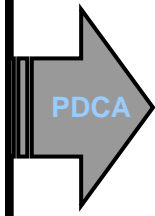
Event occurred	The # of cases
Omission in payment	Internal detection: cases

The # of cases internally detected  
\*fulfillment of self detection function prior to external detection

External detection

Event occurred	January - June	July - December
Omission in payment	External detection: cases	External detection: cases

•The # of cases externally detected  
 •External detection rate  
**0.007%**



2012: The number of cases examined -> 330,000 cases  
 The number of omissions in payments externally detected is declining in the second half of the year

## *Encouragement of Claims*

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- We developed the “Standards for Encouraging Customers to Make Insurance Claims at time of Claim Examination” and inform customers of possibilities of claim payments when we identify them based on medical certificate, etc.
  - e.g.)
    - When hospitalization or surgery is described on death certificate
    - When surgery or outpatient visit after discharge is described on medical certificate for benefit
- For the policies with outpatient rider which have a possibility of outpatient visit after discharge or the policies in which a claim has been made during hospitalization, we send letters requesting the customers to check omissions in making insurance claims after a certain period of time (about 4 months).
- Claim Payment Assessment Team also checks if there is any omission in claim encouragement.



## *The Status of Claim/Benefit Payment*

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**Claim Payment status in 2012: January – December**

**Claims: 22,086 cases / 88.4billion yen (monthly: about 7.4billion yen)**

**Benefit: 287,573 cases / 35.9 billion yen (monthly: about 3 billion yen)**

**In total: 309,659 cases / 124.3billion yen (monthly: about 10.4billion yen)**

**Living needs: 153 cases / 1.4billion yen**

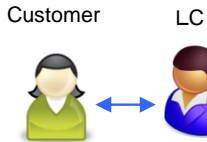
**FNB (Funeral Needs Benefit): 366 cases / 800million yen**

**<Bone-marrow donor benefit: 18 cases / 2,23,000yen>**

# Appendix

## Receipt of a claim

Request for a claim form

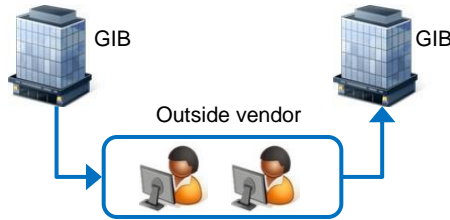


- ✓ Machine check to prevent an omission in claim encouragement
- ✓ Prevention of incompleteness by easy-to-understand notice on the procedure according to coverage / claim details
- ✓ Collective notification for multiple policies by alpha search function (other policies/duplicate)

## Entry

✓ Outsourcing to improve accuracy / administrative efficiency

**Outsourcing** (acceptance/scanning/data entry)



- Make preparations to be ready for the following measures promoted by the LIAJ:
- \*Official response timing is to be studied depending on the penetration of the measures, etc. in the future
  - **Use of QR code for medical certificate information**
  - QR-coded medical certificate information is automatically read by scanner
  - **Online data receipt from medical institutions**

## Claim examination

- ✓ Machine check to prevent an omission in claim payment
- ✓ Automated judgment of examination level to improve efficiency
- ✓ Examination by medical certificate data (paperless)

Automated sorting

【 Examination level: low 】

Examination by machine



【 Examination level: middle 】

Examiner



【 Examination level: high 】

Primary examiner      Secondary examiner



## Claim assessment

- ✓ Automation of primary assessment
- ✓ Improved accuracy/efficiency of assessment

Judgment by machine

OK

↓ NG

Assessor



OK

↓ NG

Assessor



OK

\*In the case of NG, send back to the examiner



Inquiry

Progress



- ✓ Send progress status of claim payment processing by email
- ✓ Automate reminder management of unclaimed/incomplete cases
- ✓ (automatically send reminder postcard)