

White Paper How Artificial Intelligence is making insurance work better for everyone

Lower costs.
Better experiences.
Proactive prevention of risk.



A new era for insurance

As a heavily regulated, intensively bureaucratic sector – a business founded on caution – insurance has always been slow to adapt. But a confluence of historic challenges is forcing the industry to undergo arguably the most radical change in its history.

Fundamentally, insurance is a hedge against risk. Over the coming years, it will become a proactive exercise in preventing risk, moving from protection to prevention.

As you'll see in this paper, the shift will be enabled by Artificial Intelligence (AI).

Technological trends have shifted expectations around customer experience and product personalization. Digital self-service, instant quotes, dynamic pricing, and precisely tailored products are all part of a landscape that insurers have so far viewed from a distance.

Insurance has always been a data business. But the sector is falling behind in its ability to harness information, opening the door to existential competition from digital disrupter's better able to meet customer expectations, in part because of earlier adoption of Al.

Al is the key to overcoming the challenge.

And it will happen quickly. As Peter Utzinger, Financial Services CTO, Fujitsu Global, said, "Al scales instantly, empowering companies to become immediately responsive," already making the technology "a major building block in the contemporary business architecture."

Indeed, Gartner reported that 38% of respondents from the Insurance industry reported increasing investments in AI / ML with 0% reporting any decrease. From recent research into AI, carried out by independent research firm Forrester Consulting on a commission from Fujitsu, it was found that 86% of business leaders said they intended to invest in AI over the next 12 months. 57% of finance and insurance leaders already have a formalized plan approved and backed by the board.

At the time of writing, insurance is at an early stage of Al maturity. But its Al-empowered future is not far away. One where the fundamentals of the sector are entirely upended — and everybody is better off for it.

Adding brains to automation

Meeting the first challenge – improving carriers' operating ratio – is the clearest starting point for AI in insurance.

As a sector, insurance is heavily process oriented. It also still tends to rely on manual processes and cumbersome legacy systems. The relatively high labor costs that come with an over-dependence on outdated methods are a weight that businesses can ill-afford.

Robotic Process Automation (RPA) — which has become common in the industry — goes some way to improving process efficiency. But Al is set to supercharge those savings — 35% of business leaders expect Al to increase employee productivity 1 — as well as curtailing losses from fraud.



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Peter Utzinger Financial Services CTO, Fujitsu Global

Process automation, but smart

RPA is a relatively primitive automation system, operating on strict rules. If <this> then <that>. The efficiency savings of implementing RPA are significant, but largely equivalent to the savings you would make if humans could work without any breaks or sleep.

RPA is marginally faster than a highly efficient human that doesn't need to stop. But it's certainly no smarter. If RPA encounters an exception to its instructions, it has no option but to flag it for attention.

If premium reconciliation numbers are usually expected on Mondays, but arrive on a Tuesday, the RPA will simply send an alert equivalent to 'don't understand.'

By contrast, machine learning AI may flag the exception the first time, perhaps even the second. But once it recognizes that these are the numbers it was expecting – just on the wrong day – it will learn to look for reconciliation figures on every day of the week, without intervention.

This ability to learn enormously amplifies the cost reductions possible from process automation. While RPA yields roughly 20%, machine learning based Hyperautomation results in savings of approximately 60% — improving over time as the algorithm becomes adept at more complex processes.

In the diagram below, Hyperautomation is used to automate the entire customer journey from making a car insurance claim to receiving a replacement.

The efficiency savings from AI enriched process automation are potentially transformative in themselves. Indeed, the top three current uses for AI cited by surveyed finance and insurance leaders were improving efficiencies in IT operations (23%), improving efficiencies in business operations (19%), and improving business automation (19%).2

But the indirect benefits are arguably of even greater value. Having automated such routine tasks, humans are freed to focus on higher value labor such as sales and marketing, business development, and product innovation.



Al is already proving its abilities to fight fraud in the financial sector, where its aptitude for pattern recognition excels at identifying suspicious transaction sequences.

Intelligent fraud detection

The FBI estimates non-healthcare insurance fraud costs US insurers \$40 billion per year – \$400-\$700 extra on annual premiums for the average American family. Insurance Europe estimates that European carriers lost €13 billion to insurance fraud in 2017.

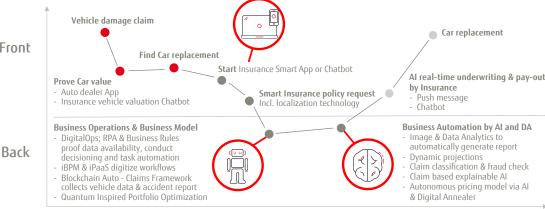
Al is already proving its abilities to fight fraud in the financial sector, where its aptitude for pattern recognition excels at identifying suspicious transaction sequences. In insurance, it is set to combine this capacity with the ability to integrate traditional structured data with unstructured data like images and social media.

For example, Al may flag a person submitting the same photo of a damaged roof two years in a row. Or it may identify a Flickr photo of someone skiing the day after they claimed for a broken leg. It could even reconstruct an auto-accident entirely from telematics data, to accurately verify - or disqualify - a claim.

It is simply uneconomic for human analysts to uncover examples like these at scale, making fraud an inevitable cost of business. With the help of AI, losses from fraud will be drastically reduced – in some cases eliminated.



Front



Time

2. Ibid

Transforming insurance

In parallel to these efficiency savings, AI will help insurers to Frictionless customer experience retool their organization for an agile era.

Customers have grown to expect fast, personalized, responsive policies – ideally delivered through self-service. Insurers have been slow to respond, risking displacement from tech companies better able to meet expectations. 41% of respondents have left an insurer because of poor experience. 20% would buy insurance from a Big Tech firm.

Al is the key to delivering excellent customer experience and personalized policies – maximizing sales potential in the process.

It's also the key to imbuing insurers with the agility required to keep pace with shifts in consumer expectations in an era of relentless change. Today personalization is the latest must-have, tomorrow it will be something else – it's important not to get left behind.

Accordingly, McKinsey estimates that sales and marketing will be the biggest value-add for AI to the insurance sector, principally in customer experience and product personalization. And 36% of business leaders expect AI to improve their customer experience.3

Until now, customers have been little shielded from the inherent complexity of insurance products – affording ample advantage to anyone who can make policy purchases and claims simpler.

Today, Natural Language Processing (NLP) chatbots are most visible as simple customer service tools, fielded to triage online requests before handing over to human agents. However, they are already beginning to serve a deeper purpose in insurance.

Lemonade is a U.S. insurer employing chatbots to guide customers through policy applications. In place of the usual convoluted form, customers are asked a series of questions – guided by their responses – that take them from enquiry to quote in just 90 seconds.

At the other end, Ant Financial – a subsidiary of Chinese internet giant Alibaba – is using Al to assess simple auto-insurance claims in just six seconds based on smartphone photos sent by the customer. By comparison, humans take an average of 6 minutes, 48 seconds, with the same information.



3. Starting Today, AI Will Power Businesses Into The Future, a commissioned study conducted by Forrester Consulting on behalf of Fujitsu, May 2020.



Aioi Nissay Dowa Insurance is going one step further, using Fujitsu Al image recognition and Visual Simultaneous Localization and Mapping (Visual-SLAM) technology to automatically generate accident reports from telematics recordings.

Customers are saved from the stress of reporting the incident themselves. Accident assessments are made more accurate – no longer based on the subjective accounts of shaken drivers. Claim times are projected to halve, when combined with the insurer's 'I'mZIDAN' chatbot.

Employing AI for purchases and claims like this offers two major advantages for carriers.

First, in making the process of buying a policy simpler, carriers may attract customers who would otherwise not have bought insurance at all. Customers discouraged by the complexity of typical policy forms.

Second, with simple queries fielded by AI, human agents should be easier to reach for complex negotiations and conflict resolution — with more time to focus on these more difficult service areas.

The result should be a greater retention of customers, no longer driven to disruptive competitors by outdated, frustrating experiences.

Personalized, responsive policies

Al enables a step-change in underwriting. Taking customers from a 'generic risk' into a 'known risk', with highly individualized risk assessment.

From the customer's perspective, this could result in lower policy prices, as it is determined they represent a lesser risk than their broader demographic. Equally, by more accurately evaluating a customer's potential risk, carriers should strike a better balance between premium prices and claims.

Initially, this will come from connecting disparate sets of existing information, exploiting Al's ability to integrate wildly varying data across formats and silos. An Al-enabled orchestration layer can be applied to incorporate, for example, health data to inform a life insurance policy.

External, publicly accessible data can also be included, extending the breadth and depth of information available for underwriting. Perhaps most significantly, this can all occur in real-time — enabling dynamic, automatic policy adjustments to account for a change in circumstances.

For example, when a customer moves house, they currently must inform their insurer manually. With Al-integrated data, their new address could be automatically populated from the post service database. This can then be cross-referenced against geo-location and property information to account for changes in building type and proximity to major water sources, among other factors.

As the Internet of Things (IoT) grows, the volume and variety of data available will expand by several orders of magnitude. Just as telematics devices are already used to assess risk for auto-insurance — tracking drivers' real-world behavior, rather than relying on broad demographics for risk assessment — a universe of connected devices will stream real-time data to insurers for instant policy adjustment.

As personalization reaches this level of granularity, new approaches to service and product design will emerge. There are already examples of health insurers using wearable health data to tailor policies, offer incentives and cross-sell co-branded products. Innovation in this area will soon see an inversion of sales and marketing from 'finding customers for products' to 'creating products for customers.'

From reactive to proactive

Having established an agile, AI-enabled, real-time data infrastructure, insurers will be able to move from 'repair and replace' to a far more cost-effective 'predict and prevent' model. From responding to the present, to actively preparing for the future. Financial risk mitigation, to active risk prevention.

As Manan Sagar, Insurance CTO, Fujitsu EMEIA, says, "Insurance providers can now make dynamic projections about future outcomes, with a continuously updated view of the underlying risk. And they can develop consumption-based pricing models that update in tandem."

The relationship between insurers and customers will fundamentally change. Insurance will cease to be akin to an 'annual tax' that holds little value unless you claim. Instead it will be a service-oriented product designed to prevent risk, rather than merely mitigate its effects – a far more desirable proposition.

Meanwhile, advanced macro-analytics will serve actuaries in responding to unprecedented trends such as climate-related extreme weather, new behaviors like smartphone-distracted driving, and the health impacts of an aging population. Perhaps no surprise that 38% of business leaders cited integrating AI with analytics systems as a top priority over the next 12 months.⁴

Predict and prevent

In essence, the predict and prevent model works by analyzing vast tracts of data to find patterns in the causes of particular risks. By identifying the beginnings of those patterns in real-time data, interventions can be made before the pattern plays out.

Auto-insurance will likely be an early use case. Telematics devices already track the behavior of drivers, assessing their real-world risk.

The difference will be in the granularity and speed of modelling. Rather than merely rewarding safer driving with lower premiums, highly specific recommendations can be made; adoption verified by the same telematics device.



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Manan Sagar Insurance CTO, Fujitsu EMEIA

Before too long, this mechanism will operate in real-time. Drivers receiving alerts on their insurance app when driving 70 in a 50 zone – receiving a surcharge if they fail to slow down. Push notifications at a junction suggesting route A over B, based on current traffic information and projected likelihood of an accident.

These nudges – backed by financial incentives – could help customers adopt safer behaviors in every insurable area of their lives.

As wearables proliferate, personalized health recommendations can be made to help ward off long-term conditions, at once improving customer health and reducing strain on health services.

Over time, the predictions will become more accurate, as machine learning identifies ever more granular patterns, at an ever-faster rate. Interventions will achieve increasing success, both reducing real risk to customers, and lowering costs for insurers.

Protecting privacy

There is an inevitable privacy cost to any data innovation. But Manan Sagar believes customers will be willing to make the trade, saying, "I don't drink or smoke. I run a marathon ever year. But my insurer is more concerned that my father died of a heart condition in his 50s, because he was a smoker. If giving my data can make my policy more precise — and further guide my lifestyle choices so I'm even less at risk — I would say yes."

The key is ensuring customers are given a substantive choice. Retain your privacy and pay a higher premium — but one that remains affordable. Or offer your data and receive real value in return: proactive, personalized advice that will improve your safety.

And of course, it is essential to protect the personal data that feeds individual and commercial underwriting. Inclusion in macromodelling must remain anonymous, in keeping with data privacy legislation like the CCPA and EU GDPR.

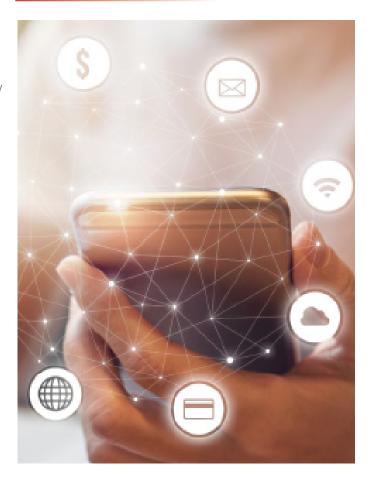
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