

ADMINISTRATIVE PROCEDURES IN THE PROCESS OF PAYING CLAIMS AT PT. ASKRINDO (PERSERO) PURWOKERTO BRANCH

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Abstract

The administrative process in claim payments is an important stage in the insurance industry. PT Asuransi Kredit Indonesia (Persero) Purwokerto Branch has a procedural system in handling claims to ensure payments are made quickly, accurately, and according to the provisions. This research analyzes the obstacles in administrative procedures and offers solutions to improve the effectiveness and efficiency of the claims process. The results show that optimizing digital systems, improving the quality of human resources, and simplifying the administrative flow can accelerate the claims process. The main driving factors for successful implementation are management and technology support, while inhibiting factors include system limitations and regulatory complexity. The method used in preparing this article is using hands-on work practices and interviews.

Keywords: administrative procedures, claim payment, credit insurance, effectiveness, efficiency.

Abstrak

Proses administrasi dalam pembayaran klaim merupakan tahapan penting dalam industri asuransi. PT. Asuransi Kredit Indonesia (Persero) Cabang Purwokerto memiliki sistem prosedural dalam menangani klaim guna memastikan pembayaran dilakukan dengan cepat, tepat, dan sesuai ketentuan. Penelitian ini menganalisis kendala dalam prosedur administrasi serta menawarkan solusi untuk meningkatkan efektivitas dan efisiensi proses klaim. Hasil penelitian menunjukkan bahwa optimalisasi sistem digital, peningkatan kualitas sumber daya manusia, serta penyederhanaan alur administrasi dapat mempercepat proses klaim. Faktor pendorong utama keberhasilan implementasi adalah dukungan manajemen dan teknologi, sementara faktor penghambatnya meliputi keterbatasan sistem dan kompleksitas regulasi. Metode yang digunakan dalam menyusun artikel ini yaitu menggunakan praktik kerja langsung dan wawancara.



***Kata Kunci:** prosedur administrasi, pembayaran klaim, asuransi kredit, efektivitas, efisiensi.*

A. INTRODUCTION

The discussion of bank credit cannot be separated from credit insurance. Credit insurance is a type of insurance that provides protection and guarantees if the debtor defaults or is unable to repay the loan to the bank or lender (creditor). Usually, this type of insurance covers the risk of default due to the debtor's death due to illness or accident, layoffs, or other causes. If the debtor dies or is laid off and has not finished paying off the credit, the bank can submit a claim to the insurance company. The remaining principal plus interest will be repaid with credit insurance.

Asuransi Kredit Indonesia (Askrindo) provides guarantee approval for credit or financing provided by banks in accordance with applicable regulations. Analyzing the People's Business Credit (KUR) system, if KUR is said to be insurance, the essential requirements in insurance regarding premiums and insurance policies are not fulfilled. In the guarantee certificate issued by PT Askrindo as a condition of claim, it is stated that PT Askrindo receives guarantee fees, not premiums. The guarantee certificate also does not qualify as an insurance policy. As a company engaged in insurance, efficiency in the administration of claim payments is a crucial factor in maintaining customer satisfaction and company credibility. However, in its implementation, there are various obstacles that slow down the administration process. claims

payment, such as complex bureaucracy, record-keeping system not yet fully digitized, as well as limited expertise in handling complex administrative procedures.

The claim payment process at PT Asuransi Kredit Indonesia (Persero) Purwokerto Branch still faces several challenges that hinder smooth operations. One of the main problems is the length of time required in the document verification process which often extends due to incomplete debtor documents, thus slowing down the duration of claim disbursement. This is due to strict administrative requirements and reliance on manual procedures in verifying the completeness of claim documents.

In addition to technical factors, limited human resources are also a significant obstacle in the claims payment administration process. The lack of experts who have a deep understanding of insurance regulations and policies often leads to inefficiencies in handling incoming claims. This is exacerbated by frequent changes in regulations, which require companies to continuously update and train employees to adjust to the latest policies. If not addressed properly, this problem can result in decreased customer confidence and increased risk of claim disputes.

To overcome these problems, innovative steps are needed to improve the effectiveness of claim payment administration. One of the



solutions offered is to implement a system digitization in all administrative processes claim, from registration to fund disbursement. This digitization can reduce dependence on manual processes and speed up the process of verification and validation of claim documents. In addition, regular training for employees in understanding administrative regulations and procedures is also a key factor in improving work efficiency and quality of service to customers.

Simplifying administrative procedures is also a strategic step in accelerating claim disbursement. By eliminating non-essential steps and developing more concise and clear standard operating procedures (SOPs), companies can reduce waiting times in the claims process. In addition, the implementation of a technology based claims management system can provide better transparency to customers regarding the status of their claims, thereby increasing customer trust and satisfaction with the company's services.

B. IMPLEMENTATION AND METHODS

Direct Work Practice is carried out at PT Askrindo Purwokerto Branch by following predetermined routine activities. Internship activities took place from August 12, 2024 to November 29, 2024.

The method used in preparing this article is using hands-on work practices and data collection methods.

1. Method of Implementation of Direct Work Practices

The method of implementing practical work directly through an internship system by following every routine operational activity on weekdays carried out at PT Askrindo Purwokerto Branch which is located at Jl.Dr.Angka No.12, Karangjengkol, Sokanegara, East Purwokerto District, Banyumas Regency, Central Java. Implemented on August 12 to November 29, 2024 which was carried out in five working days from Monday to Friday, with Monday to Thursday starting at 08.00 - 17.00 and Friday starting at 08.00 - 16.30. Placement is carried out in four sections consisting of the Marketing section, the Claims and Subrogation section, the Finance Section, the Underwriting Section. With the provisions of each section within a period of 2 weeks with a rolling system.

2. Data Collection Methods

In the implementation of direct work practices, data collection is also carried out to find out the journal entry process carried out in each transaction. Data collection in direct work practice activities at PT Askrindo Purwokerto Branch uses observation, interviews, documentation, and literature study methods.

a. Observation

Data collection with the observation method is done by observing directly at the research location to find out the conditions and truth at that location (Abdhul, 2022). Observation in direct work practice is carried out on various matters related to claim payment procedures at PT Askrindo Purwokerto Branch.

- b. Interview
The interview method is a data collection process in the form of oral questions to sources to find out and obtain information about the research being conducted (Pujaastawa, 2016). Interviews in direct work practice are carried out by asking questions and answering questions with employees at the location regarding the active transaction process at PT Askrindo Purwokerto Branch.
- c. Documentation
Documentation is a data collection technique by taking pictures, videos, or writings to prove the research being conducted. Documentation during this PKL activity is in the form of taking pictures using electronic media in the form of smartphones, to support research.
- d. Literature Study
Data collection in the form of literature studies, namely by looking for information through literature or written sources such as previous research journals, books, articles and so on.

In the implementation of the internship at PT Askrindo Purwokerto Branch, the activity of analyzing claim payment documents was carried out in a hands-on practice using the Bank Mandiri (ask Mandiri e-claim) and BRI (AOS KUR Bridging) portals as part of the claim payment administration process. Documentation of this activity can be seen in Figures 1 and 2, which show the application of the system

in the digital claim payment analysis process.

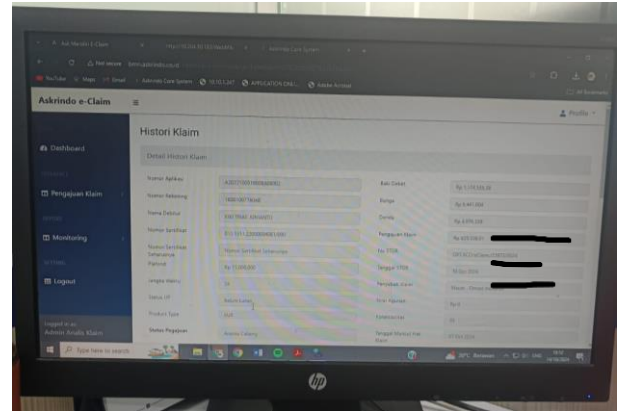


Image 1 Portal Bank Mandiri (Ask Mandiri e-claim)

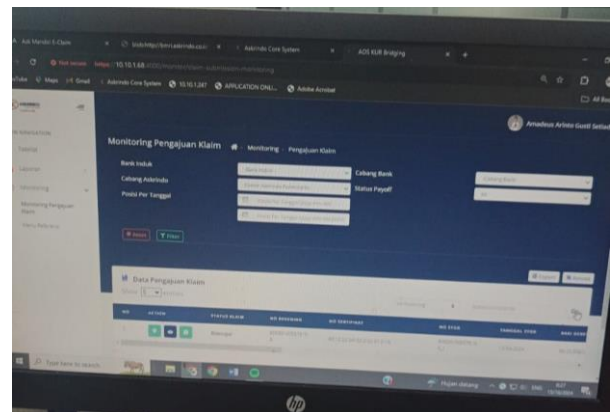


Image 2 Portal BRI (AOS KUR Bridging)

C. RESULTS AND DISCUSSION

An insurance claim is a claim from the insured party due to a contractual agreement with the insurance company to guarantee the payment of compensation as long as the premium payment has been made by the insured party. Simply put, a claim is an official request submitted to the Life Insurance company to make payments to the



recipient. For example, when someone dies and that person has Life Insurance, the heirs can file a claim. If all administrative requirements are met, the insurance company will carry out its obligation to pay dependents to the heirs according to the agreement listed. Insurance claims do not only apply to life insurance, but also other insurance such as health insurance, personal accident insurance, house fire insurance.

According to Rohmawati, Diba, & Saepudin, insurance claims are guarantees provided by insurance to customers for the risk of loss that occurs according to a mutual agreement. The submitted claim will be reviewed for validity in accordance with the agreed insurance policy regulations. The time of filing a claim cannot be determined whenever the claim comes. So that the Exponential distribution will be used to analyze the arrival time of the claim.

PT Asuransi Kredit Indonesia (Persero) Purwokerto Branch implements strict administrative procedures in the claims payment process, to ensure transparency and accountability. This process includes several main stages such as:

1. Claim submission

The initial stage in this process is the submission of a claim by the policyholder. Customers who experience losses or events that fall within the scope of the insurance policy are required to submit an official claim. This claim submission is done by filling out a claim form and attaching supporting documents such as other relevant policies

according to applicable regulations.

2. Document verification

After submitting a claim, the administration team will verify the documents that have been submitted. This process aims to ensure the completeness and validity of the documents submitted. If there are any deficiencies or discrepancies, the policyholder will be asked to complete the documents before the claim can be processed further.

3. Claim assessment

This stage involves a team of claim assessors who will conduct an in-depth analysis of the submitted claim. The evaluation is carried out based on the provisions in the insurance policy as well as further investigation if required. The assessment team will check whether the claimed event is in accordance with the provisions stated in the policy, assess the amount of loss suffered by the policyholder, and consider the possibility of claim abuse. If the claim requires additional investigation, the company may conduct field surveys or coordinate with related parties to ensure the validity of the claim.

4. Issuance of decision

Based on the results of the claim assessment, Askrindo will make a decision whether the claim can be approved or rejected. If the claim is approved, the company will inform the policyholder of the amount to be paid and provide a timetable. payment. If the claim is rejected, the policyholder will



be given official reasons for the rejection and has the right to appeal or seek further clarification if they object to the decision. This decision is made by considering all legal aspects, company policies, and data collected during the evaluation process.

5. Claim payment process.

The final stage in this procedure is the payment of claims to policyholders. Once the claim is approved, payment will be made via transfer to the policyholder's account in accordance with the agreed amount. The payment process is carried out quickly and precisely to ensure customer satisfaction and maintain trust in the insurance company. The company will also record all claim payment transactions in the administration system for audit and transparency purposes.

Policyholders are required to complete all necessary documents when submitting a claim. After that, the insurance officer will check the completeness and validity of the documents submitted. then evaluate the claim based on the existing insurance policy and conduct investigations if deemed necessary. Decisions regarding claim payments will be made based on the results of the assessment and company policies. If the claim is approved, the payment will be transferred to the policyholder's account. The implementation of this administrative procedure in claim payment has shown some indicators of success. Speed of claims processing has increased Thanks to

the structured system, transparency and accountability are maintained with clear records, and customer satisfaction is also improved thanks to effective procedures. In addition, the standardization of procedures reduces the risk of errors in the verification and payment of claims.

But, there are several obstacles that can hinder the process. These include the lack of documents from policyholders, verification processes that take longer due to additional investigations, and system and technology issues that often interfere with claims processing. In addition, limited human resources to handle the increasing number of claims, as well as customers' lack of understanding of claims procedures are also challenges that need to be overcome. Equally important, external factors such as changes in government regulations or economic conditions that impact company liquidity can also affect the claims payment process.

Factors that drive the success of this program include management support that promotes transparency, information technology systems that expedite services, and human resources that are competent in handling the claims process. In addition, good coordination between divisions within the company, policies that support the acceleration of claims, and easy access to information for customers also contribute to accelerating the claims process. Clear regulations and consistency in the application of procedures are important aspects that support the



smooth administration of claim payments.

D. CLOSING

1. Summary

The claim payment administration procedure at PT Askrindo Purwokerto Branch is designed to ensure that every claim submitted by the bank (Bank Mandiri or Bank BRI) is processed transparently, accurately, and in accordance with applicable regulations. This process consists of several integrated stages, namely: Receipt of Claim Documents, Document Verification, Claim Analysis, Claim Approval Process, Claim Payment Implementation.

Based on the analysis that has been carried out, it can be concluded that the administrative process in the payment of claims at PT Asuransi Kredit Indonesia (Persero) Purwokerto Branch has experienced significant development through the implementation of a digitization system. This innovation has increased transparency and efficiency in services. However, there are still some challenges that need to be faced, such as the completeness of documents that are not yet optimal, the length of the verification process due to dependence on manual procedures, and limited human resources who understand the latest regulations. Support from management and integration of information technology are the main drivers for success, while

regulatory complexity and system limitations are obstacles that must be overcome immediately.

2. Suggestion

To improve the effectiveness and efficiency of the claim payment administration process at PT Asuransi Kredit Indonesia (Persero) Purwokerto Branch, the following are detailed suggestions that can be used as a reference:

1. Improving the Efficiency of the Claim Process

PT Askrindo can speed up the claims process by simplifying administrative procedures, clarifying the stages that banks must go through, and utilizing digital technology to speed up verification and evaluation of claims. This will help reduce waiting times for Bank BRI and Bank Mandiri and increase the satisfaction of customers involved in claims.

2. Improved Transparency and Communication

Bank BRI and Bank Mandiri and PT Askrindo need to improve transparency in providing information related to the claims process, including providing clearer explanations to customers regarding claim requirements and required documents. This will reduce confusion and speed up the claims process.

3. Simplification of Claim Procedures

A simpler claims process that is easily understood by both the bank and the customer will reduce administrative barriers. For example, by reducing the



documents that must be prepared and ensuring all steps of the claim process are clearly listed in a guide that can be accessed by relevant parties.

4. Periodic Evaluation of the Claims Process

PT Askrindo should conduct regular evaluations of its claims system, identifying any obstacles or challenges that may be encountered in each claim process. Thus, the company can continue to make improvements and adaptations to deal with changes in the insurance market and customer needs.

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