



Sure House
Plot 1 Bombo Road
P.O. Box 9393, Kampala Tel: +256 414 345996, +256 312 262119
Email: swico@swico.co.ug, Website: www.swico.co.ug

**STATEWIDE INSURANCE COMPANY LIMITED (SWICO)
HUMAN RESOURCE & ADMINISTRATION DEPARTMENT
JOB DESCRIPTION**

Job Title: Claims Field Officer

Department: Claims Department

Reports To: Manager Claims

Duty Station: Head Office / Branches as Assigned

Job Purpose

The Claims Field Officer is responsible for conducting field investigations, inspections, and assessments of insurance claims to establish the cause, extent, validity, and admissibility of losses. The role involves evaluating property damage, motor accidents, bodily injury claims, legal liabilities, and other insured risks to facilitate fair, accurate, and timely claims settlement while protecting the interests of Statewide Insurance Company Limited (SWICO) against fraudulent and unjustified claims.

The position serves as a critical link between claimants, service providers, investigators, legal representatives, and the Claims Department by providing professional assessments, claims administration support, and recommendations that contribute to sound claims decisions, effective risk management, recoveries management, operational efficiency, and enhanced customer satisfaction.

Key Duties and Responsibilities

1. Claims Assessment, Investigation and Processing

- Register and manage claims from notification through assessment to closure in accordance with company procedures.
- Review claim documentation and assess policy coverage, liability, claim admissibility, and extent of loss.
- Conduct field visits and inspections to assess losses arising from motor, property, engineering, marine, liability, and other classes of insurance claims.
- Investigate claims and determine the nature, cause, extent, and validity of losses.



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- Examine damaged vehicles, equipment, buildings, and other insured assets to determine repair, replacement, or reinstatement requirements.
- Assess bodily injury claims through the review of medical reports, police reports, witness statements, and other relevant documentation.
- Obtain all necessary information, evidence, and supporting documentation required for efficient claims processing.
- Interview claimants, witnesses, brokers, agents, repairers, and other relevant stakeholders to establish facts surrounding claims.
- Conduct site visits and accident scene investigations where necessary.
- Assess the value of assets involved in claims and provide professional recommendations on compensation.
- Establish, review, and recommend updates to claim reserves in line with company guidelines and claim developments.

2. Fraud Detection, Recoveries and Risk Management

- Identify suspicious claims and investigate potential fraud indicators.
- Uncover fraudulent claim schemes and recommend appropriate action.
- Recommend claims requiring further investigation to ensure appropriate resolution.
- Support the implementation of fraud prevention and claims risk management initiatives.
- Safeguard SWICO's interests by ensuring that only genuine and valid claims are considered for settlement.
- Identify and pursue recovery opportunities including subrogation, salvage, contribution, and other recovery actions.
- Monitor recovery cases and follow up with relevant parties to maximize recoveries and minimize claims leakage.

3. Claims Reporting, Monitoring and Recommendations

- Prepare detailed claims assessment and investigation reports within agreed turnaround times.
- Provide recommendations on claim liability, reserve estimates, repair costs, and settlement values.
- Submit comprehensive reports to the Manager Claims to facilitate informed decision-making.
- Monitor claims under assessment and provide regular status updates to management.
- Monitor large, complex, and aged claims and provide analysis and recommendations for timely resolution.



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- Generate periodic claims reports, statistics, and portfolio performance information as required.
- Follow up on outstanding actions to ensure timely progression and closure of claims files.

4. Customer and Stakeholder Management

- Communicate with policyholders to obtain facts and clarify details regarding claims.
- Guide claimants on claims procedures and documentation requirements.
- Liaise with brokers, agents, garages, repairers, hospitals, surveyors, loss assessors, law enforcement agencies, legal practitioners, and other service providers.
- Support the management of litigated claims by coordinating documentation and reviewing legal opinions and recommendations where required.
- Maintain professional and positive relationships with customers while safeguarding the interests of the Company.
- Resolve claims-related issues through effective communication and sound judgment.
- Ensure customer queries, complaints, and requests are addressed within agreed service standards.

5. Service Delivery and Operational Excellence

- Ensure timely assessment, processing, and reporting of claims in accordance with SWICO's service standards and turnaround times.
- Proactively seek to clarify and resolve claims using the most effective communication channels.
- Support initiatives aimed at improving customer satisfaction and operational efficiency within the Claims Department.
- Participate in departmental projects and continuous improvement initiatives.
- Contribute to claims portfolio analysis and process improvement initiatives aimed at reducing claims turnaround times and improving service quality.

6. Compliance and Administration

- Ensure compliance with SWICO policies, procedures, and regulatory requirements.



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- Maintain accurate and up-to-date records of inspections, investigations, photographs, reports, correspondence, reserve updates, and claim transactions within the claims management system.
- Maintain confidentiality of customer information and claims data.
- Ensure claims files are complete, accurate, and audit-ready at all times.
- Participate in departmental meetings, training programmes, and professional development activities.
- Perform any other duties assigned by the Manager Claims from time to time.

Key Performance Indicators (KPIs)

- Number of claims assessed within agreed turnaround times.
- Number of claims processed and closed within agreed timelines.
- Percentage of claims acknowledged and settled within agreed Service Level Agreements (SLAs).
- Quality, accuracy, and completeness of claims assessment and investigation reports.
- Average claims assessment and processing turnaround time.
- Timely submission of field assessment and claims reports.
- Accuracy and adequacy of claim reserve recommendations.
- Accuracy of liability and settlement recommendations.
- Value and rate of recoveries, subrogation, and salvage achieved.
- Reduction in fraudulent claims settlements.
- Reduction in aged outstanding claims.
- Accuracy and completeness of claims records and documentation.
- File audit compliance scores.
- Compliance with regulatory requirements and internal claims procedures.
- Customer satisfaction levels.
- Customer complaint resolution turnaround time.
- Percentage of customer queries resolved within agreed SLAs.
- Quality and timeliness of claims reporting.
- Cost containment and reduction of claims leakage.

Minimum Academic Qualifications

- Bachelor's Degree in Insurance, Risk Management, Mechanical Engineering, Automotive Engineering, Civil Engineering, Surveying, Business Administration, Law, or any other related field from a recognized institution.

Professional Qualifications



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- Certificate or Diploma in Insurance is required.
- Progress toward professional insurance qualifications will be an added advantage.

Experience and Exposure

- Minimum of three (3) years' relevant experience in insurance claims assessment, claims administration, loss adjusting, claims investigations, motor vehicle assessment, mechanical engineering, or a related field.
- Experience in both motor and non-motor claims assessment will be an added advantage.
- Demonstrated experience in conducting field investigations and preparing technical assessment reports.
- Experience in claims processing, reserve management, recoveries, and claims reporting will be an added advantage.

Skills, Knowledge, and Competencies

Technical Competencies

- Strong knowledge of insurance principles, claims processes, and claims management practices.
- Sound knowledge of motor vehicle mechanics and property damage assessment.
- Understanding of insurance laws, regulations, policy interpretation, and industry best practices.
- Knowledge of subrogation, salvage, recoveries, and litigation management processes.
- Ability to assess damages and determine fair compensation values.
- Strong report writing and documentation skills.
- Proficiency in Microsoft Office applications and claims management systems.
- Ability to analyse claims trends and prepare management reports.

Behavioural Competencies

- Strong analytical and investigative skills.
- Excellent attention to detail and accuracy.
- Strong problem-solving and decision-making abilities.



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- High level of integrity, professionalism, and confidentiality.
- Excellent verbal and written communication skills.
- Strong negotiation and stakeholder management skills.
- Ability to work independently and under pressure.
- Good planning, organizational, and time management skills.
- Sound judgment and a strong sense of fairness.

Working Conditions

- Frequent travel to accident scenes, claim locations, repair facilities, courts, and customer premises.
- Exposure to outdoor environments and potentially hazardous conditions during investigations.
- Occasional work outside normal business hours in response to urgent claims.

Authority Limits

- Recommend claim reserves, repair estimates, recoveries, and settlement values within approved authority limits.
- Recommend further investigations for suspicious, contentious, litigated, or complex claims.
- Escalate high-value, potentially fraudulent, litigated, or complex claims to the Manager Claims for review and approval

Deadline: 5:00PM on Thursday 18th June, 2026

Send your resume to hr@swico.co.ug