

CASE STUDY

Giving advisors **instant answers** at the moment customers need them.



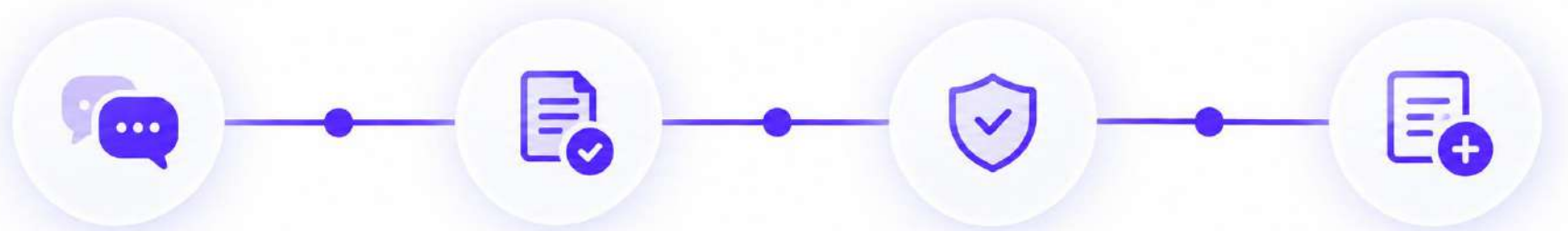
ABOUT THE CUSTOMER

This customer is a leading life insurer serving millions of policyholders through an extensive advisor network. The organization offers a broad range of protection, health, and life insurance products and manages a high volume of claims interactions across multiple markets.

SUMMARY

The customer wanted to improve the claims experience at the very first point of interaction. Advisors frequently needed to answer coverage questions without immediate access to policy expertise, often resulting in incomplete submissions and delayed claim registration.

Kamios introduced an advisor copilot that provides coverage guidance, document validation, and claim registration support in real time. Advisors can now guide customers through the process with greater confidence while ensuring claims are complete before submission.



THE CHALLENGE

The insurer wanted to improve the claims experience at the first point of customer interaction. Advisors were expected to answer coverage questions, guide customers through requirements, and register claims accurately, but often lacked immediate access to policy expertise. This created delays for customers and increased rework for claims teams downstream. This resulted in:

01

Incomplete or incorrect claim submissions

02

Multiple rounds of document collection

03

Delays in claim registration and coverage verification

04

Rework caused by missing information

05

Inconsistent customer experiences across advisor channels

THE KAMIOS APPROACH

Kamios introduced an advisor copilot that supports claims conversations from initial inquiry through claim registration.

The solution combined:

- **Coverage Intelligence**
Retrieved relevant policy wording, benefits, and coverage conditions.
- **Clause-Based Guidance**
Provided plain-language explanations supported by policy references.
- **Document Validation**
Identified missing, incomplete, or illegible documents in real time.
- **Claim Completeness Assessment**
Confirmed whether submission requirements had been met.
- **Claim Registration Automation**
Structured and registered complete claims automatically.
- **Interaction Traceability**
Maintained a record of guidance and policy references provided.

OUTCOMES

- Claim submissions became more complete and accurate.
- Advisors gained faster access to coverage guidance.
- Rework caused by missing information was reduced.
- More claims became eligible for straight-through processing.
- Customers received faster and more consistent service.

BUSINESS IMPACT

The **most important** change was moving coverage intelligence closer to the customer.

Advisors no longer needed to rely on memory or wait for support from head office before guiding customers through a claim.

As submission quality improved, claims teams spent less time correcting or completing files. More claims entered the process ready for downstream handling, improving both operational efficiency and customer experience.

WHAT IS KAMIOS?

Kamios is the governed AI agent orchestration platform for insurance and regulated industries. It gives insurers, banks and financial services firms one governed place to run AI agents on live cases, from claims and underwriting to onboarding and credit decisions, coordinating agents, people, systems and decisions without replacing what is underneath. Every action is declared under a mandate, evidenced as it happens and metered per case, so leaders can answer for what their agents do. It runs on their own infrastructure, in their own region, with the models they choose. Kamios is a Neutrinos product, built by founders with decades in insurance and banking technology, and is in production today at Tier-1 carriers, where straight-through processing on new business moved from 2 percent to 35 percent. Learn more at www.kamios.ai.