

Claims Assessor interview questions

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What to expect

Claims Assessor interviews mix technical process questions with judgement scenarios, because the job requires both correct application of policy terms and sound decisions when evidence is incomplete or a claimant is upset. Expect the panel to probe how you handle conflicting information and difficult conversations, not just whether you know the valuation rules.

- **Process/technical:** Questions about how you actually work through a claim file, from intake to recommendation, including policy interpretation and valuation.
- **Behavioural:** Past-experience questions about handling discrepancies, difficult claimants or time pressure, usually answered with a specific example.
- **Scenario/judgement:** Hypothetical situations testing how you'd balance customer service against accuracy or policy limits under pressure.
- **Compliance:** Questions checking your awareness of the General Insurance Code of Practice and relevant regulatory obligations.

Most claims assessor interviews open with a general fit and background discussion, move into two or three process or technical questions about how you'd handle a claim end to end, then shift into behavioural or scenario questions drawn from your resume or hypothetical case files. Panels often include a current claims team leader who will push for specifics on how you handled a real disputed or difficult claim.

1. Walk me through how you'd assess a motor vehicle damage claim from the moment it lands on your desk to your final recommendation.

Why they ask

This checks whether you understand the actual sequence of claims work and can apply it without prompting, rather than just naming the individual tasks.

How to structure your answer

Walk through the process in order: intake and policy check, evidence gathering (inspection, quotes, statements), valuation, and final report and recommendation. Note any decision points along the way.

Example answer

"I'd start by checking the policy is current and the loss falls within the cover dates and vehicle described. Then I'd review the incident report and any photos already submitted, and arrange an inspection if the damage description doesn't match what's been claimed. During inspection I'd photograph the damage, compare it against the repair quote, and note anything inconsistent with the reported cause of loss. If the claimant's account and the physical evidence line up, I'd calculate the liability split and compensation using the insurer's valuation standards, then write up the assessment report with a clear recommendation for approval or, where something doesn't add up, further investigation."

2. Tell me about a time you found a discrepancy between what a claimant told you and what the evidence showed.

Why they ask

Discrepancies come up regularly in this role, and the panel wants to see you handle them fairly rather than jumping to fraud or automatically accepting the claimant's version.

How to structure your answer

Use STAR: describe the situation, what your task was, the specific action you took to resolve the discrepancy, and the result.

Example answer

"On a property claim, the claimant reported storm damage to a roof, but the inspection showed wear patterns consistent with a much older, unrelated leak. My task was to work out whether the current claim related to the recent storm event. I went back to the claimant with specific questions about when they'd first noticed the leak and pulled weather bureau data for the claimed date, and also spoke to the roofing contractor who'd quoted the repair. It turned out there was a smaller storm-related issue mixed in with pre-existing damage. I recommended partial approval covering only the storm-related portion, with clear reasoning in the file, which the claimant accepted once I explained the split."

3. A claimant is angry on the phone because you've just told them their claim is only partially covered. How do you handle that call?

Why they ask

Assessors regularly deliver unwelcome decisions, and panels want to see you can hold the line on policy terms without damaging the insurer's relationship with the customer.

How to structure your answer

Talk through your judgement under pressure: how you'd de-escalate, what you would and wouldn't concede, and how you'd close out the call professionally.

Example answer

"I'd let them get their frustration out without interrupting, then explain the specific policy clause that limits cover, in plain language rather than reading it verbatim. I wouldn't promise to change the decision on the spot, but I'd offer to send the reasoning in writing and explain how they can request an internal review if they disagree. Staying calm and factual usually brings the tone down, even if they're still unhappy with the outcome itself."

4. How do you keep your policy and compliance knowledge current, given legislation and code requirements change?

Why they ask

This checks whether you treat compliance as an ongoing responsibility rather than something covered once in training.

How to structure your answer

Give a direct, specific answer: what sources you use, how often you check them, and one example of applying an update to actual case work.

Example answer

"I keep an eye on updates from the General Insurance Code of Practice and any bulletins the insurer's compliance team sends around, and I flag anything that affects current open files with my team leader. When the code's response timeframes changed, I adjusted how I prioritised my caseload so claimants got acknowledgement within the required window rather than just working files in the order they arrived."

5. What claims management or inspection tools have you used, and how do they fit into your day-to-day work?

Why they ask

The role depends on specific software and mobile tools for logging evidence and managing files, so the panel wants to know your practical fluency, not just familiarity by name.

How to structure your answer

Answer as a straightforward technical walkthrough: name the tools, describe what you use each for, and give one concrete example of them working together on a file.

Example answer

"I've used claims management platforms similar to Xchangeworks for logging file notes, tracking authority limits and generating reports, alongside mobile inspection apps and a digital camera for on-site evidence. On a recent property claim I used Google Earth to confirm the property boundary matched what was described in the claim before I even attended, which saved a wasted trip when the address didn't match the policy schedule."

6. How do you manage a caseload where several claims hit their deadline on the same day?

Why they ask

Time and deadline management is a core general skill for this role, and panels want evidence of a real prioritisation method rather than a vague answer about working hard.

How to structure your answer

Behavioural: give a specific example using STAR, focused on how you actually prioritised rather than just describing the pressure.

Example answer

"I had three motor claims due for recommendation the same afternoon, plus a property inspection booked that couldn't be moved. My task was to get all three claims assessed accurately without missing the code-mandated response times. I tackled the two motor claims that only needed a desk review first, since they didn't require travel, then went to the inspection, and wrote up the third claim's report that evening using my phone notes and photos from the site. All three went out on time and none needed rework."