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Magazine



DARMAIN SEGARAN

Policy Manager, National AI Office (NAIO)

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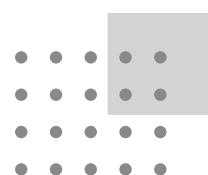
CEO's Note

Warm Greetings,

Malaysia's ambition to become an AI Nation by 2030, through Malaysia Digital 2030 (MD2030): Towards an AI Nation, marks an important milestone in our national digital transformation journey. MD2030 is not just about technology; it is about building a future-ready, inclusive and sustainable economy powered by artificial intelligence, innovation, talent and trust. It also places strong emphasis on developing digital literacy, reskilling workers and strengthening Malaysia's AI talent base.

For the insurance and takaful industry, this agenda is highly relevant. Our industry has always been built on trust, data, risk management and human relationships. As AI reshapes customer expectations, underwriting, claims management, fraud detection and product innovation, the industry must embrace these opportunities responsibly, with strong governance, cybersecurity, data protection and public confidence.

At Aii, we see this as a clear call to action for talent development. Technology alone does not create value — people do. The true impact of AI will depend on the ability of insurance professionals to understand, use, govern and innovate with these tools responsibly. This is why Aii is actively integrating AI, digital capability and future skills into our learning ecosystem, including professional qualifications, executive programmes, leadership forums, certifications and targeted industry initiatives.



Our role is to help develop insurance and takaful professionals who are not only digitally capable, but also grounded in sound judgement, ethics, customer-centricity and professionalism. The future workforce must be able to combine technology with human insight, especially in an industry where trust remains our most important currency.

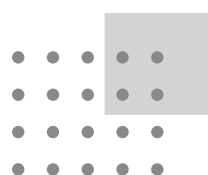
However, this journey cannot be undertaken by Aii alone. Building an AI-ready insurance industry requires close collaboration among insurers, takaful operators, intermediaries, regulators, industry associations, technology partners and educators. Malaysia's AI Nation ambition presents an opportunity for all stakeholders to work together in strengthening talent, improving industry capability and building a more innovative, inclusive and trusted insurance ecosystem.

At Aii, we remain committed to playing our part as the industry's talent development partner — helping translate national digital ambition into practical capability for the insurance and takaful sector. Together, let us invest in our people, embrace innovation responsibly, and build a future-ready industry that continues to serve Malaysians with trust, professionalism and purpose.

Paul Low
Chief Executive Officer
Asian Institute of Insurance (Aii)

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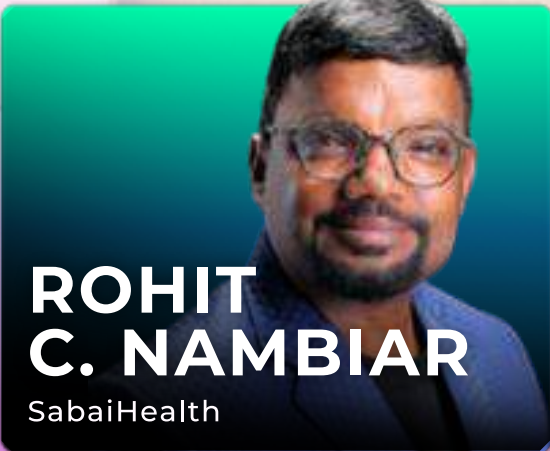
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Beyond Adoption: Building an AI-Ready Insurance Industry

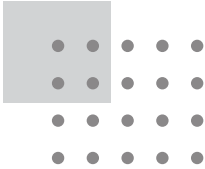
As Malaysia moves from AI readiness to AI outcomes, the National AI Action Plan 2026–2030 presents a clear imperative for insurance, reinsurance, broking and loss adjusting: adopt AI with purpose, govern it with discipline, and use it to strengthen the trust on which the industry depends.



A conversation with

DARMAIN SEGARAN

A policy manager of AI Policy Lab, and contributes to the implementation of Malaysia's National AI Action Plan 2026-2030.



“AI must be purposeful and demand-led — adoption for its own sake is not the goal.”

A NATIONAL AMBITION, NOT A TECHNOLOGY TARGET

Malaysia Digital 2030 sets out an ambition for the country to become a future-ready, inclusive and sustainable AI nation. That ambition is often mistaken for a simple push to increase technology adoption. It is not. It is about strengthening Malaysia's capacity to use AI in ways that advance economic progress and deliver tangible benefits to society.

AI Malaysia, as the national lead agency for AI, translates this ambition into delivery through the National AI Action Plan 2026–2030. Working across government, industry, academia and the wider ecosystem, it seeks to accelerate responsible adoption, strengthen national AI capabilities, coordinate implementation and build public trust.



Darmain Segaran on Malaysia's shift from AI readiness to AI outcomes.

Over the next five years, the country will move from laying the foundations for AI adoption to scaling its use across priority areas of the economy and public sector, with a sharper focus on practical applications, measurable outcomes and Malaysia's own position in the AI value chain, rather than remaining primarily a user of technologies developed elsewhere.

The targets attached to this ambition are deliberately concrete: up to 1.2 percentage points of incremental GDP growth attributable to AI by 2030, and up to 300,000 new jobs created through the AI economy. These numbers impose a discipline that adoption for its own sake does not.

AI must be purposeful and demand-led, addressing real challenges across the economy, improving an AI-augmented public sector and benefiting ordinary Malaysians. In this context, inclusive growth means using AI to narrow development gaps, not concentrate gains among the most digitally advanced players.

Up to 1.2 percentage points of incremental GDP growth and 300,000 new jobs by 2030.



THREE FOUNDATIONS FOR AI AT SCALE

The earlier AI Roadmap 2021-2025 was largely about building readiness. The National AI Action Plan 2026-2030 marks a deliberate shift towards visible, coordinated and outcome-based delivery. While every foundational enabler in the Plan matters, three catalytic initiatives have been prioritised because they offer the clearest first-mover advantage and the strongest system-wide momentum.

The first is talent. Malaysia's pool of expert-level AI developers, scientists and professionals is not sufficient for our ambitions, and we cannot wait out a full academic cycle to compete globally. The initiative aggressively targets our diaspora and international experts to contribute on-site or remotely, while co-investing in local talent development, so world-class expertise raises the baseline of our own workforce rather than substituting for it.

The second is a network of AI Growth Zones: a targeted, location-based model in which industry-led zones serve as AI demand centres. These zones will bundle tiered compute credits, sandboxes and dedicated mentorship around local industrial demand, helping to de-risk AI development and shorten the journey from lab to market by connecting technology supply directly with real enterprise pain points.

The third is trust and governance. To protect the public interest and build the investor confidence needed to scale AI safely, existing governance arrangements must evolve into a coherent, future-ready and risk-based framework—one that provides central direction while recognising the unique risks and maturity levels of individual domains. Unlocking these three constraints first is what enables the Plan's sector-specific Impact Engines, including insurance, to scale successfully.



“You cannot scale adoption without trust, and you cannot build trust without clear, pro-innovation safeguards.”

MAKING RESPONSIBLE AI PRACTICAL

It helps to move away from the assumption that innovation and safeguards are in competition. They are not. As AI moves from experimentation into wider deployment, organisations will be more willing to adopt it at scale, and the public more willing to trust its use, when there is confidence that it is being developed and deployed responsibly. Fairness, transparency and accountability are not compliance checkboxes; they are essential conditions for sustainable innovation.

The harder task is translating those principles into practice. Our approach is risk-based and proportionate: lower-risk applications should have room to be developed and tested quickly, while systems that may materially affect people's rights, safety, livelihoods or access to essential services require stronger safeguards, assurance and oversight.

Our Voluntary AI Code of Ethics offers a practical starting point, helping organisations move from principle to implementation through AI risk management, accountability and oversight—an understanding insurers should develop early as adoption accelerates.



“Fairness, transparency and accountability are not compliance checkboxes.”

WHERE THE OPPORTUNITY SITS FOR INSURANCE

The Action Plan is designed to move highly regulated industries—including insurance, reinsurance, broking and loss adjusting—from defensive compliance to proactive, high-value innovation. For underwriting and risk assessment, everything begins with data.

The Financial Services Impact Engine prioritises real-time fraud detection, risk management and compliance solutions, with the aim of expanding financial inclusion, including better access to funding and financial services for MSMEs and startups.



“Supervised sandboxes let the sector test AI-enabled innovation safely.”

We are realistic about the risks. Automating complex operational tasks—whether in claims processing or agentic AI-assisted loss adjusting—carries genuine regulatory risk. That is why the Plan prioritises supervised regulatory sandboxes as a mechanism to test and scale AI-enabled financial innovations safely, rather than leaving the sector to navigate those risks on its own.



GETTING THE INDUSTRY READY

Insurers should begin where every credible AI strategy begins: by identifying genuine business needs and ensuring that the underlying data is reliable, accessible and appropriately governed. Clear governance and human oversight are especially important wherever AI may influence decisions that affect customers.

For the insurance ecosystem, this means moving beyond experimentation to build the organisational readiness needed to carry successful use cases into wider deployment—supported by trusted data and the capabilities required to deploy solutions responsibly.

Readiness is also a workforce question. Professionals will need AI literacy alongside practical skills: understanding how AI systems work, writing effective prompts, validating AI-generated outputs, identifying errors or bias, and knowing when an output can be relied on and when it requires human review.

Underwriters and claims specialists will need to interpret AI-assisted assessments; risk managers will need to understand AI-related risks and controls; agents and customer-facing staff will need to use AI tools while maintaining sound judgement and genuine engagement; and leaders will need the capability to identify suitable use cases, assess risk and oversee deployment responsibly. This is the AI-capable workforce the Action Plan is designed to build.

THE ECOSYSTEM'S ROLE: FROM ANECDOTE TO EVIDENCE

Industry associations, professional bodies and learning institutions sit closest to the people who will use AI day to day. This gives them an outsized role in building baseline AI literacy, sharing practical use cases, developing professional capability and creating space for practitioners to learn from one another.

They also play a vital convening role: government provides policy direction, industry brings practical insight into where AI creates value and where implementation is difficult, and professional bodies build the skills and standards needed across the value chain.

Because these institutions are close to firms and practitioners on the ground, they are well placed to surface emerging issues, capability gaps and areas where existing rules may not yet reflect how AI is actually being deployed. Gathering that experience systematically, and feeding it back into the policy process, is what moves policymaking from anecdote to evidence—the feedback loop on which good AI regulation depends.



“Readiness is also a workforce question, not only a technology one.”



A BOARD-LEVEL RESPONSIBILITY

By 2030, success should be measured by whether AI is delivering real value to Malaysians and strengthening the economy. For insurance, that means using AI to improve access to services, strengthen consumer protection and support a more resilient financial sector. It also means demonstrating how trusted, responsible AI can create economic and social value while supporting national competitiveness, inclusion and resilience.



If there is one message I would leave with insurance leaders, it is this: AI adoption can no longer be treated as solely a technical or IT matter. It is now a core governance and board-level responsibility. Leaders cannot afford to view AI as a back-office utility or delegate its ethical, operational and risk oversight entirely to technical teams.

Under the Action Plan, we are driving a structural shift in how boards understand and oversee emerging technology risk, so that AI governance is integrated into existing corporate governance, risk management and accountability frameworks, rather than treated as a separate, purely technical discipline.

For insurance and reinsurance leaders, this means embedding responsible AI into strategy, process and culture, with clear accountability, sharper awareness of AI-related risks and opportunities, and governance that enables the organisation to innovate with confidence while maintaining trust, resilience and responsible oversight.

“Gathering practitioner experience is what moves policymaking from anecdote to evidence.”

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Settled at more than \$10.9 million — and over 96% of it was not Gross Profit.

When the Mill Stops, the Business Doesn't



A major fire can halt factory production overnight. A Business Interruption (BI) claim is the financial lifeblood that brings the business back to normal. It is an exercise in reconstructing the anticipated financial performance the business would have been had the loss not occurred during the interruption period..

By

L F Ong

*(LL.B) (Hons) (London);
CLP; ACII; AMII; MCI Arb;
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Insurance Practitioner,
Arbitrator & Mediator*



This case — settled at more than \$10.9 million — is instructive not because of the size of the payout but how accounting figures were procedurally constructed. It offers direct lessons for underwriters and Insured’s inhouse accountants setting sums insured, marketers, brokers and agents advising on the adequacy of cover, and adjusters reconstructing extent of loss as provisioned by the BI policy.

THE COVER IN PLACE

The Business Interruption policy insured a palm oil mill for the period 1 January to 31 December 2001, with three interests insured and a maximum indemnity period of 12 months.

Interest Insured	Sum Insured (\$)
1. Gross Profit	12,382,532
2. Wages	382,000
3. Auditors' Fees	20,000
Subtotal	12,784,532
4. 15% Upward Adjustment	1,857,380
Total Sum Insured	14,641,912

The policy incorporated Alternative Trading, Payment on Account, Upward Adjustment (on Gross Profit), Interdependency, Departmental and Auditors’ Fees clauses. Specified Working Expenses — also known as Uninsured Working Expenses — are variable costs and are therefore excluded from turnover in the Gross Profit calculation.

Clauses became relevant only in the formulation of the claim particularly Increased Costs of Working (ICOW) expenses and Upward Adjustment.

THE LOSS EVENT

A fire in August 2001 left the mill unable to process Fresh Fruit Bunches (FFB) into crude palm oil (CPO). The interruption ran through the full maximum indemnity period, to July 2002.

To mitigate the loss, the insured did not cease operations. FFB was instead transported to outside mills for processing. This single operational decision became the defining feature of the claim on ICOW and the reason the eventual settlement bore little resemblance to a standard Gross Profit calculation.

12 months

MAXIMUM INDEMNITY PERIOD

\$14.6m

TOTAL SUM INSURED

MEASURING THE GROSS PROFIT LOSS

Every BI claim begins with the same question: what was the annual turnover anterior to the date of loss?

Using the audited 2000 financial year as a base, the turnover was \$28.2 million, with Gross Profit as defined of \$3.04 million, thus, giving rise to a Gross Profit rate of 10.77%.

During the indemnity period, actual turnover reached \$98.39 million. After adjusting for the loss attributable to the diminution in Oil Extraction Rate (OER) and Kernel Retention Rate (KRR), anticipated turnover was assessed at \$101.79 million.

The resulting shortfall was \$3.4 million (\$101.79m - \$98.39m). Applied shortfall against the 10.77% Gross Profit rate, this produced a loss of Gross Profit of \$366,536.



Set against a Gross Profit sum insured of \$12.38 million, there was no underinsurance.

THE REAL COST: INCREASED COST OF WORKING

The insured's mitigation strategy — processing FFB at outside mills, generated substantial additional expenditure:

ICOW Component	Amount (\$)
Transportation	2,150,000
External processing	4,910,000
Costs for expediency	3,690,000
Total ICOW incurred	10,750,000

10.77%

GROSS PROFIT RATE

Gross Profit and ICOW are not synonymous. ICOW incurred is not ICOW recoverable. ICOW is only payable to the extent it satisfies the Economic Limit test: In short, expenditure incurred to reduce the loss in turnover. Applying that test to this claim produced an admissible ICOW of \$10.60 million which was the Economic Limit.

This is the mechanical heart of the case. The insured spent \$10.75 million to avoid a turnover loss that would consequently resulted in larger Gross Profit loss than \$366,536 — the outside mills collectively maintained turnover that otherwise would have been lost outright. The Economic Limit test not only cap this trade-off mitigation but only where it remains economical to do so.

THE HIDDEN ISSUE: UNDERINSURANCE ON WAGES

Gross Profit cover proved adequate. Wages cover did not.

The policy carried a Wages sum insured of \$382,000. The assessed insurable wages during the indemnity period was \$2.27 million.

Many will be confused over the substantial wages incurred of \$199,434 when, conversely, the mill had ceased operation, with anticipated savings from retrenchment exercise. The anomaly is the socio-economic factor which the mill operator had indisputable responsibility to avoid entailing consequences.

The Underinsurance Clause was applied reducing the payable wages loss proportionately from \$199,434 to \$33,584.

This is a point adjusters and brokers alike will recognise but insureds frequently overlook:

Adequacy must be tested interest by interest, not in aggregate

A business can be entirely well-insured on Gross Profit but still face a technical underinsurance on Wages, particularly where wage elements have not been reviewed periodically to account for upward trend.





THE FINAL CLAIM

Component	Loss Payable (\$)
Loss of Gross Profit	366,536
Increased Cost of Working	10,596,684
Wages	33,584
Total	10,996,804

96%

OF THE SETTLEMENT CAME FROM ICOW

Over 96% of the settlement derived from ICOW. Because a Gross Profit claim embraces ICOW — subject to the Economic Limit — underwriters, brokers and agents should keep it firmly in mind when quoting and reviewing cover.

Over 96% of the settlement was not Gross Profit at all.

LESSONS FOR INSURANCE PROFESSIONALS

1

BI indemnifies the business, not the assets.

Fire was the insured peril, but the claim required a working understanding of how the mill generated revenue: throughput, extraction rates and the effect of processing capacity on turnover.

4

Sums insured must be tested by interest.

Gross Profit and Wages rest on different methodologies, and each interest carries its own exposure to underinsurance. Brokers and agents reviewing a BI programme at renewal should work closely with the insured's in-house accountants.

2

Mitigation costs are recoverable only where they are economic.

ICOW is not a blank cheque for whatever it took to keep going. It must be necessarily and reasonably incurred for the sole purpose of diminishing the reduction in turnover.

5

A sound BI adjustment is a commercial exercise, not only an accounting one.

Turnover, Rate of Gross Profit, Standard Turnover, Trend, Anticipated Turnover, Shortfall and ICOW rarely resolve along a single line of arithmetic. They resolve along the operational narrative of how the business actually performed.

3

Alternative arrangements change the shape of the loss.

Contracting outside mills cut the Gross Profit loss to \$366,536 while restructuring the entire claim onto ICOW. Adjusters must vet and verify every transactional document.

THE TAKEAWAY

BI cover is deceptively simple in name and complex in application. The larger loss is not always the Gross Profit — and the professionals who assess these claims must understand the business, its modus operandi and its accounting system.

Business Interruption insurance is ultimately an exercise in reconstructing the anticipated business had the loss not occurred. For underwriters, that means familiarising oneself with the intricacies of business, raising pertinent questions about each insured interest, not limited to Gross Profit. For claims professionals, it means understanding policy provisions then applying the mechanics behind the numbers. For Insureds and their brokers, it reinforces the value of accurate, respective interests sums insured, realistic indemnity periods and proper maintenance of business accounts.

This case study is based on an actual palm oil mill fire BI claim, reconstructed from claims documentation for educational purposes. Figures are as recorded in the original assessment; names of parties and locations are omitted.

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Sound claims decisions emerge when technical findings, documentary evidence and official investigation outcomes are considered together.

Beyond the Damage Pattern

A Lesson in Seeing the Complete Picture in Motor Claims

An industry case study on evidence, technical assessment and holistic claims handling — and why the complete story of a loss must be ascertained before a claim is decided.



By

L F Ong

(LL.B) (Hons) (London);
CLP; ACII; AMII; MCI Arb;
MMI Arb. Chartered
Insurance Practitioner,
Arbitrator & Mediator



INTRODUCTION

Motor insurance claims are often decided through a combination of factual evidence, technical analysis and professional expertise. Loss adjusters and forensic experts play a key role in this process, helping insurers understand how damages have occurred and whether the circumstances are consistent with the evidence.

Yet even a careful technical assessment has limitations when material facts are missing.

This case demonstrates the importance of viewing a claim holistically. It is a useful reminder to insurers, adjusters, investigators, forensic experts and policyholders that the complete story of a loss needs to be ascertained.

\$100,000

SUM INSURED

THE INCIDENT

The policyholder, referred to as “X”, owned a motor vehicle insured under a comprehensive motor policy with a sum insured of \$100,000. In May 2021, during the Movement Control Order period, X parked the vehicle near his workplace and returned later that evening to discover damage along its offside, involving the bumper and doors.

There were no CCTV cameras in the vicinity and no eyewitness was identified. Fresh glass fragments were observed at the scene, suggesting that another vehicle may have been involved. X promptly notified the insurer and lodged a police report describing what he had found.

The insurer’s panel workshop estimated the repair cost at approximately \$1,500. At the outset, the matter appeared to be a relatively modest own damage claim arising from a hit-and-run incident.

\$1,500

REPAIR ESTIMATE

At the outset, it looked like a modest hit-and-run claim.

THE TECHNICAL ASSESSMENT

As part of the insurer's claims process, a loss adjuster was appointed to investigate the circumstances of the loss. During their investigation, the pattern of multiple damages was reviewed, and suspicion arose, subsequently, they referred to forensic specialists for technical assessment.

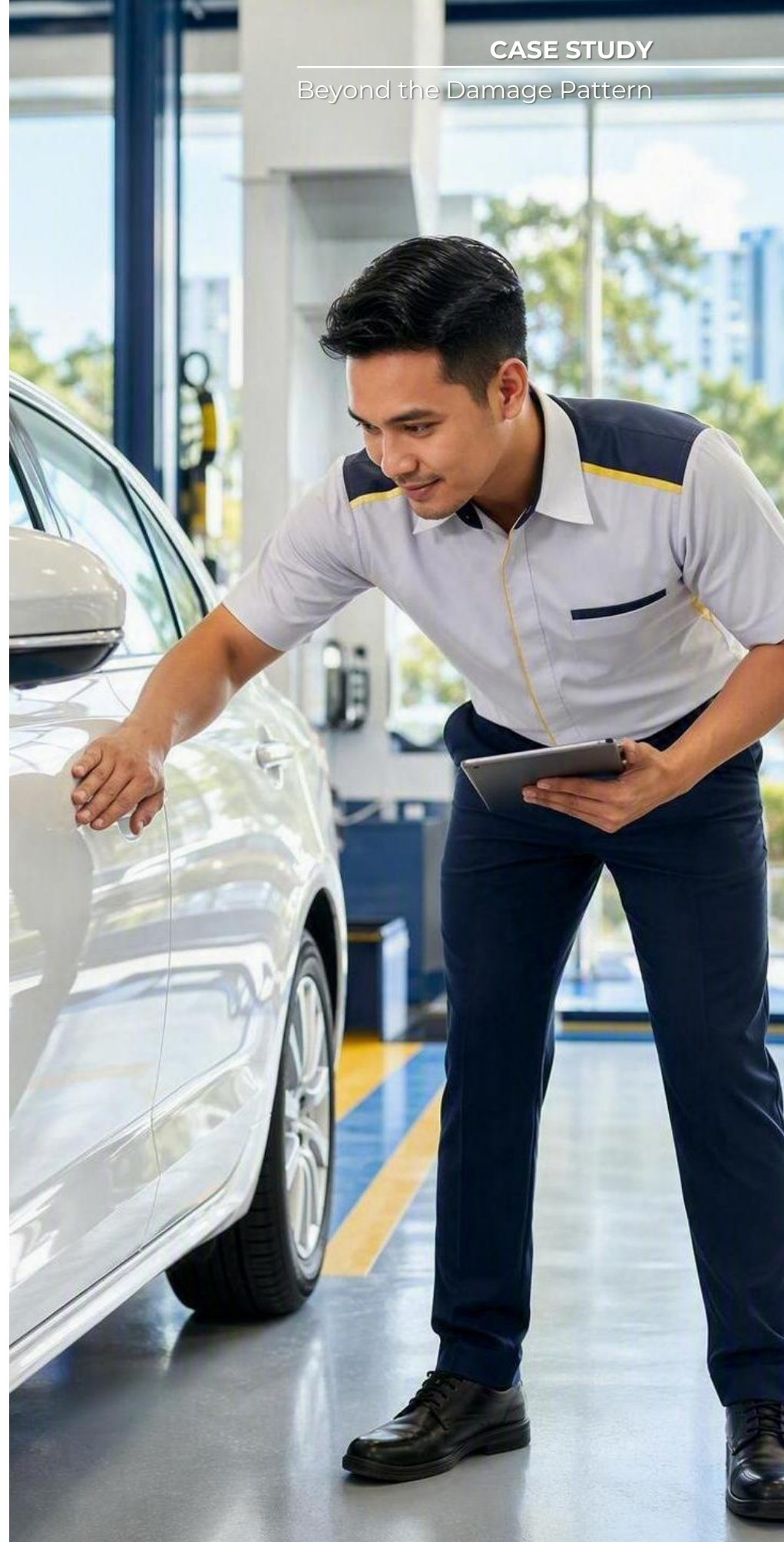
The specialists considered the abrasions, dents, impact marks and deformation sustained by the vehicle. Based on the characteristics observed, questions arose as to whether all the damages could reasonably have resulted from a single collision. The assessment identified impact features at four separate locations at the offside.

THE LIMITS OF THE OPINION

From a technical perspective, these features raised concerns as to whether the reported post-accident circumstances pertaining to the damage were possible. Based on the specialists' reports, insurer refuted policy liability.

Importantly, the adjuster and forensic specialists carried out the roles for which they had been appointed.

They did neither visit the scene nor physically examine the damaged vehicle but relied solely on hearsay information brought on a platter by the adjuster and hypothetically expressed technical opinions on what they had conceived.



Their function was to assist the claims decision on the plausible causation premised on facts of an accident which exercise was adversely futile as no one had witnessed the accident. In the worst-case scenario, the benefit of doubt ought to be given to the Insured.

In the worst-case scenario, the benefit of the doubt ought to be given to the insured.

THE MISSING PIECE OF THE PUZZLE

The claim remained unresolved for several months. During this period, one significant source of evidence had not been sourced by the parties investigating the claim in the normal course of event, that is, the police investigation finding. It is a misconception that the Insured is obliged to submit the Police Investigation Findings. The Insured's responsibility is only to provide his police report in support of the claim.

Eventually, X applied directly to the police for a copy of the investigation papers. The findings materially changed the understanding of the claim.

WHAT THE POLICE FOUND

The police investigation established that the responsible party had been identified, had admitted causing the accident, and had been issued a compound for the traffic offence. It further revealed that a tow truck carrying another motor vehicle was involved. The transported vehicle had slipped and collided with X's stationary vehicle on the inclined roadside. Reports from the tow truck driver and the owner of the transported vehicle supported those circumstances. This possibility had not been envisaged by the specialists.

This official evidence supplied factual context as opposed to the hypothesized "technical" assessments and hearsay information presumed by the specialists.





The missing document: the police investigation findings that explained the damage pattern.

RE-EVALUATING THE CLAIM

The Police closed their file two days later after charging the tow truck driver for the offence. Those involved in the verification of the claim had ample opportunity of some ten months to obtain the police findings but they did not do so.

Once the police findings became available, the circumstances could be considered in a different and more complete light.

The earlier technical observations were far from correct. The Police findings helped explain why the damage pattern appeared unusual and provided a fuller account of how the accident had occurred, an event that all had overlooked.

What seemed difficult to imagine became understandable when the mechanics of the tow-truck incident were known.

With the benefit of the police investigation results, the insurer reconsidered its position and the dispute was resolved.

The outcome highlights an important distinction between presumptuous technical assessment based on hearsay information and factual account. It is trite that the courts will not admit the former which burden of proof rests on the party disputing the claim. It is not uncommon to find the authorities such as the Fire, Police, Electrical Inspectors and government chemists classifying “cause unknown” in their reports in the absence of contemporaneous physical evidence.

HOW IT UNFOLDED



What seemed difficult to imagine became understandable once the facts were known.

LESSONS FOR THE INSURANCE INDUSTRY

1

Technical evidence is one part of the investigation

Loss adjusters and forensic experts examine physical evidence and provide opinions based on what is factually observable. Their findings are pertinent to the investigative process in anticipation of litigation.

2

Claims assessments benefit from a holistic approach

The strongest claims decisions emerge when technical findings, policy interpretation, witness accounts, documentary evidence and official investigation outcomes are considered together. Each source supports and corroborates different pieces of the puzzle.

3

Official investigation findings should not be overlooked

A police report lodged at the onset merely prompted the police to begin investigation. At the onset, police investigation findings provide important context that supports, explains or challenges the assumptions during the assessment.

4

Unusual damage patterns do not necessarily indicate a fraudulent claim

Damage that appears inconsistent or difficult to explain, for lack of eye-witness' account, understandably warrants scrutiny. However, an unusual pattern may sometimes arise from unusual accident circumstances. The objective is to establish the facts as fully as possible before reaching a final decision. This burden falls on the insurer.

5

Criteria for fraudulent claims

Legal precedents have set the criteria for fraudulent claims based on circumstantial evidence. These are cause, opportunity and motive acting in totality. Here, the cause is a reported vehicular accident (unless proved otherwise by insurer), the policyholder had opportunity to the vehicle, save for the office working hours. But what is the motive? It would be hilarious to suggest the motive is to claim the proceeds of insurance policy of \$1,500/- which is a mere 1.5% of the sum insured. No rational person will buy that.

6

Policyholder's role

Insured's participation in the claims process is expressly well provided for under Condition 2 of the motor insurance policy, of course, with the exception of privileged documents in the domain of another party. In this case, the insured's eventual initiative, outside the scope of Condition 2, in obtaining the police investigation findings helped bring the missing factual link into the claim equation.

7

Timely evidence gathering can reduce disputes

Early identification of all potential evidence sources can shorten the claims journey and reduce perceived friction. A practical investigation plan ought to consider not only the physical damage and initial police report, but also the police's official findings.



CONCLUSION

Each participant has a role to play. The adjuster assessed the physical damage, the forensic specialists evaluated the damage pattern, the insurer considered their reports according to the policy coverage, and the policyholder reported only what was discovered post-accident.

The central issue was that the police investigation findings ultimately explained the unusual accident pattern not envisioned by any of the investigating parties.

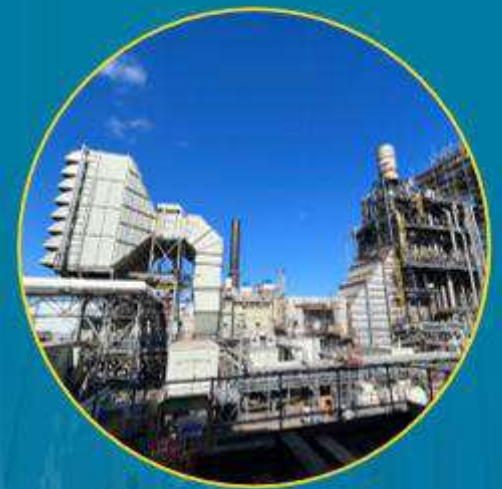
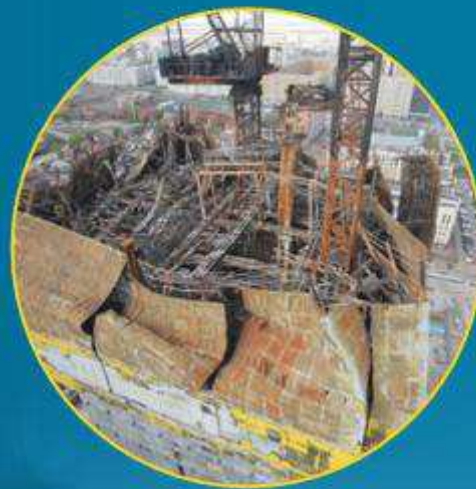
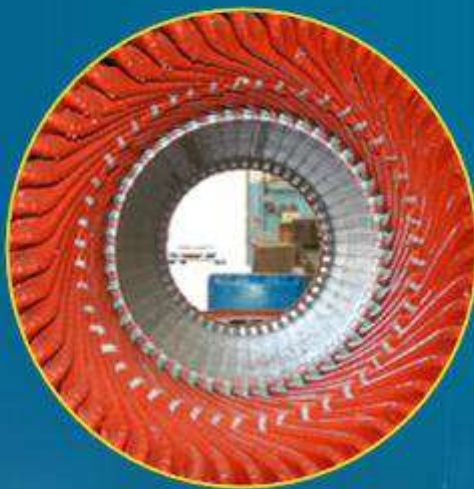
For the insurance industry, the enduring lesson is that effective claims handling requires both technical expertise and comprehensive gathering of facts.

The most reliable outcomes are achieved only when relevant sources of evidence corroborated objectively. In claims assessment, it is not enough to ask what the damage appears to show. The wider task is to establish, as far as the evidence permits, what had actually happened and not what is perceived to happen.

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FROM AUTOMATION TO INTELLIGENCE

How AI Is Reshaping Motor Insurance at Roojai

Motor insurance has traditionally been a high-volume, operationally intensive business. Every day, insurers process large numbers of quotations, policy changes, documents, inspections, claims and customer enquiries. The perennial challenge is managing that volume efficiently without compromising underwriting discipline, claims integrity or the customer experience.

For Roojai Thailand, the answer has been to progressively build intelligence into an already digital-first business. The company made its name on instant online quotes, paperless policies and frictionless underwriting; that foundation has since evolved into an enterprise-wide push into AI spanning underwriting, pricing, claims, fraud detection and customer service.



A conversation with

SYLVAIN CHARROIN

Country Manager of Roojai Thailand.

The numbers are striking for a market still largely reliant on manual processes: about 92% of quotes clear all 33 underwriting criteria automatically, pricing runs on 22 rating variables against an industry norm closer to five, and an AI-enabled claims workflow has cut payout turnaround by 25%.

iN-Magazine spoke with Sylvain Charroin, Roojai Thailand's Country Manager, about the strategy behind these results and what the rest of the ASEAN industry can take from it.

THE NEXT STAGE, NOT A PIVOT



Every AI use case must solve a defined problem.

For Charroin, AI was never a break from Roojai's digital-first roots but its logical continuation. "Automation is very effective when the rules and inputs are predictable, but insurance also involves images, documents, customer behaviour and complex claims that require interpretation," he explains.

The discipline is what stands out: every use case must solve a defined problem and show measurable value, and AI sits across the whole enterprise — underwriting, claims, fraud, contact-centre quality and employee productivity — rather than inside one department.

Across the value chain, adoption is progressive: predictive models sharpen quotation and underwriting; propensity models anticipate renewal behaviour; a mobile self-service inspection journey uses photo validation and OCR; and claims — the most active area — leans on AI for document tagging, payment processing, QA and fraud prevention.

Where traditional underwriting sorts customers into broad segments by vehicle, age and location, Roojai's models assess each policyholder across a much wider set of driver, vehicle and usage variables, moving "from broad averages and largely manual decisions toward continuously refined, individual risk assessment."

"We do not launch AI projects simply because the technology is available. Each use case must solve a real operational or customer problem and deliver measurable business value."

SYLVAIN CHARROIN, COUNTRY MANAGER, ROOJAI THAILAND

THE NUMBERS THAT MATTER

92%

of quotes clear all 33 underwriting criteria automatically — an instant decision, no human involvement

22

rating variables used in pricing, against a market tariff built on roughly five

25%

faster motor payout turnaround from the AI-enabled payment-preparation workflow

100%

the pricing-adequacy target held by a monthly risk-premium-sufficiency algorithm

Underwriting runs effectively as an automated black box: customers get an instant decision, about 92% of quotes clear all 33 criteria without human involvement, and pricing is generated in a fraction of a second.

Against a market tariff built on roughly five rating factors, Roojai uses 22 — finer differentiation that supports competitive pricing without sacrificing margin.

A monthly risk-premium-sufficiency algorithm makes automatic adjustments to keep pricing adequacy near a 100% target, avoiding disruptive re-ratings.

On claims, an AI-enabled payment-preparation workflow has cut motor payout turnaround time by 25%, letting teams focus on exceptions rather than routine processing.

CLAIMS, FRAUD AND THE HAT YAI TEST



Customers reported damage by app and video call during the Hat Yai floods.

AI and OCR now classify claims documents, extract data, validate key information and draft payment records for human review, while a Voice Quality Assessment model automates part of QA at first notification of loss.

“Our objective is not fully autonomous claims settlement,” Charroin notes. “It is to automate routine work, identify exceptions earlier and enable our claims professionals to focus on cases requiring expertise, investigation and empathy.”

That held during the Hat Yai flood in November 2025: AI organised the surge of incoming claims and prepared cases for faster review, while customers reported damage via app and video call — but human assessors retained full responsibility for validating damage and approving settlements.

Fraud detection follows the same pattern: machine learning flags claims with unusual patterns or inconsistent data for review by specialists, who investigate and decide.



Human assessors keep full responsibility for validating damage and approving settlements.

TARGETED SCRUTINY, NOT BLANKET CONTROLS

Rather than blanket controls, Roojai concentrates scrutiny on higher-risk cases — protecting the business while keeping genuine customers moving quickly, with continuous monitoring to keep the models proportionate and trustworthy.

PEOPLE, GOVERNANCE AND HARD LESSONS

Manual work is shrinking in document classification, data extraction and routine underwriting checks, freeing employees for exceptions, investigation and judgement — while creating new roles in AI monitoring, validation and governance.

That governance is treated with the same rigour as underwriting or financial risk: a framework covering internal, third-party and generative AI, with controls that scale by impact — underwriting, pricing and claims decisions face tighter evaluation and human oversight than low-risk productivity tools.

The hardest part, Charroin says, was never the model itself: “It was integrating the model into a live insurance workflow with real documents, inconsistent data and existing system rules.”

In its first phase of claims-payment automation, Roojai processed 15,000 documents but achieved an automation rate of only 36%. The company shares this outcome openly to emphasize that integration and data quality matter more than model sophistication.

By narrowing use cases, testing in live operations, retaining human validation, and iterating across claims, data, and technology teams, Roojai increased the success rate to 65%.

“AI adoption succeeds when treated as business-process transformation, not simply as a technology deployment,” he says.

New roles are emerging in AI monitoring, validation and governance.



“AI adoption succeeds when it is treated as business-process transformation, not simply as a technology deployment.”

THE ROAD AHEAD



Charroin expects the industry to move from point solutions toward a connected ecosystem spanning quotation to claims to loss prevention, with dynamic pricing, more automated claims and AI assistants offering round-the-clock support.

His advice to ASEAN insurers starting out: don't chase AI because it's fashionable — identify the business problem first and fix the data before the model.

Over time he expects AI to take on a growing share of loss assessment, but not to replace human expertise in disputed, fraud-related or complex cases: "The future is most likely a human-AI collaboration model rather than fully autonomous claims handling."

"The quality of AI outcomes depends on the quality of the underlying data."

WHAT THE INDUSTRY CAN LEARN FROM ROOJAI

Taken together, Roojai's experience offers a fairly clear playbook for insurers still finding their footing with AI. Let the business problem lead rather than the hype — every use case should solve a defined issue and show measurable value. Treat AI as an enterprise-wide capability, not one department's pet project, but keep humans firmly on the judgement calls that matter most: underwriting exceptions, fraud escalations and catastrophe response.

Fix the data and system integration before chasing the newest model.

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Embedded Medical Insurance is Already Working Elsewhere. Is Malaysia Next?

A customer books a clinic appointment through a healthcare app. Before confirming, a prompt appears: a year of accident and infectious-disease cover, no forms, premium already covered by the platform. They tap accept and move on. No agent call, no health declaration — just insurance that showed up exactly when it was relevant.

That is medical embedded insurance, and it deserves attention now because the logic behind it has finally caught up with how people use healthcare.

Traditional medical insurance is reactive: buy the policy, pay the premium, hear from the insurer mainly when something goes wrong. But patients now find doctors, book appointments and fill prescriptions through apps rather than phone calls.

Embedded insurance simply places relevant cover inside that journey, instead of asking customers to go looking for it separately.



WHAT EMBEDDED ACTUALLY MEANS

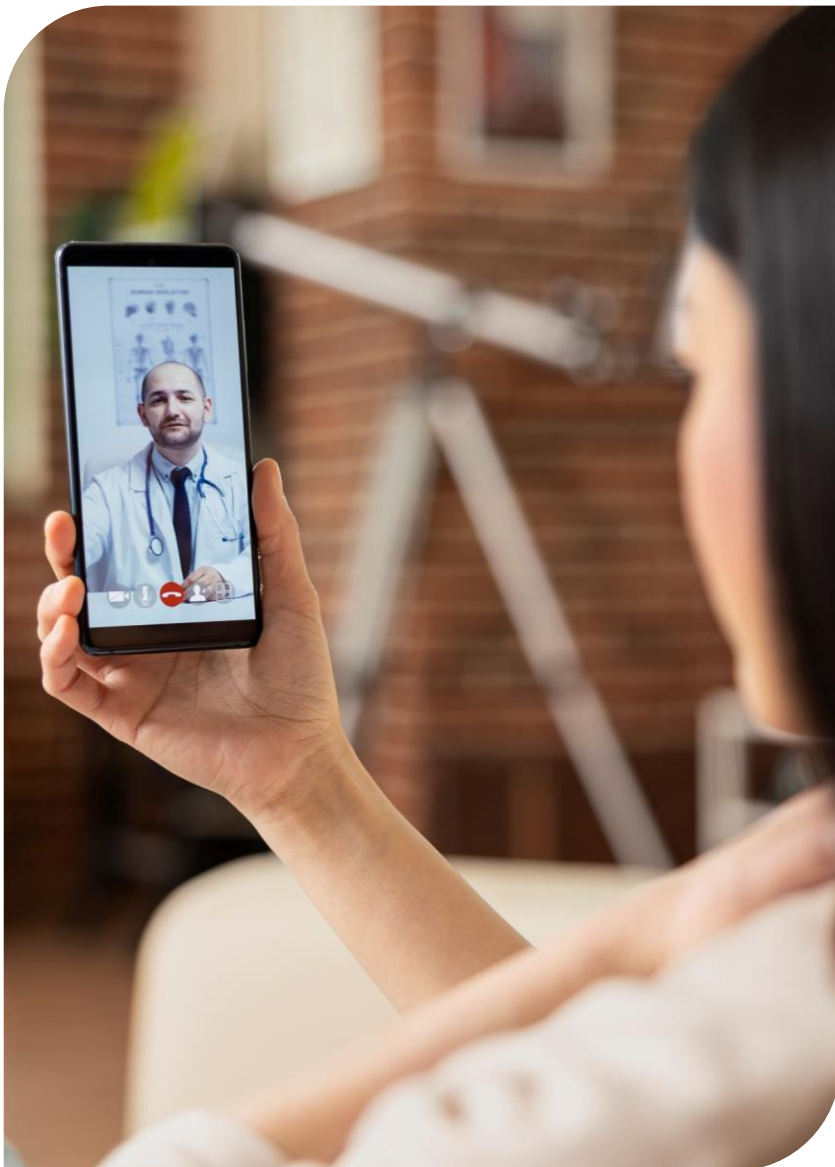
Embedded insurance is not the same as buying online. An online purchase still asks the customer to step away, search, compare and apply.

The payoff for insurers: instead of appearing only when something has gone wrong, they gain a presence earlier in the health journey, opening the door to better risk selection and stickier relationships.

Embedded cover asks for none of that — it appears inside a transaction already underway, reduced to a single accept-or-decline moment.

For medical products, this rarely means full indemnity cover. The models that work today are deliberately narrow — hospitalisation benefits, infectious-disease payouts, accident cover, outpatient cash benefits — which keeps pricing simple and activation fast, without a lengthy health declaration.





THREE MARKETS WORTH STUDYING

01

Samsung Life × Goodoc, South Korea.

Launched May 2024, Good Day Health Service sits inside Goodoc's booking and teleconsultation platform, spanning over 5,000 hospitals and clinics. Users completing a booking could enrol for a year of cover up to KRW 10 million across eight benefits, with Goodoc absorbing the premium.

What matters isn't the benefit size — it's that the offer appears exactly when a patient is already engaging with care.

02

Ping An Good Doctor, China. A more mature model. Ping An ties insurance to actual care navigation and utilisation management, not just a purchase trigger.

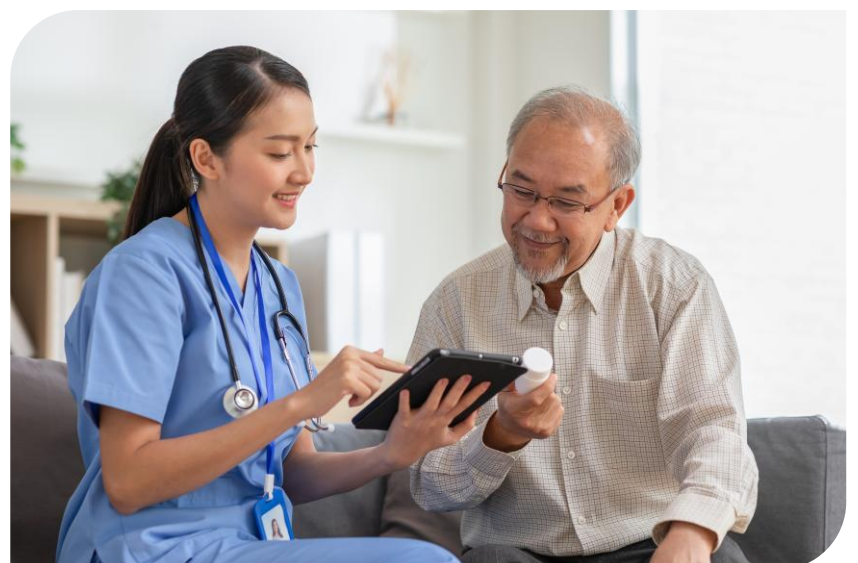
That is the clearest proof that embedding cover and managing utilisation can be built together rather than solved separately.



03

ZhongAn, China. The reference case for scale. China's first fully digital insurer embedded short-duration, low-cost health and accident cover into partner platforms like Alipay, Taobao and Ctrip.

A large share of its customers bought insurance for the first time this way — strong evidence the model can move volume traditional agency channels can't match.



DOES IT MAKE MONEY?

None of the three discloses embedded medical insurance as a standalone line item, but **none are being dragged down by it either.**

Ping An Good Doctor turned its first full-year profit in 2024 (RMB 158 million on RMB 4.81 billion revenue), crediting “insurance + healthcare” synergies, with first-half 2025 profit up 136.8% year-on-year.

ZhongAn posted group net profit of RMB 603 million in 2024 — its fourth straight profitable year — with its health ecosystem generating over RMB 10.3 billion in premiums.

Samsung Life, one of Korea's most profitable insurers (KRW 1.9 trillion net profit in H1 2026 alone), runs its pilot inside an already strong health business.

The pattern: embedded medical insurance is a contributor to profitability within a larger ecosystem, not yet a standalone profit engine. It amplifies an already-strong strategy — it isn't a shortcut for insurers without one.



Embedded cover is earning its place inside larger health ecosystems, not standing alone as a profit engine.

IS THIS THE RIGHT TIME FOR MALAYSIA?



Two forces are converging.

On the pressure side, Malaysia's MHIT segment faces rising claims costs and healthcare inflation drawing regulatory attention — Bank Negara Malaysia's RESET Strategy and the proposed MediAsas Base MHIT Plan are being piloted through 2026 ahead of a 2027 rollout.

On the readiness side, telemedicine, e-pharmacy and wellness apps are now mainstream, and 2026 initiatives around digital health and EMR interoperability are building the data plumbing this model needs.

Neither factor alone is decisive — together, they suggest conditions are ready for a pilot, not necessarily a full-scale bet.

WHERE IT ACTUALLY FITS

The realistic role isn't replacing comprehensive cover — it's reaching those who currently have none: gig workers, freelancers and informally employed individuals outside group schemes. Natural entry points include:

- **Telemedicine and e-pharmacy platforms**
- **Health screening providers**
- **Employer wellness programmes** extending cover to contract staff
- **Hospital pre-admission systems**
- **Digital banking and e-wallets**



The same mechanism that worked at scale in China.



WHAT TO WATCH BEFORE COMMITTING CAPITAL

Frictionless insurance is also frictionless to misuse. If access scales faster than an insurer's ability to manage utilisation, embedded products can push claims frequency up rather than improve affordability.

Before scaling any pilot:

- **Keep benefits narrow**
- **Treat consent as non-negotiable** — a pre-ticked box isn't informed consent
- **Vet partners on data quality** — not just reach
- **Monitor utilisation continuously** rather than at renewal
- **Treat this as a long-term ecosystem strategy**, not a campaign with an end date

Ping An's model held up precisely because care coordination was built in from the start.

WHERE THIS LEAVES THE INDUSTRY

Seoul and Shanghai don't prove this will work identically in Malaysia — the regulatory environment and provider landscape differ. But they show the mechanics are sound, the economics work once utilisation is managed, and the underserved segment this model suits best exists here too, arguably in greater proportion given the size of Malaysia's gig workforce.

The practical next step isn't another strategy paper — it's a small, well-scoped pilot with one platform partner and a narrow benefit, instrumented from day one. Market conditions this favourable won't last indefinitely, and the operators who move now will carry a two-to-three-year head start over those waiting for someone else to prove the model first.

Sources: Yonhap News Agency (3 May 2024); Asia Business Daily (16 May 2024); Ping An Healthcare and Technology Co. Ltd. (12–13 March 2025; 19–20 August 2025); ZhongAn Online P&C Insurance FY2024 results (March 2025); Bank Negara Malaysia, MHIT and Base MHIT Plan White Paper (22 January 2026); Ministry of Finance Malaysia, RESET Strategy.



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SOMETHING GREATER BUILDS

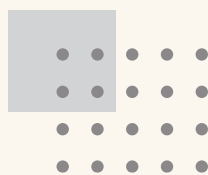
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— COMING SOON —



IN CONVERSATION

From Brunei to the Regional Stage: Inside Arif Asnawi Leong's YAMA 2025 Journey



A conversation
with

**ARIF ASNAWI
LEONG**

Head of Actuarial
Division of Takaful
Brunei

What Is YAMA?

Organised by the ASEAN Insurance Training & Research Institute (AITRI) with the ASEAN Insurance Council (AIC), the Young ASEAN Insurance Manager Award (YAMA) recognises outstanding young managers — aged 40 and under, with at least five years in the industry — who are driving innovation and progress across ASEAN's insurance and takaful sector. Candidates are assessed through a written submission and, for shortlisted finalists, a live presentation and interview before a regional judging panel.

YAMA 2025 drew 23 nominations from across ASEAN, culminating at the 28th ASEAN Insurance Regulators Meeting (AIRM) and 51st ASEAN Insurance Council (AIC) Meeting in Siem Reap, Cambodia. Taking the top honour was Mr. Arif Asnawi Leong, FIA, of Syarikat Takaful Brunei Darussalam — whose presentation the judges praised for its clarity, confidence and forward-looking insight. We sat down with Arif to learn what the journey taught him, and what he'd say to the next young professional considering YAMA 2027.



Why He Applied — And Why Winning Wasn't the Point

Arif didn't set out to win. For him, YAMA was first and foremost an opportunity to step back, assess his career journey, and gain valuable insights into the kind of leader he aspired to become.

Coming from Brunei's comparatively small insurance and actuarial community, much of his career, he says, has involved “stepping into areas where there was not always a clear path to follow” — becoming a Fellow Actuary, taking on actuarial leadership, and helping build the profession locally, often by figuring things out along the way.

“YAMA gave me an opportunity to reflect on that journey and share what we have been doing in Brunei with a wider ASEAN audience. Winning was an incredible honour, but the experience itself was already valuable to me before the result was announced.”

It's a distinction worth sitting with — because it points to exactly the kind of hesitation that keeps many capable young managers from ever submitting an entry.

Overcoming the “Am I Good Enough?” Question

Ask any young professional why they haven't nominated themselves for an award like YAMA, and the answer is rarely about ability. It's about doubt.

Arif admits he felt it too — the instinct to compare himself against people from bigger companies and bigger markets, and to conclude he didn't measure up.



“You do not need to have the perfect story before putting yourself forward. You just need to be able to honestly say, 'This is what I have done, this is what I believe in, and this is the impact I am trying to make.'”

For him, confidence was never about being the best person in the room. It was about being “willing to enter the room, contribute, listen and learn.” He submitted his application without knowing how far he'd go — and that, he says, is often exactly how the biggest opportunities in a career begin.



The Live Interview: Where Preparation Meets Authenticity

Of the competition's two stages, it was the live presentation and interview — not the written submission — that tested him most. A written entry allows time to reflect and refine. A live panel can take the conversation anywhere.

So instead of memorising answers, Arif focused on understanding the “why” behind his own journey: why he pursued the actuarial profession, why certain projects mattered, and what kind of leader he wanted to become.

“I reminded myself that I was not there to pretend that I knew everything. Once I approached it as a conversation rather than an examination, I became much more comfortable.”



What the Process Revealed About Himself

Preparing a YAMA submission forces a kind of reflection that busy careers rarely allow. Looking back across years of milestones — becoming a Fellow Actuary, IFRS 17 implementation, business transformation, developing his team — Arif found that the moments he valued most weren't the technical wins.

“They were often the moments where I could see someone in my team developing, or where I could encourage a younger person to consider actuarial science or insurance as a career. Leadership becomes less about what you can achieve yourself and more about what you can enable other people to achieve.”

A Regional Network Worth More Than the Trophy

Meeting finalists and industry leaders from across ASEAN, Arif discovered how much common ground exists beneath the surface differences between markets — digital transformation, changing customer expectations, talent development and sustainability all came up again and again in conversation.



“It made ASEAN feel much smaller and much more connected.”

For a professional based in a smaller market like Brunei, that exposure carried particular weight — a reminder that meaningful contribution isn't bound by the size of one's home market.

Life After the Win

Since being named YAMA 2025 Winner, Arif has found new doors opening — more engagement with the regional insurance and actuarial community, invitations to industry discussions, and wider leadership responsibilities. But he's quick to point out that recognition comes with responsibility, not just opportunity.

“Being from Brunei, I hope the award demonstrates that the size of your country or market does not determine the size of your contribution. When people begin to listen to your views, you have to make sure that what you contribute is thoughtful, useful and helps move the industry forward.”

It has also reshaped how he thinks about leadership itself — less about title, more about what one does with it.

“I feel a responsibility to help create opportunities for the next generation. Success would not simply be looking back one day at what I achieved personally. It would be seeing that more people were able to go further because we helped create the path for them.”



His Message to Future Applicants

Arif's advice to anyone eyeing YAMA 2027 is refreshingly direct:

“Apply. Do not wait until you think your CV is perfect or until you believe you have achieved enough. Tell your story honestly: the challenges, the lessons, and the people who helped you along the way. Either way, you grow. Sometimes you have to give yourself an opportunity before somebody else can give you one.”

“YAMA is more than an award — it is an opportunity to discover how far you have come, how much further you can go, and how your journey can inspire others to take their own first step.”

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The Courage to Become a Student Again

After 39 years with Aii, Michael Leong Swee Hau, FAii, reflects on why leadership must remain rooted in learning, integrity and the humility to begin again.

There is a common assumption that learning follows a predictable timeline. We study at the beginning of our careers, accumulate experience as we progress and, upon reaching senior leadership, become the people expected to provide the answers.

Michael Leong Swee Hau, FAii, has taken a different path.

Throughout his 39-year with the Asian Institute of Insurance, Michael has continued to regard learning not as an early-career requirement, but as a lifelong professional responsibility. Even while holding demanding senior leadership positions, including CEO and director-level roles, he remained committed to formal study and professional development.

For Michael, seniority was never a reason to stop learning. If anything, greater responsibility made continued learning even more important.

“Experience is valuable, but it must be supported by current technical understanding, sound judgement and a commitment to continuous development.”

That conviction led him to pursue the Professional Qualification programme and earn his FMII, now known as FAii.

He was among the first batch of FAii graduates through the senior route and has held the designation for more than ten years. To Michael, the qualification represents far more than professional recognition. It is a personal reminder of discipline, resilience and a promise he made to continue developing himself.



When Learning Becomes an Act of Leadership

It is easy to speak about lifelong learning. It is much harder to practise it when every week is already filled with decisions, responsibilities and competing demands.

Michael did not wait for time to become available. He made learning part of his schedule.

His working weeks were demanding, so studying had to be planned around his leadership responsibilities rather than treated as something to be done only when he had spare time. He regularly set aside periods to read, revise and prepare, often outside normal working hours.

What sustained him was a clear understanding of why he had started: he wanted to become a better insurance professional and prove to himself that learning should not stop simply because responsibilities had increased.

There were difficult moments, of course. But instead of relying on motivation alone, Michael relied on discipline, perseverance and a clear goal.

This is perhaps one of the most useful lessons from his journey. Ambition may encourage a person to begin, but consistency is what carries that person through. Professional growth does not always come from dramatic breakthroughs. More often, it is built quietly through regular reading, preparation, reflection and the determination to continue when progress feels slow.

For Michael, completing the qualification was also a form of leadership by example. He believed that pursuing FAii allowed a senior professional to reaffirm professional credibility while showing younger colleagues that development remains relevant at every stage of a career. The experience strengthened his confidence and reinforced his belief that leadership and learning must always go hand in hand.

A Leader Does Not Need to Pretend to Know Everything

Returning to formal study after years of professional experience can feel uncomfortable.

A senior leader is accustomed to being approached for direction. A student, by contrast, must ask questions, revisit assumptions and acknowledge gaps in understanding. For some, that change may feel like stepping backwards.

Michael saw it differently.

He did not regard studying as something to conceal from his colleagues. To him, it formed part of being a responsible professional and leader. Leadership was not about pretending to possess every answer. It was about remaining willing to learn, adapt and improve. By returning to the role of a learner, he hoped to demonstrate that professional development applies at every level and that willingness to learn is a strength rather than a weakness.

That perspective requires humility. Practical experience, however extensive, does not automatically provide every answer. Michael accepted that becoming a beginner again was part of growth. Rather than resisting the discomfort, he used structured study to test his assumptions, refresh his knowledge and connect years of practical experience with formal learning.



This willingness to become a student again may be one of the clearest signs of mature leadership.

Experience gives a leader perspective, but humility keeps that perspective open to challenge. Knowledge provides confidence, but curiosity prevents confidence from turning into complacency.





Learning Is Also a Shared Journey

Although professional qualifications are awarded to individuals, Michael's experience shows that learning rarely happens entirely alone.

When he embarked on his MBA journey in 2024 and worked on a project paper related to the insurance industry, he openly sought support from colleagues and industry peers, inviting them to participate in his research survey. Their willingness to contribute reinforced his belief that learning is a shared journey, strengthened through professional relationships and collective support.

Completing his MBA later in life became one of his proudest personal achievements. It affirmed something Michael had long believed: learning has no age limit. He is now pursuing a doctorate degree, continuing a journey that has extended far beyond any single qualification or professional milestone.

His journey offers an important reminder to experienced professionals. Returning to study does not diminish what a person already knows. Instead, it provides a structure through which existing experience can be examined, refined and strengthened.

Formal learning and practical experience should not be viewed as competing sources of knowledge. At their best, they complement one another. Experience gives theory context, while formal study gives experience greater clarity and discipline.

The Achievement Behind the Designation

Professional designations are often discussed in terms of career opportunities, progression and recognition. Yet Michael's most meaningful reflection on FAii is deeply personal.

Earning the designation remains a source of great pride because it represents discipline, resilience and sustained effort. It reminds him that meaningful achievement is rarely immediate, and that lifelong learning is not a slogan, but a commitment repeatedly demonstrated through action.



The letters after a name may indicate that a standard has been achieved, but the deeper value lies in the habits and character developed along the way.

Michael's advice to those beginning their own professional qualification journey is direct:

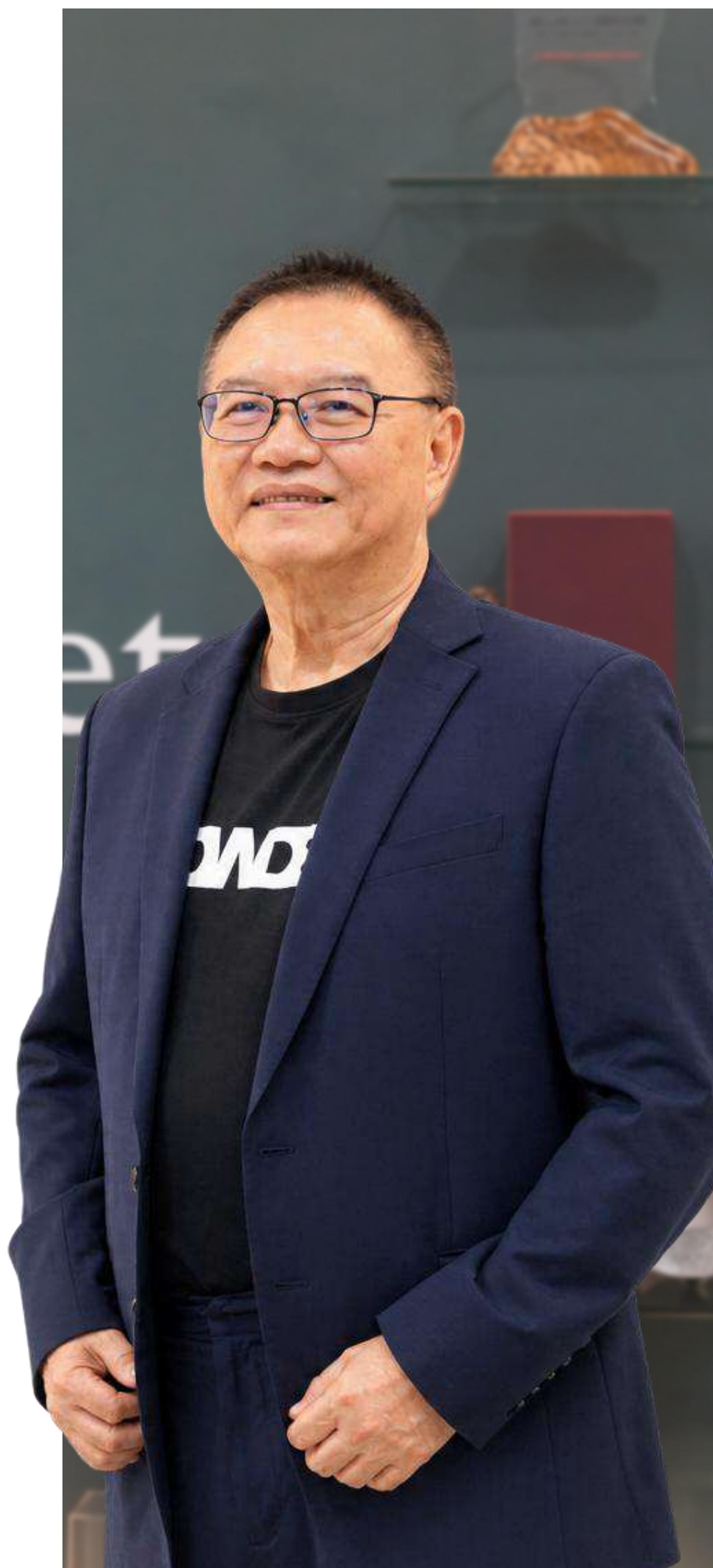
“Start with confidence, remain consistent and do not be discouraged by how demanding the journey may seem.”

He is equally clear that qualifications are only one part of a successful professional life.

“Qualifications may open the first door, but integrity, continuous learning and resilience are what sustain a successful career over a lifetime.”

That distinction matters. A qualification can demonstrate knowledge and commitment at a particular point in time. A lasting career, however, requires values that continue to guide decisions long after an examination has been completed.

Michael encourages younger professionals to build meaningful relationships, protect their reputations and remain adaptable. In his view, knowledge delivers its greatest value when it is supported by character.



Success Becomes More Meaningful When It Benefits Others

Beyond his own studies, Michael is passionate about mentoring and encouraging younger professionals to develop their knowledge, confidence and values. He also supports initiatives that create a positive impact on society because he believes success is most meaningful when it benefits others.

That desire to help others grow is not separate from his professional philosophy. It is a natural extension of it.

If he had not built his career in insurance, Michael believes he would probably have pursued a path centred on education, mentoring or professional development. Regardless of the field, he would still have been drawn to work that combined knowledge, integrity and service while allowing him to make a positive contribution to people and society.

His perspective on career choice has also been shaped by his family.

Like many parents, Michael once hoped his only daughter would enter one of the traditional professions. She graduated in law but ultimately chose to build her career in insurance, progressing to become a senior Lloyd's underwriter. Her journey reminded him that success is not defined by following a conventional path.

It comes from finding purpose, developing expertise and giving one's best to the profession one chooses.

It is a lesson that speaks not only to young professionals but also to leaders and parents. We may advise others based on the routes we recognise, but fulfilment is often found when individuals discover a path that is genuinely their own.





A Legacy of Lifelong Learning

After 39 years as an Aii fellow, Michael's story is not simply about academic achievement or professional success. It is about maintaining the curiosity, humility and discipline to continue growing throughout life.

His journey demonstrates that leadership and learning are not separate pursuits.

The best leaders remain students at heart, continuously seeking knowledge, welcoming new perspectives and embracing opportunities for growth.

In an era where change has become the norm, Michael's example offers a valuable reminder to every insurance professional, regardless of title or experience: never stop learning.

Because true leadership is not measured by how much you know today, but by your willingness to keep learning tomorrow.



Agency Award Qualifying Criteria

Personal	 Emerald	 Diamond	 Blue Diamond	 Red Diamond		
Month of Persistency	12-month	24-month	36-month	12-month	24-month	36-month
Qualifying Period	1 st Jan 2025 – 31 st Dec 2025	1 st Jan 2024 – 31 st Dec 2025	1 st Jan 2023 – 31 st Dec 2025	1 st Jan 2025 – 31 st Dec 2025	1 st Jan 2024 – 31 st Dec 2025	1 st Jan 2023 – 31 st Dec 2025
Persistency Rate (%)	95% and above	90% and above	85% and above	100%		
Other criteria	35 new cases Sum Assured: MYR 1,645,000 USD 350,000	NA	NA	35 new cases Sum Assured: MYR 1,645,000 USD 350,000	NA	

Group	 Emerald	 Diamond	 Blue Diamond	 Red Diamond		
Month of Persistency	12-month	24-month	36-month	12-month	24-month	36-month
Qualifying Period	1 st Jan 2025 – 31 st Dec 2025	1 st Jan 2024 – 31 st Dec 2025	1 st Jan 2023 – 31 st Dec 2025	1 st Jan 2025 – 31 st Dec 2025	1 st Jan 2024 – 31 st Dec 2025	1 st Jan 2023 – 31 st Dec 2025
Persistency Rate (%)	90% and above	85% and above	80% and above	100%		
Other criteria	350 new cases Sum Assured: MYR 16,450,000 USD 3,500,000	NA	NA	350 new cases Sum Assured: MYR 16,450,000 USD 3,500,000	NA	

Award Pricing	Digital Award
Single Award	RM 150 / USD 35
Double Awards	RM 250 / USD 59
Triple Awards	RM 400 / USD 95

What is included

- AQBA Digital Badge
- AQBA Digital Certificate
- Aii Membership (valid until 31 Dec 2026)
- Social media recognition by Aii
- Aii and LIAM recognition at official websites

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Registration extended to:
31st October 2026



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Awareness
Programme on
Environmental Social
Governance for
Insurance



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Advanced Insights
Into Fire Insurance
Claims



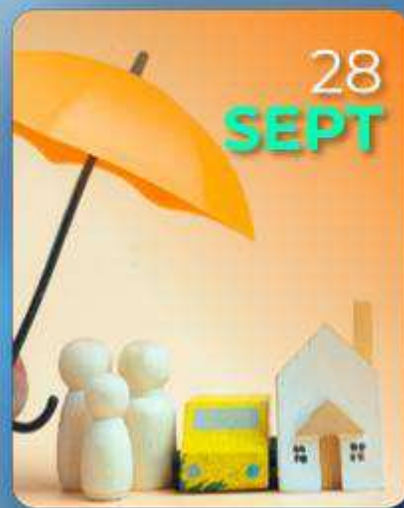
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Intermediate Motor
Insurance - Claims
Handling and Loss
Assessment



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Motor Insurance
Fraud Detection,
Assessment and
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Underwriting D&O
Liability Insurance:
Legal Framework &
Best Practices in
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Fire Risk
Management in
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SPEAKER

Estee Chong

Product Specialist – Financial Institution, Asia, Beazley



What? OUR PARTICIPANTS *Says*



**Pang
Shiou Fun**

Chief Investigating Officer,
C.S. Tang Adjusters Sdn Bhd

“

[in Watch full video](#)

I will recommend the programme because as we know, China has developed this EV ecosystem way earlier than us.

With this exposure and learning opportunity, we can learn from them and refine it to develop into a system that are more suitable in Malaysia.

”

[in Watch full video](#)

“

NEV journey did not stop last year. In fact, it continues to grow and evolve rapidly.

It is always important to keep abreast of such changes, understanding how developments have evolved from a product, a process, as well as claims perspective in the NEV market.

”



Kelvin Siah

Head of Auto and
Personal Property,
Asia Pacific (APAC)



**Sylvain
Charroin**

Country Manager
Roojai Insurance, Thailand

“

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I strongly recommend the insurer to onboard this programme because EV require an enhancement in the underwriting process.

Therefore, we need to learn from other region, especially China, how to embed it those new process in a more self-sustaining underwriting flow.

”

Let Us Hear Your Feedback

Aii being the catalyst of insurance education provider,
what would you want to see us more?



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