

# PRAKASH KUMAR

## Insurance Professional

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## Summary

I am a results-driven insurance professional with 3 years of experience in claims adjudication and investigations. My expertise includes risk assessment, crafting tailored insurance solutions, and delivering exceptional customer service. I excel in regulatory compliance, strategic planning, and facilitating cross-functional collaboration. With a proven track record of building strong client relationships, I support organizational goals effectively.

## Experience

### 1. Genpact India

#### Process Associate

01/2024-02/2025

- Adjudicated Life and Health claims for international clients (US Healthcare), providing final case decisions
- Assessed medical records, coverage details, and employer statements to route claims accurately
- Conducted weekly audits and generated accuracy reports to maintain quality compliance
- Managed daily inventory distribution to optimize team workflow and efficiency
- Achieved 99% accuracy in claim closures, demonstrating reliability and attention to detail
- Consistently recognized as a top-performing employee for four consecutive months, based on exceptional production numbers and high case closure accuracy

### 2. Max Life Insurance

#### Investigation Executive

07/2023-01/2024

##### Department: Compliance/Internal assurance

- Prepared detailed reports in MS Word, led fraud investigations, and conducted in-depth fraud analysis
- Performed thorough due diligence and validated KYC documentation for compliance
- Engaged with agents, sellers, advisors, and customers to resolve queries and provide support
- Coordinated the issuance of show cause notices in alignment with regulatory protocols
- Conducted in-depth policy reviews and analysis using internal applications
- Resolved 95% of compliance cases related to Infosec within the TAT
- Maintained accurate Excel trackers and developed comprehensive case studies

### 3. Max Life Insurance

#### Operation Executive

03/2022-04/2023

##### Department: Claims

- Managing the initiation process for Death and medical insurance claims
- Conducting meticulous document verification and precise data entry
- Addressing inquiries from regional offices and customers with professionalism and expertise
- Generating and distributing daily MIS reports with a consistency of 100%
- Maintaining accurate Excel trackers and performing in-depth analysis of claim settlements
- Providing efficient letter release to the customer including condolence and settlement letter.

## Education

- Bachelor of Arts -2020
- Intermediate - 2017
- High school – 2015

## Certification

- Basic services sector Skills- Retail (NIIT Foundation)
- Certification in Digital Literacy (NIIT Foundation)

## Skills

- Excel/Advance Excel
- MS Office (Word, PowerPoint)
- Outlook, Teams, Gmail
- Virtual Desktop (Citrix, VMware)