CX-EX

CXEX for Insurance Providers

Introduction

Overview

CXEX provides insurers with AI-driven conversation analytics designed to accelerate claims handling, detect fraud and ensure sales and regulatory compliance across large agent networks. By combining high-accuracy transcription, domain-tuned models and workflow integrations, CXEX transforms voice assets into actionable intelligence to reduce losses, speed decisions and improve customer outcomes.

Why this matters in financial services

Insurers handle high volumes of short, transactional calls where speed and accuracy matter. Delays in claims validation or missed fraud signals lead to higher payouts and customer dissatisfaction. Meanwhile, mis-selling and disclosure failures can incur regulatory penalties. CXEX enables automation and prioritisation so human investigators focus on the highest-value work.

Practical Use Cases

Underwriting quality & risk profiling:

- Analyse sales and intake calls to surface missing disclosures or inconsistent underwriting answers that may later lead to claims disputes or adverse selection.
- Use insights to refine underwriting questionnaires and agent scripts.

Sales compliance & mis-selling prevention:

- Monitor agent adherence to required disclosures, premium explanations, and opt-in/consent phrases. Automatically flag instances of non-compliance and push coaching prompts.

Customer experience & retention:

- Monitor sentiment and repeat complaint themes to identify at-risk customers and prioritise retention outreach with pre-prepared evidence and recommended remedies.

Operational optimisation & AHT reduction:

- Identify common call flows, bottlenecks and repeat contact reasons. Use journey analytics to streamline scripts and reduce average handling time while preserving compliance.

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