insuringU.ae

InsurTech Internship Program

Presented by

Anika Behal

insuringU.ae

Contents

Why do people hate insurance?

Delayed Claims and Slow Payouts

The most **common complaint is how long claims take to process.** Many people have described waiting for weeks or even months just to receive updates, constantly calling customer service and getting different answers every time. This becomes especially frustrating because claims usually happen during stressful situations, such as after a car accident, illness, or property damage. People feel abandoned at the exact moment they expected support.

From the insurance company's perspective, investigations and verification checks are meant to prevent fraud and ensure accuracy, but customers often see these delays as unnecessary obstacles designed to avoid paying them. This leads to trust in the company quickly disappearing.

r/InsuranceClaims
u/Odd_Writing898 • 229d
Join

Car insurance claim taking forever

Parents had a accident on October 24th, hydroplaned, no one else involved. They opened a claim through the insurance company, adjuster contacted them, decided on what shop to send it to for inspection and whatever work needed to be done and setup the rental car. After that crickets from the both the shop and the insurance even though they called and emailed multiple times. 5 weeks passed before an inspection was done according to the insurance because they couldn't find a company to get it done. None of this was relayed to my parents. Finally got the inspection done, quote from the shop and okayd the work to be complete. The next day they called and the rental needed to be returned. Mind you this was 3 days before christmas. Since then its been nothing but reasons and excuses on why things are not progressing. Today marks 13 weeks and they called the shop this morning and the car hasn't even been brought in to start the repairs. So its been another month of no car, no rental and no answers. Im wondering where they could go from here to speed things up. Beyond frustrated for both my parents, while having no car. They have missed appointments, holidays and everything in between.

Edit to add we are located in Canada, not sure if that makes a difference

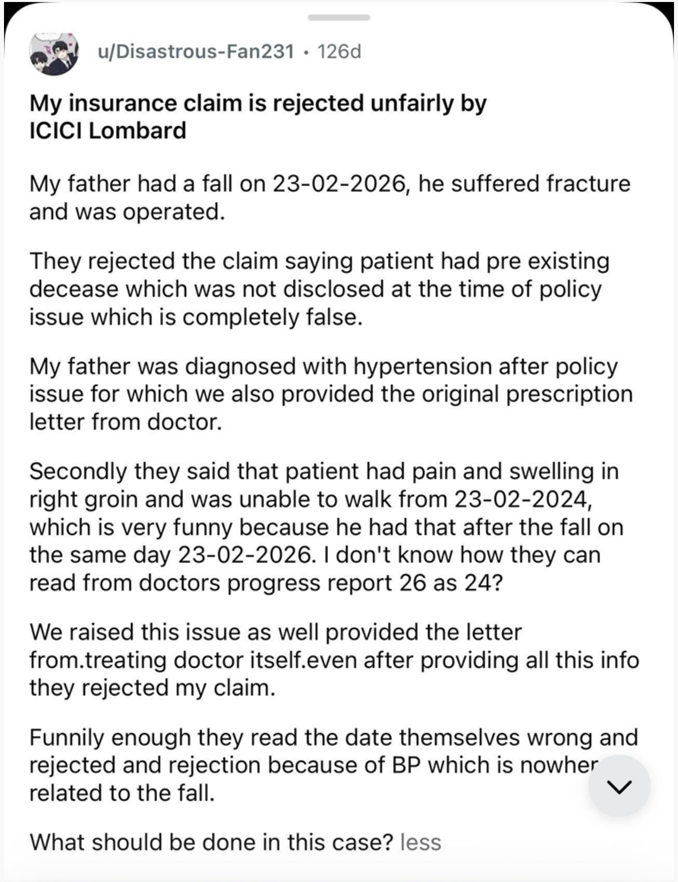
7 11 2

Why do people hate insurance?

Claims Being Rejected for Reasons Customers Don't Understand

Another major frustration is **having claims denied despite paying premiums for years.** Many online complaints came from people who believed they were covered, only to discover exclusions they never knew existed. Some users described insurers citing "pre-existing conditions," technicalities, or missing information without providing clear explanations.

This **creates a feeling that insurance companies are always looking for loopholes** to avoid paying out. Even if there are legitimate contractual reasons behind some denials, customers often feel misled because they expected protection and instead received a rejection letter.



u/Disastrous-Fan231 • 126d

My insurance claim is rejected unfairly by ICICI Lombard

My father had a fall on 23-02-2026, he suffered fracture and was operated.

They rejected the claim saying patient had pre existing decease which was not disclosed at the time of policy issue which is completely false.

My father was diagnosed with hypertension after policy issue for which we also provided the original prescription letter from doctor.

Secondly they said that patient had pain and swelling in right groin and was unable to walk from 23-02-2024, which is very funny because he had that after the fall on the same day 23-02-2026. I don't know how they can read from doctors progress report 26 as 24?

We raised this issue as well provided the letter from.treating doctor itself.even after providing all this info they rejected my claim.

Funnily enough they read the date themselves wrong and rejected and rejection because of BP which is nowher related to the fall.

What should be done in this case? less

Why do people hate insurance?

Policies Are Too Complicated and Full of Fine Print

A large number of people complained that **the language in the insurance policies are almost impossible for the average person to understand.** Terms such as deductibles, exclusions, excess payments, co-insurance, and coverage limits confuse many customers.

Several Reddit users joked that you need a law degree just to understand what you're buying. Because the **language is so technical, people frequently misunderstand** what is and isn't covered. When problems arise later, they blame the insurer for not being transparent.

While insurance contracts have to be detailed for legal reasons, the complexity leaves customers feeling overwhelmed and suspicious.

r/HealthInsurance
Strict-Rub7220 • 285d
Join

Why does health insurance feel like it's designed to be confusing on purpose?

Plan Benefits

I've been trying to understand my health insurance plan for weeks, and I feel like you need a law degree just to figure out what's covered. Between deductibles, copays, coinsurance, out-of-pocket maximums, and network restrictions - it feels intentionally complicated.

What's one thing you wish someone had explained to you about health insurance when you first started navigating it? For me, I wish I knew that "out-of-network" could mean bills that are 5x higher, even for emergencies.

No specific medical advice needed - just trying to understand why this system has to be so difficult for regular people to navigate.

Why do people hate insurance?

Hidden Costs and Unexpected Charges

Many customers also expressed anger over **extra costs** they didn't expect. Some people reported discovering **hidden fees** during the purchasing process, while others found out that they still had to pay significant amounts out of pocket through deductibles or excess charges before insurance contributed anything.

Another common complaint was **premium increases without clear explanations.** People often feel that they are paying more money every year while receiving less value in return.

This contributes to the belief that insurance companies care more about profit than about helping customers.

r/Insurance
u/Pofus • 2y
Join

Hiding details that affect final premium cost.

Why do insurance companies never disclose these details? Even when you call Customer Support, you are given a vague answer because the reps don't know as well. Why is this industry so sketchy?

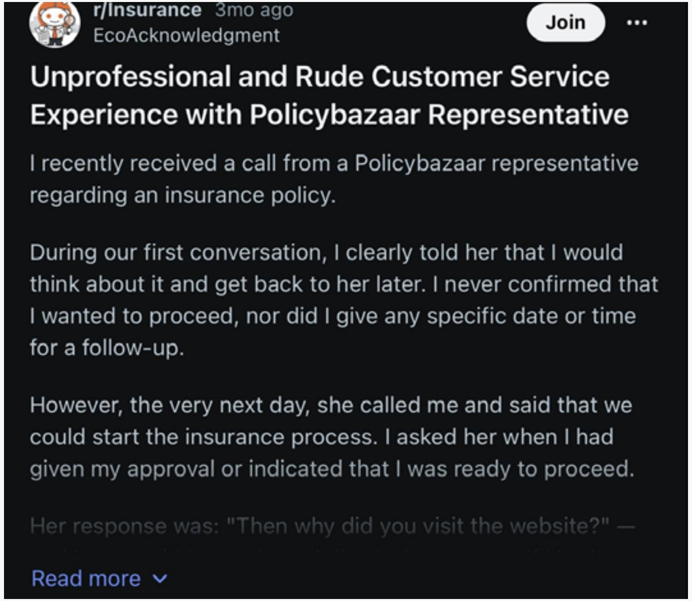
Why do people hate insurance?

Poor Customer Service and Lack of Empathy

Finally, people repeatedly criticise **poor customer service.** Complaints describe people spending hours on hold, being transferred between departments, and speaking to representatives who seemed uninterested in solving their problems.

The biggest issue wasn't always the outcome of the claim itself, it was the **feeling that nobody genuinely cared.** Since insurance claims often happen during difficult periods in people's lives, **customers expect reassurance and understanding.**

When communication is poor or staff appear robotic, people feel like they're being treated as case numbers instead of human beings. This emotional aspect explains why negative experiences with insurance are remembered so strongly.



What does a small business actually need from insurance?

Business chosen: A small cafe in the UAE

Insurance Type	What It Is	Why It's Needed	Typical UAE Cost
Public Liability Insurance	Covers claims if customers are injured or their property is damaged because of the business.	A customer could slip on a wet floor or be injured on the premises, leading to expensive legal claims.	**AED 1,200–2,500 per year**
Workers' Compensation Insurance	Provides compensation for employees who are injured or become ill due to work-related incidents.	Café staff work with hot equipment, sharp tools, and slippery surfaces, making workplace accidents possible.	**AED 1,200–2,000 per year**
Property Insurance	Covers damage or loss to the café's physical assets, such as furniture, kitchen equipment, and stock.	Fires, water leaks, or accidental damage could disrupt operations and be costly to replace.	**AED 2,000–5,000 per year**
Business Interruption Insurance	Replaces lost income if the café is forced to temporarily close after an insured event.	Helps the business continue paying expenses, such as rent and salaries, during unexpected shutdowns.	**AED 1,000–3,000 per year** *(often added to property policies)*
Employee Health Insurance	Medical insurance provided to employees, covering healthcare expenses.	In the UAE, employers are generally required to provide health insurance for employees.	**AED 900–1,500 per employee per year**

What does a small business actually need from insurance?

Where Café Owners Feel Confused or Underserved

Many café owners in the UAE say the **most confusing part of insurance is figuring out exactly what they need and what they're actually paying for.** The do not understand the return value on their investment on paying insurance premiums.

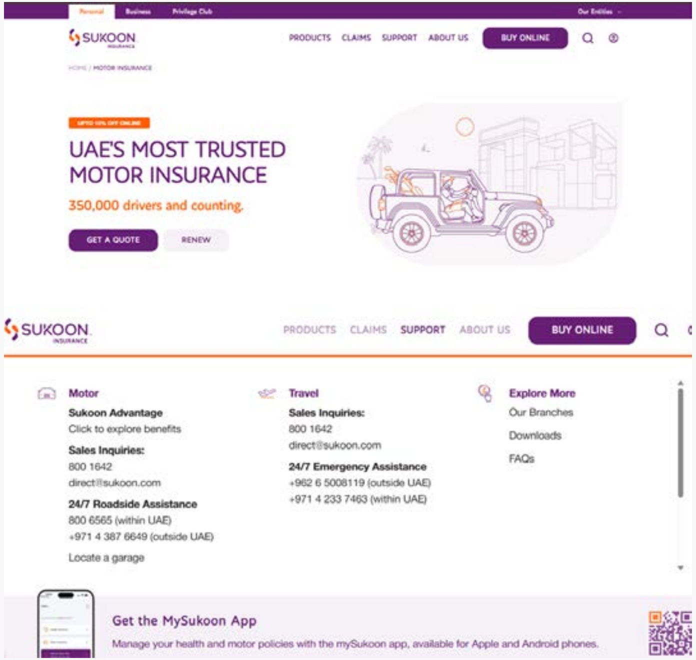
For example, a small café owner might be told to buy public liability, property insurance, business interruption cover, and employee health insurance, but the differences between these policies aren't always explained clearly. Owners often struggle to understand terms like deductibles, coverage limits, and exclusions, and many aren't sure whether certain situations such as food spoilage after a power outage or damage to expensive coffee machines would actually be covered. Since cafés usually operate on tight profit margins, paying for insurance they don't fully understand can feel like a financial risk in itself.

- Insurers could do better is **offer simple, industry-specific packages designed specifically for businesses** like cafés.
- Instead of lengthy policy documents filled with technical language, **insurers could provide a straightforward guide** explaining what a café legally requires, what coverage is strongly recommended, and what optional add-ons are available.

This would help owners make informed decisions without feeling pressured into buying unnecessary cover and would build greater trust between small business owners and insurance providers.

Insurance App Review — Is It Actually User-Friendly?

Sukoon



What's good about Sukoon:

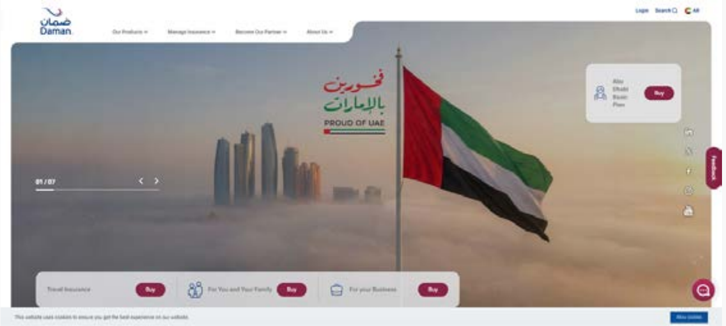
- **Clean, uncluttered homepage**: "Get a quote" and "Renew" buttons are front and center
- Support page **lists direct phone numbers and emails for every product**, split by within/outside UAE
- **24/7 roadside assistance and emergency assistance numbers clearly listed,** which matters a lot for stressed users mid-incident
- "Why UAE Prefers Sukoon" section **explains benefits in plain language** with icons
- **mySukoon app is promoted directly** on the support page with a QR code- easy to find, not buried
- **10% online discount** clearly flagged as an incentive

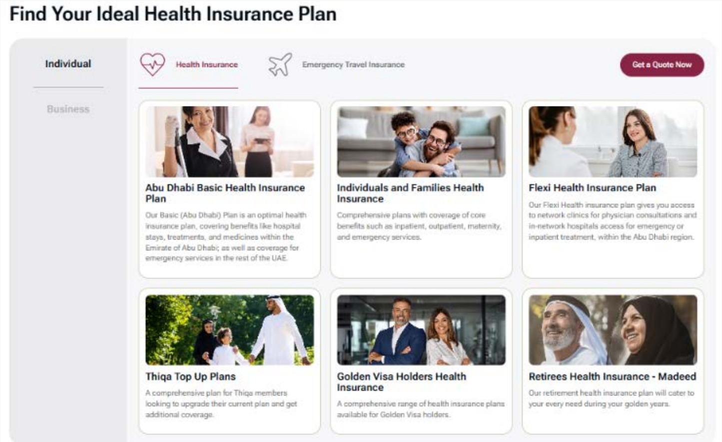
What's confusing:

- **No visible pricing** or sample quote shown upfront
- No plain-language breakdown of terms like deductible, network hospitals, or pre-approval anywhere on these pages
- **No comparison between plans/tiers shown**, so if someone needs to choose between options, there's nothing here guiding that decision
- **No visible reviews**, App Store rating, or trust indicators

Insurance App Review — Is It Actually User-Friendly?

Daman





What's good about Daman:

- **Huge range of plans clearly named** so there's likely a plan for almost every situation
- **Strong trust signals**: ~3 million members, 3,000+ hospitals/clinics in network, "Best Perceived Health Insurer Brand" claim
- **Practical self-service tools** present: locate a provider, download the app, track request status, submit claims, check approvals
- **Mobile app promoted for managing e-cards and claims**

What's confusing:

- Way too many plan names thrown at you at once with no guidance on which one applies to you
- **Core action buttons are scattered** rather than grouped
- A **long, cluttered news/blog feed on the homepage** itself, pushing actual insurance info further down- feels like noise before you reach what you need
- **No plain-language summary of *what's covered*** per plan on this page- you'd have to click into each one individually to understand basics like deductibles or network access

Insurance App Review — Is It Actually User-Friendly?

Table comparing apps

Criteria	Sukoon (Website)	Daman (Website)
Ease of getting a quote (1–5)	4 — clear CTA, but no quote shown upfront	3 — buttons scattered across the page
Sign-up / onboarding simplicity (1–5)	3 — clean layout, but no guided plan selection	2 — no guided "which plan is right for me" path
Can you understand the policy wording? (1–5)	3 — nicely presented, but no real coverage detail (deductibles, networks)	2 — plan names listed with no clear coverage summary
Claims submission process (1–5)	4 — automated, SMS updates described	3 — tools exist but not explained simply
Is support easy to reach (chat/call)? (1–5)	5 — direct numbers per product, 24/7 lines	3 — "get in touch" present but less specific
Design / UI clarity (1–5)	5 — clean, minimal, uncluttered	2 — cluttered, too much competing content
Trust signals (reviews, member/hospital stats) (1–5)	2 — none visible in these screenshots	4 — 3M members, 3,000+ hospitals stated clearly
Total (out of 35)	**26**	**19**

Source:
https://gulfnews.com/uae/people/help-insurance-company-is-refusing-to-compensate-me-after-car-accident-1.1726723535765

Real Stories- How Claims Go Wrong

UAE Driver Accused of Causing Their Own Accident

Who was involved?

A UAE resident submitted a motor insurance claim after being involved in a car accident. Despite expecting compensation under the agreed policy terms, the insurer refused to pay, arguing that the accident had been caused intentionally.

What went wrong?

- The customer had already waited three months after the accident.
- The insurer questioned the legitimacy of the claim.
- The driver was left without compensation and had to consider legal action while also dealing with transportation problems.

Whose fault was it?

Based on the information available, the insurer failed to clearly communicate why it believed the accident had been intentional. While insurers have a responsibility to investigate suspicious claims, leaving customers without clear explanations creates frustration and distrust.

What could have been done differently?

The **insurer could have kept the customer informed throughout the investigation**, explained the evidence being reviewed, and provided realistic timelines rather than leaving the claimant feeling ignored.

Source:
https://www.reddit.com/r/UAE/comments/1sxnpw0/insurance_claim_rejections/

Real Stories- How Claims Go Wrong

UAE Resident Faces Repeated Health Claim Rejections

Who was involved?
A Reddit user in the UAE described paying around AED 9,000 for a health insurance package, only to have claims repeatedly rejected when a family member needed treatment.

What went wrong?
- The insurer linked the issue to an “undeclared condition.”
- Multiple appeals and supporting documents were submitted.
- The customer said every claim continued to be denied.

Whose fault was it?
There may have been policy exclusions involved, but the biggest issue was communication. The family never felt they fully understood why the claims were being rejected or what options remained available to them.

What could have been done differently?
The **insurer could have assigned a dedicated case manager to explain the decision**, outline the appeals process, and provide guidance rather than repeatedly issuing rejection notices.

The 'Build Your Own Policy' Challenge

Insurance for Learner & New Drivers in the UAE

The Pitch:

- You've just gotten your learner's permit or first proper license — but your parents' insurance either costs a fortune to add you to, or won't cover you as a new driver at all. This solves that.

What it covers:

- Basic third-party liability (the legal minimum in the UAE) — covers damage you cause to someone else's car
- Optional add-on for your own car's minor dents/scratches while you're still learning (not full comprehensive — keeps it affordable)
- Roadside assistance if you break down or need a tow — new drivers tend to need this more
- One "oops" pass per year — a small claim (like a parking scrape) that won't spike your premium

What it doesn't cover:

- Reckless driving, racing, or driving without a licensed supervisor if you're still learning
- Luxury car add-ons — this is a budget, beginner-focused product

The 'Build Your Own Policy' Challenge

Insurance for Learner & New Drivers in the UAE

Roughly what it'd cost:

- Starting around AED 150–250/month for learners, with the price dropping based on supervised hours or safe-driving data logged (telematics-style discount)
- No annual lock-in — pay monthly, cancel anytime, since a lot changes fast at this stage (finish learning, get a new car, move, etc.)

How you'd actually buy it:

- Entirely through WhatsApp plus a lightweight app — no call centers, no PDFs
- Send a message, answer 5 quick questions (age, car, learner or new license, driving hours per week), get a quote in under a minute
- Pay via Apple Pay or card directly in the chat, e-card sent instantly — no waiting on paperwork
- The app tracks your driving like a simple telematics widget and shows your discount growing over time, so it feels rewarding rather than administrative

Why this would work for someone our age:

- No lengthy policy document — everything is explained clearly before you buy
- Feels flexible (monthly, cancel anytime) instead of a scary annual contract
- Rewards safe driving in real time instead of judging you purely on age or statistics
- Matches how we actually communicate and pay for things, rather than feeling outdated

Health Insurance Confusion — What Are People Actually Asking?

Deductibles vs. co-payments: People don't realize a deductible is a fixed amount paid before insurance kicks in, while co-payment is an ongoing % share after. Insurers could fix this by using a simple visual: "First AED X is on you, then we split the rest Y/Z."

Network hospitals: The biggest complaint is discovering after a visit that a hospital wasn't covered, or only partially covered. People want a live, searchable app/map rather than a static PDF list buried in policy documents.

Pre-approvals for procedures: There is confusion over which treatments need pre-approval, how long it takes, and who's responsible for requesting it (patient vs. clinic). A plain-language rule of thumb ("anything over AED 500 or any specialist referral - check first") would reduce panic and denied claims.

Renewal changes: Many expats are blindsided when premiums jump or benefits shrink at renewal with little explanation. Insurers could send a simple "what changed and why" one-pager instead of just a new policy document.

Basic vs. enhanced plans and salary-based mandates: Confusion over what their employer is legally required to provide (DHA in Dubai vs. DOH/Thiqa in Abu Dhabi) versus what's optional upgrade, especially for dependents/maids on separate low-cost plans. A short comparison chart tied to salary bands would help.

Impact of technology

Lemonade (USA)- AI claims payouts in seconds: Lemonade uses an AI chatbot ("AI Jim") to process simple claims- its famous example was paying out a stolen-jacket claim in 3 seconds with zero human involvement. It matters because it shows claims don't have to take weeks of paperwork; for straightforward cases, AI can verify and pay almost instantly, cutting cost and frustration.

Root Insurance / Progressive Snapshot (USA)- telematics-based car insurance: These apps track driving behavior (braking, speed, phone use) via smartphone sensors to price auto premiums individually instead of by broad demographic guesses. It matters because it makes pricing fairer for safe drivers and gives people a direct incentive to improve driving habits.

Ping An Good Doctor (China)- AI-powered instant quotes & telehealth-linked insurance: Combines an AI symptom-checker/telehealth app with insurance products, letting users get instant quotes and even AI-assisted diagnosis before choosing coverage. It matters because it merges healthcare access and insurance into one seamless app, especially useful in places with uneven doctor access.

The insurance industry in 5 years

1. Plain language becomes the default

- Policies explained in short, visual summaries first- full legal wording still available, but not required just to understand what you're buying
- This isn't just customer-friendly, it directly reduces denied claims and complaints, which saves insurers money too

2. Coverage becomes flexible, not rigid

- Freelancers, students, and young drivers don't live in fixed 12-month cycles- their income, vehicles, and living situations change constantly
- Pay-per-use, monthly, cancel-anytime models should become the norm for this demographic, not a niche add-on

3. Tech handles the monotonous parts, humans handle the hard parts

- Instant quotes, automated approvals for simple claims, and AI-assisted chat for basic questions should be standard by 2030

4. Safe behavior gets rewarded, not just priced in

- Discounts shift insurance from "we guess your risk" to "we reward your actual behavior"
- Feels fairer to young people than being priced purely on age or generic statistics

insuringU.ae

Thank You