

4. Business Cases

- **Automotive** — Auto Insurance is growing fast in emerging markets as people get their first car. Telematics can create a more personalised risk premium. Claims processing is in transformation as auto body shops and consumers form into networks through maps and mobile phones. Meanwhile consensus is emerging that greater adoption of driver automation and augmentation will dramatically reduce insurance for the good news reason that it will dramatically reduce accidents and the sharing economy is reducing the number of cars on the road.
- **Employee Benefits Platforms** — The key goal on "Employee Benefits Platforms" area in terms of InsurTech's point of view is to provide a seamless online experiences for the employees.
- **Enterprise/Commercial** — In terms of technology point of view, most of leading start-ups making good progress on this area are offering the fully digitalized service in short time without any paper-work as well as communications.
- **Health Insurance** — Health insurance is an insurance that covers the whole or a part of the risk of a person incurring medical expenses, spreading the risk over a large number of persons. By estimating the overall risk of health care and health system expenses over the risk pool, an insurer can develop a routine finance structure, such as a monthly premium or payroll tax, to provide the money to pay for the health care benefits specified in the insurance agreement. The benefit is administered by a central organization.
- **Life, Home, P&C** — One of the biggest challenges in the fin-tech sector is to create a new business model for insurance based on behavioral economics and technology. They use artificial intelligence and chatbots to deliver insurance policies and handle claims for its users on desktop and mobile (through its iOS and Android applications) without employing the use of insurance brokers. Social good is another aspect of the business model, where underwriting profits go to nonprofits of the customers' choice.
- **P2P Insurance** — Peer-to-Peer (P2P) insurance is a risk sharing network where a group of individuals pool their premiums together to insure against a risk. Peer-to-Peer Insurance mitigates the conflict that inherently arises between a traditional insurer and a policyholder when an insurer keeps the premiums that it doesn't pay out in claims. P2P insurance may also be referred to as "social insurance."
- **Reinsurance** — Reinsurance, also known as insurance for insurers or stop-loss insurance, is the practice of insurers transferring portions of risk portfolios to other parties by some form of agreement to reduce the likelihood of paying a large obligation resulting from an insurance claim. The party that diversifies its insurance portfolio is known as the ceding party. The party that accepts a portion of the potential obligation in exchange for a share of the insurance premium is known as the reinsurer.
- **Travel Insurance**