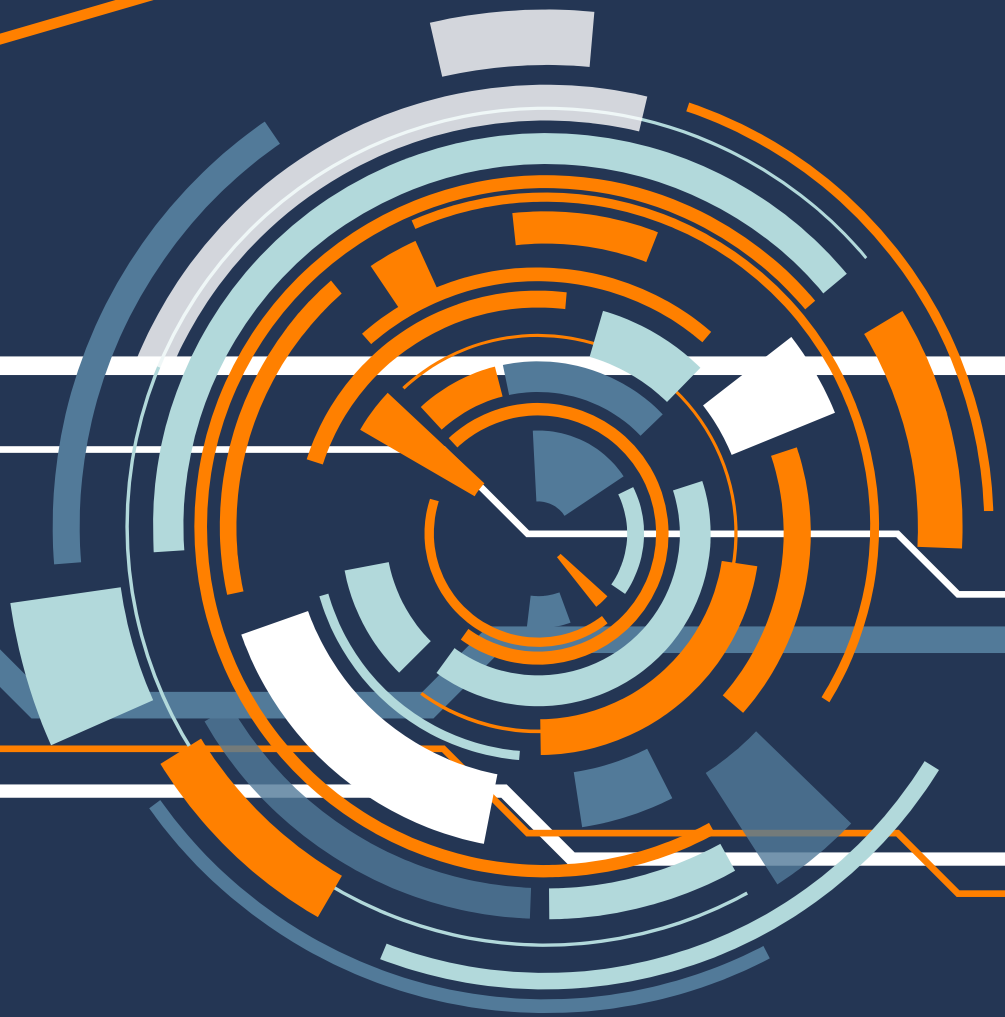# Efficiency at the Core:
Enabling Operational Excellence in Insurance

Introduction

The insurance industry is facing heightened pressure. Rising customer expectations, increased regulatory demands, and competition from agile insurtechs are reshaping the market. Insurers are being asked to move faster, more precisely, and with greater customer focus than ever before.

In the past, operational efficiency was primarily driven by cost pressure and measured by bottom-line contribution. Today, it is a strategic driver of transformation. Powered by automation and AI, operational efficiency enables insurers to reduce friction, optimise workflows, and enhance agility across the organisation, laying the foundation for resilience, innovation, and sustainable growth.

Policyholders now expect seamless, personalised experiences across every touchpoint. However, legacy systems, fragmented processes, and manual tasks often stand in the way. Meanwhile, insurtechs and new insurance entrants are leveraging automation, real-time data, and AI to deliver service models that are faster, leaner, and more responsive.

For traditional insurers, staying competitive means embracing change. Operational efficiency is not just about cutting costs, it's about unlocking agility, enabling transformation, and building a future-ready business. This paper explores how modern technology, particularly unified core insurance platforms like Axon, is helping insurers rethink their operations and realise their strategic goals.

We will examine:

▶ The **operational challenges** insurers face today

▶ The **technologies driving transformation**, from automation to AI

▶ The role of **unified core insurance platforms** in enabling agility, compliance, and collaboration

▶ How Axon helps drive **digital transformation** by reshaping core insurance processes

Keylane Axon

The Efficiency Gap: Challenges Facing Insurers Today

Across the insurance industry, inefficiencies are slowing progress and driving up costs. Many insurers still rely on legacy systems, manual workflows, and siloed data environments that weren't built for today's digital-first landscape. These challenges are not confined to the back office. They affect underwriting, claims, customer service, and compliance, compounding over time and stalling momentum.

Across the insurance industry, inefficiencies are slowing progress and driving up costs. Many insurers still rely on legacy systems, manual workflows, and siloed data environments that weren't built for today's digital-first landscape. These challenges are not confined to the back office. They affect underwriting, claims, customer service, and compliance, compounding over time and stalling momentum.

Legacy complexity remains a core barrier. Many insurers rely on systems built decades ago, systems that lack integration capabilities and visibility. Routine tasks like underwriting or claims registration require navigating multiple platforms, duplicating data, and requesting manual checks. The result is a process-heavy environment, prone to delay, at a time when speed and accuracy are key to staying competitive.

40% of underwriters' time is spent on non-core and administrative activities.

Compliance is also affected. Fragmented data and manual reporting make it difficult to meet audit and governance standards. In contrast, modern platforms offer built-in structures for traceability, control, and real-time oversight.

But inefficiency doesn't just hinder service delivery, employee experience suffers as well. Operating legacy systems can require months of training and offer limited autonomy. Employees, particularly seasonal staff face steep learning curves, resulting in inefficiency and frustration. The consequence is a normalised high-cost operation: high onboarding costs, high turnover, and low productivity.

Consider this: onboarding new staff on outdated systems can take three months or more. That means three months of reduced service capacity, intensive oversight, and training investment. In a fast-moving market, this lag limits agility and hampers performance.

What's more, outdated systems prevent staff from focusing on high-value tasks. Underwriters spend time assessing low-risk policies that could be automated. Claims handlers are burdened by incomplete submissions and inconsistent claim formats. Adding to this, many managers lack the real-time insights needed to spot inefficiencies, optimise workflows, or respond proactively to workload levels.

According to **Accenture**, 40% of underwriters' time is spent on non-core and administrative activities, representing a potential efficiency loss of up to $160 billion across the industry over the next five years. This underlines how valuable skilled time is being lost to avoidable inefficiencies and how urgent the need for modernisation has become.

Left unaddressed, these inefficiencies compound over time. They stall progress, drain resources and ultimately weaken an insurer's ability to compete. Together, they represent a growing efficiency gap that demands urgent attention.

Enablers of Change: Technology's Role in Rewriting the Rules of Efficiency

Closing the efficiency gap is not about only doing more with less. It's also about adopting modern, agile systems that reduce friction, unlock insights, and elevate every aspect of performance. That's where the opportunity lies and where platforms like Axon are helping insurers close the gap for good. So what does a 'modern' platform really offer?

Accelerated Processes with Straight Through Processing (STP)

By automating routine underwriting and claims tasks, insurers can significantly reduce handling times, improve consistency, and lower cost per case. With clearly defined rules in place, cases are routed directly to approval or payment, meaning:

▸ Employees can focus on **high-value cases** over predictable, low-risk cases.

▸ Standard cases now be **resolved instantly**, enhancing customer satisfaction.

▸ Rule-based consistency allow businesses to **better predict** approval rates.

A hybrid approach to (STP), combines rules-based logic with AI-optimised decisioning, offers insurers control and adaptability. While predefined rules ensure consistency and regulatory compliance, AI continuously learns from outcomes, uncovering trends and adjusting thresholds dynamically. Creating a framework that streamlines standard case handling while enhancing operational insight, enabling insurers to refine their processes over time.

Empowered Teams with No-Code Configuration

Traditionally, even small changes to products or workflows required IT involvement, lengthy development cycles, and extensive testing. With platforms like Axon, business users are empowered to make changes themselves, configuring rules, adjusting pricing, and building workflows without the need to code.

This removes bottlenecks and gives teams the autonomy to respond to market or regulatory changes quickly and confidently.

Replace manual effort with intelligent automation, turn siloed units into collaborative units, and shift from reactive mode into continuous improvement.

Better Decisions with Real-Time Insights

Real-time data and analytics support informed decision-making. With Axon's Data Mart, insurers gain visibility into claims bottlenecks, underwriting performance, and operational trends. Instead of relying on instinct, teams can act based on real-time evidence.

Together, these benefits create a new operational model: one that replaces manual effort with intelligent automation, turns siloed teams into collaborative units, and allows insurers to shift from reactive mode into continuous improvement.

From Automation to Intelligence: AI's Expanding Role in Insurance

We've talked a lot about technology, but the goal isn't simply better technology, it's about supporting human effort and potential. When insurers equip their teams with the right tools, they free up capacity for focus, innovation, and high-impact work. That's where operational efficiency becomes more than just a cost-saver, it becomes a true competitive advantage.

Nowhere is the intersection between technology and human capability more visible than in the conversation around artificial intelligence.

Today's modern insurance platforms are embedding AI deeply into core operations: analysing risk in real time, flagging potential fraud, identifying gaps in claims data, and helping teams focus on what truly requires human judgment. Far from replacing people, AI empowers them, enhancing decision-making, streamlining routine tasks, and elevating the role of the human expert.

AI is already delivering measurable impact across the insurance value chain, but a few areas stand out for their transformative potential:

Underwriting: From Reactive to Real-Time

AI supports underwriters by consolidating internal and external data, such as property records and environmental risks, into a single view. It enables low-risk cases to be handled automatically and flags complex ones for expert review, leading to faster, more accurate assessments, reducing reliance on manual input.

Claims: Automating for Speed and Accuracy

AI helps identify fraud, streamline loss assessment, and accelerate simple claims through automated workflows. Structured processes ensure consistency while claim handlers focus on exceptions and high-value cases.

Customer Service: Always-On Support

AI-powered chatbots and virtual assistants provide 24/7 support. They manage routine enquiries instantly, improving customer satisfaction and reducing pressure on contact centres.

Pricing and Analytics: Adapting in Real Time

AI enables dynamic pricing models that adjust to changes in risk behaviour, market conditions, and external factors. Predictive analytics reveal hidden trends, helping insurers stay ahead of emerging needs and continuously optimise performance.

Looking Ahead

As AI becomes more embedded in insurance operations, its role will expand from tactical automation to strategic enablement. It will strengthen compliance, personalise engagement, and support continuous improvement. The real challenge for insurers is not whether to adopt AI, but how to integrate it meaningfully across the organisation.

The Role of Axon in Delivering Operational Efficiency

Achieving operational impact starts with the right foundation. While automation and AI enhance day-to-day tasks, lasting efficiency depends on the core system that shapes how insurers work across every level.

Axon streamlines key processes, from product configuration and underwriting to claims and customer service. It embeds intelligence, connects workflows and enables real-time insight to drive consistent performance and measurable results.

Here's how Axon brings operational efficiency to life:

1
Unified and Modular by Design

Unifying product definitions, business rules and workflows in one platform reduces duplication, minimises errors and ensures consistency. A modular architecture lets insurers standardise and reuse these components like underwriting rules and pricing models across brands. Together, this simplifies operations, accelerates innovation and supports faster responses to regulatory or market change.

2
Omnichannel Integration and Scalability

Built-in APIs and a headless architecture support seamless integration with brokers, marketplaces and ecosystem partners. Enabling consistent service across channels while reducing reliance on spreadsheets, trackers and disconnected tools. Insurers benefit from a single source of truth and a streamlined, scalable digital environment.

3
Real-Time Insights

Tools like Data Mart provide a live view of operations, highlighting bottlenecks and tracking SLAs. With real-time insight, insurers can act immediately, driving continuous optimisation and better decisions across the business.

4
Improved Cross-Functional Collaboration

When all teams share access to the same real-time data and workflows, operational silos break down. This alignment boosts transparency, speeds up decision-making, and improves service delivery across the board.

5

Embedding AI into the core

Axon enables AI to become part of the operational fabric, embedded in workflows, decisions, and everyday tasks. Rather than relying on disconnected tools, insurers can integrate AI directly within the platform, leveraging Axon's plugin architecture and trusted network of ecosystem partners.

6

Elevating the Employee Experience

A unified platform streamlines onboarding and daily work through role-based interfaces and clear workflows. Employees get a central view of tasks and data, reducing training time and boosting productivity, freeing teams to focus on customers and business impact.

A Foundation for the Future

These capabilities are more than individual features. Together, they form the operational backbone of a future-ready insurer. A unified platform like Axon connects data, decisions and delivery across the business, enabling insurers to move faster, scale smarter and respond with confidence. This is not just about improving performance today. It is about building a stronger, more agile foundation for the future.

> "Axon helps us integrate better with new technologies, with our digital flow. And centralises the maintenance of policy and claims into one system. And makes it easy for us to integrate with all of the external parties that we need here in Belgium."

Aaron Thijs, Project Manager at Belfius

Realising Results: Turning Strategy into Impact

As we've shown, operational efficiency requires more than just new tools. It calls for focus, ownership and continual refinement. The most effective insurers set clear KPIs, align cross-functional teams and commit to ongoing optimisation.

Goals such as reducing claims turnaround by 20%, increasing STP rates or halving onboarding time provide a clear sense of direction. Progress must be continuously tracked and adapted based on real-time insights. Platforms like Axon provide the visibility, control and expert assistance to make this continuous improvement a reality.

And the outcomes speak for themselves. For example, Univé has radically simplified its application landscape:

"When we started, we were using 24 core systems, but soon it will only be eleven. We had four policy administration systems, and that will be reduced to just one. This will make the application landscape much more manageable. And the savings are considerable, both in time and manpower."

Frank Dijkstra, IT Manager at Univé
Read the full Univé customer story

As technology continues to evolve rapidly, particularly with the rise of AI and advanced automation, insurers must adopt a mindset of continuous optimisation. The goalposts will shift, and that's a good thing. New tools open the door to faster, leaner, smarter operations, creating space for teams to focus on innovation, customer value and long-term growth.

Conclusion

Operational efficiency has moved beyond the margins. It's no longer just about improving cost efficiency or turnaround times. It's about building a business that can adapt, respond and lead in a changing market.

Throughout this paper, we have seen how the right foundation — a **unified, intelligent core platform** — can help insurers close the efficiency gap. We have explored how automation and AI are empowering teams, not replacing them; how no-code tools and real-time insights are removing barriers to change; and how streamlined systems are helping people focus on customers, outcomes and innovation.
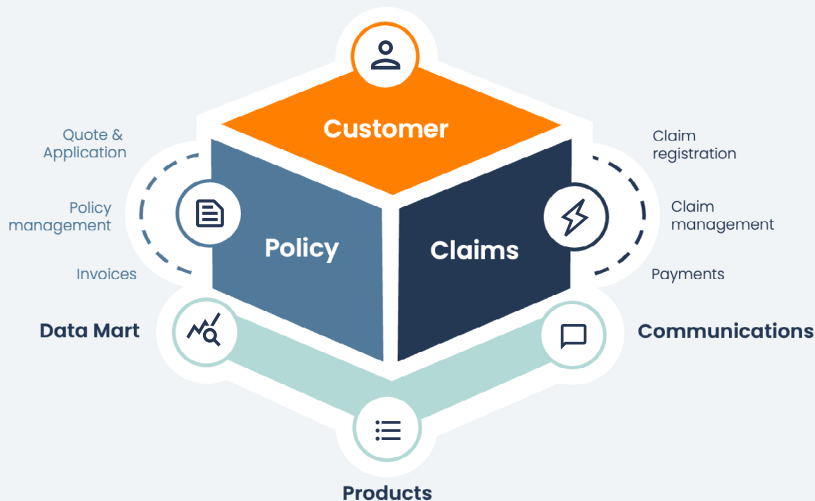
But the most important takeaway is this: operational efficiency is not a one-time project. It is a capability that must evolve with the business, supported by the right technology and a continuous improvement mindset. That is why forward-looking insurers are investing in platforms like Axon, not just to address today's challenges, but to create a foundation for future growth.

Let's start by transforming how you operate today, with **Axon** .

The Axon platform

With Axon, Keylane fosters trust and empowers lasting partnerships by providing an all-in-one unified core insurance platform that ensures a 24/7 uptime for its clients. Keylane provides and implements continuous upgrades to Axon, guaranteeing that its clients are able to comply with the latest rules and regulations.

Request a demo

Quote & Application
Policy management
Invoices
Data Mart

Customer
Policy
Claims

Claim registration
Claim management
Payments
Communications

Products

A partnership with Keylane

With a proven track record in successful implementations, our dedicated experts, supported by capable partners, work to deliver an ecosystem of emerging technologies that enables Keylane's clients to deliver innovative services and products while driving profit, customer growth and true market innovation.

Headquartered in Utrecht in the Netherlands, Keylane employs around 700 people and delivers services to over 225 insurance companies across the Netherlands, Belgium, Germany, Denmark, Norway, Switzerland and the Netherlands Antilles.

T +31 88 404 50 00
E info@keylane.com
w keylane.com

Keylane Axon