Solarelle Insurance Pvt. Ltd.
1st Floor, H. Fathangumaage,
Sosun Magu,
Male', republic of Maldives

We're Hiring a Audit Manager

Position Name: Assistant Executive – Medical Claims	**Announced On:** August 31, 2026	**Special Requirements:** ❖ Only Maldivian Citizens
Location: Solarelle Head Office, Male', Maldives	**Application Deadline:** September 6, 2026	

We are looking for an experienced, technically competent and customer-focused professional to join our Claims Department as Assistant Executive – Medical Claims.

Assistant claims Executive plays a key role in the claims processing workflow, supporting overall efficiency and effectiveness of the claims department.

Responsibilities

1. Claims Documentation:
   - Receive and review health insurance claims submitted by policyholders or healthcare providers.
   - Identify documentation gaps or discrepancies and proactively coordinate with senior team members to resolve them.
   - Ensure that all required documentation is complete, accurate, and in compliance with policy terms and conditions.

2. Data Entry:
   - Enter relevant information from claims documents into the claims processing system.
   - Verify and update policyholder information as needed.

3. Verification and Validation:
   - Perform detailed verification of medical documents, invoices, and service provider credentials.
   - Validate claims against policy coverage, limits, sub-limits, exclusions and waiting periods
   - Identify irregularities, potential fraud indicators, or policy breaches and escalate cases.

4. Communication:
   - Communicate with policyholders, healthcare providers, and internal teams to gather additional information or clarification on claims.
   - Provide responses to inquiries regarding claim status or documentation requirements.

5. Adjudication Support:
   - Assist in the adjudication process by preparing claims files for review.
   - Collaborate with the team members, to ensure accurate and timely claim assessments.

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6. Record-Keeping:
   - Maintain organized and up-to-date records of claims processing activities.
   - Ensure compliance with documentation standards and regulatory requirements.
   - Support audits, compliance checks, and regulatory reviews by providing required

7. Customer Service:
   - Address inquiries and concerns from policyholders or healthcare providers regarding claim status or procedural information.
   - Provide courteous and timely assistance to enhance customer satisfaction.

8. Quality Assurance:
   - Participate in quality assurance activities to identify and address errors or inconsistencies in claims processing.
   - Identify trends, recurring errors, or process gaps and recommend improvements.
   - Participate actively in departmental quality assurance and performance improvement initiatives.

9. Collaboration:
   - Work as part of a team to ensure smooth workflow and efficient claims processing.
   - Support training, process updates, and knowledge-sharing initiatives within the claims team.

Requirements

EDUCATION & QUALIFICATION:

- Higher Secondary / Secondary School Graduation
- Experience in relevant field

SKILLS AND EXPERIENCE:

- Effective communication skills, and Good interpersonal skills
- Strong attention to detail and accuracy in data entry and documentation
- Ability to learn and adapt to new software and systems.
- Familiarity and understanding relevant and frequently used terms in medical and related fields.

Please note: An attractive and competitive remuneration package, inclusive of Staff Medical Insurance benefits, will be offered based on qualifications and experience.

Please note: Only shortlisted candidates will be contacted for interviews.

To Apply

Please send your complete CV, copy of National ID card, police report, educational certificates (attested), and reference letters on or before 6th September 2026 17:00 hrs.

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