

# Loss Reserve

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- ① Insurance Claims Reserve
- ② Basic Method
- ③ Double Chain Ladder Model
- ④ Data to be Studied
- ⑤ Support Vector Machine
- ⑥ Conclusion

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- The amount the insure is obligated to pay is known as the claim/loss amount.
- The payment that makes up the claims are known as the the claims/loss payment



## Life and General Insurance

In general, insurance products can be sorted into **Two** classes: **General insurance** and **Life Insurance**. The main reason for this is:

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we could focus on the general insurance claim reserving problem.

## Line of Business

The General Insurance operates on Following LoB:

- Motor Insurance
- Property Insurance
- Liability Insurance
- Accident Insurance
- etc.

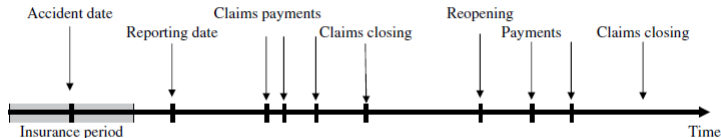


Figure 1.1 Typical time line of a non-life insurance claim

From Figure 1.1, the claim cannot be settled immediately as:

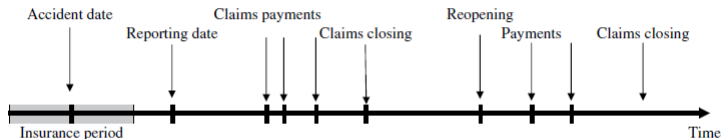


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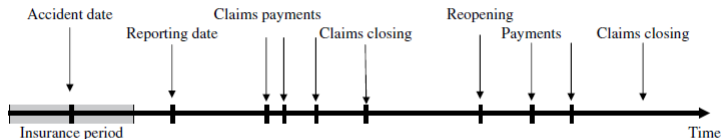


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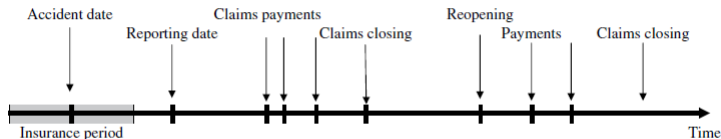


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- The claim may be settled with take several payments after being reported, AKA, Settlement Delay
- Some closed claim is reported due to unexpected new developments, AKA, Reporting Delay

## Principle

*In order to have a consistent financial statement, it is important that the accident date and the premium accounting principle are compatible via the exposure pattern, which means the claim occurred at each accident year must match the premium earned that year.*

## Reserves

*In term of the reserve, we need to build the reserve for future exposures (UPR, unearned premium reserve) and for the past exposures. In general, there are two kinds of claim reserve for the past exposures:*

- *IBNR(Incured but Not Report)*
- *RBNS(Report but Not Settled)*



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- Putting a value on the net worth of an insurer, particularly for purposes of sales or acquisitions;
- Commutations and reinsurance to close: that is, putting a financial value on the run-off of a portfolio of insurance business.

In this section, the mathematical framework will be introduced (follow Arjas 1989).

- Assume there are  $N$  Claims within a fixed time period
- $T_1, \dots, T_N$  denotes the reporting dates with  $T_i \leq T_{i+1}$
- For the  $i$ -th claim, Let  $T_i = T_{i,0} \leq T_{i,1} \leq \dots \leq T_{i,j} \dots \leq T_{i,N_i}$  denotes a sequence of dates at with there are some action on claim  $i$  is observed.  
 $T_{i,N_i}$  denotes the final settlement of the claim.
- At time  $T_{i,j}$ , we may have a payment, a new estimation by claim adjusted, or other information related to the claim

$$X_{i,j} = \begin{cases} \text{payment at time } T_{i,j} \text{ for claim } i \\ 0, \text{ no payment at time } T_{i,j} \end{cases}$$

$$I_{i,j} = \begin{cases} \text{new information available at time } T_{i,j} \text{ for claim } i \\ \emptyset, \text{ no new information at time } T_{i,j} \end{cases}$$

with above framework, the reserving problem can be split into different process:

- **Payment Process of Claim i** given by  $(T_{i,j}, X_{i,j})_{j \geq 0}$
- **Information Process of Claim i** given by  $(I_{i,j}, T_{i,j})_{j \geq 0}$
- **Settlement Process of Claim i** given by  $(T_{i,j}, X_{i,j}, I_{i,j})_{j \geq 0}$



## Cumulative Payment Process

$$C_i(t) = \sum_{j \in \{k; T_{i,k} \leq t\}} X_{i,j}$$

$$C_i(\infty) = C_i(T_{i,N_i}) = \sum_{j=0}^{\infty} X_{i,j}$$

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Then the Total outstanding claim payment for future liabilities of claim  $i$  at time  $t$  is a random variable given by: (need to be predicted)

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## Aggregate Process

For *all claims* we can defined:  $C(t) = \sum_{i=1}^N C_i(t)$ , the all payments up to time  $t$  for all  $N$  claims  $R(t) = \sum_{i=1}^N R_i(t)$ , the amount of outstanding claims payments at time  $t$  for these  $N$  claims.

The outstanding loss liabilities are studied in **Claim Development Triangles**,

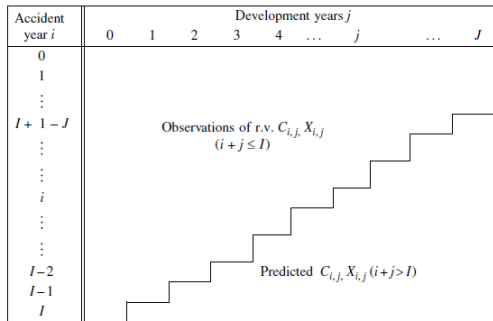


Figure 1.2 Claims development triangle

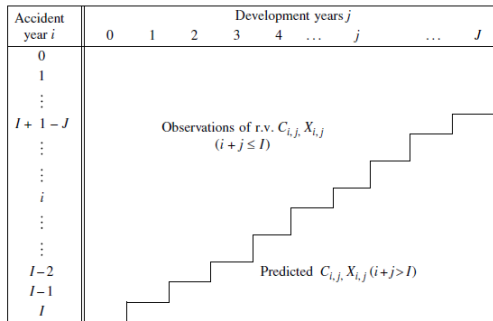


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Vertical axis: accident year ( $i$ )

horizontal axis: development year ( $j$ )

The claim development triangle can be divided into two parts:

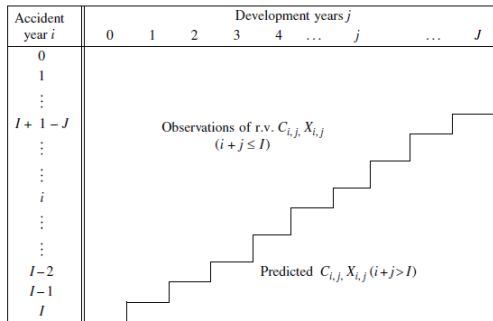


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- Upper Triangle: the Observation and defined by:

$$\mathbb{D}_I = \{X_{i,j}; i+j \leq I, 0 \leq j \leq J\}$$

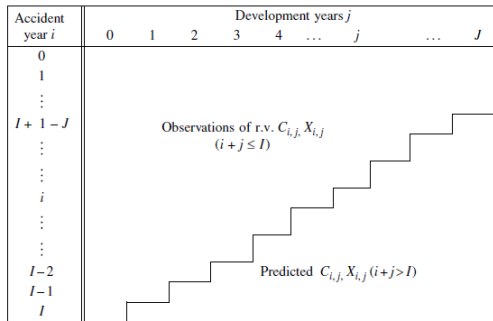


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- Upper Triangle: the Observation and defined by:

$$\mathbb{D}_I = \{X_{i,j}; i+j \leq I, 0 \leq j \leq J\}$$

- Lower Triangle: the Prediction and defined by:

$$\mathbb{D}_I^c = \{X_{i,j}; i+j > I, i \leq I, j \leq J\}$$

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- Operates on aggregate loss data (sums of individual paid claims).
- The name given to this method presumably arises from the ladder-like operations which are chained over the development years
- From theoretical point of view this naturally gives rise to a compound Poisson distribution

## Assumption

- *Payments from each accident year will develop in the same way.*
- *Changes in the rate at which claims emerge can only be incorporated by "hand adjustment" of the development factors.*
- *Weighted average past inflation will be repeated in the future*
- *claims inflation is one of the influences swept up within the projection factors,*

### Definition: Development Factor

*The development factors measure the proportionate increases in the known cumulative payments from one development year to the next, which is a volume-weighted average ratio that are used to project future claims in each accident year.*

$$\hat{f}_j = \frac{\sum_{i=0}^{l-j-1} C_{i,j+1}}{\sum_{i=1}^{l-j-1} C_{i,j}} = \sum_{i=0}^{l-j-1} \frac{C_{i,j}}{\sum_{k=0}^{l-j-1} C_{C_{k,j}}} \frac{C_{i,j+1}}{C_{i,j}}$$

Then we have:

$$\hat{C}_{i,j+1} = \hat{f}_j C_{i,j}$$

### Property of Development Factor

- the development factor is an unbiased estimator
- the development factor are uncorrelated with each other

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- Bootstrap Chain Ladder (England and Verrall, 2007)

Bornhuetter-Ferguson (BF) method is another well known method in both theory and practice which proposed by Bornhutter and Ferguson (1972) in his famous article called 'The actuary and IBNR'.

## Definition: Loss Ratio

*The loss ratio is the ratio of the ultimate incurred claims to the premium income for the policies in the accident year. It is useful for think about likely outstanding claims*

Assume that there have not been extreme events that would make historical loss ratios unhelpful for the current claims. The BF method uses the historical loss ratio to get an initial estimate of the ultimate loss then factors in the development of the claims incurred so far.

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The future claims development can be expressed as: Future claims development = Premium  $\times$  Estimated Loss Ratio  $\times (1 - 1/f)$

- B-F method could be viewed as using a Bayesian approach.
- Using B-F method, each years revised ultimate loss can be expressed as a combination of the chain ladder ultimate loss (CL) and the independent loss ratio of ultimate loss (LR).
- Using a credibility factor ( $Z$ ), this can be expressed as:

$$\text{B-F revised ultimate loss} = ZCL + (1 - Z)LR$$

- 

$$\text{B-F revised ultimate loss} = A + (1 - 1/f) \times LR$$

$A$  is the actual claims developed to date figure (i.e. the figure from the latest lead diagonal in the run-off triangle.)

$Z = A/CL$  is just the inverse of the ultimate development factor ( $f$ ) for the year.

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Many research now starts working on individual claim data, i.e Arjas(1989) and Norberg (1993,1999).

Double Chain Ladder Model is a micro-level stochastic model using the aggregate data instead of using historical individual data. and it is a basic extension of Verrall's work (2010).

- it overcomes the "ad hoc" feature of CLM
- it explicitly acknowledge that data are compound poisson process.
- cope with IBNR and RBNS delay in a very easy way
- the full model describe the cash flow of outstanding RBNS liability.

Let  $X_{i,j}$  denote the observed total payment for claims incurred at time  $i$  and paid at  $i + j$ , then  $N_{i,j}$  denotes the observed total number of claims incurred at  $i$  and reported at  $i + j$ .

Now define  $N_{i,j}^{paid}$  be the number of payments originating from the  $N_{i,j}$  incurred in year  $i$  and settled in  $i + j$ , and  $d$  denote the maximum periods of delay ( $d \leq m - 1$ )

## Assumption

- Variables in different accident year  $i$  or development year  $j$  are independent
- The individual claims are settled with a single payment or maybe "zero payment", and let  $Y_{i,j}^{(k)}$  denote the individual settled payments which arise from  $N_{i,j}^{paid}$ . ( $k = 1, \dots, N_{i,j}^{paid}$ ). Then we

$$\text{have } X_{i,j} = \sum_{k=0}^{N_{i,j}^{paid}} Y_{i,j}^{(k)}.$$

## Continued

- $Y_{i,j}^{(k)}$  are mutually independent with mean  $\mu_i$  and the variance  $\sigma_i$  such that  $E[Y_{i,j}^{(k)}] = \mu\gamma_i = \mu_i$  and  $Var[Y_{i,j}^{(k)}] = \sigma^2\gamma_i^2 = \gamma_i^2$  with  $\mu$  and  $\sigma^2$  being the mean and variance factors and  $\gamma_i$  be the inflation in accident year  $i$
- $Y_{i,j}^{(k)}$  are independent of the counts  $N_{i,j}$  and also the RBNS and IBNR delays.
- The counts  $N_{i,j}$  are independent random variable from a Poisson Distribution with multiplicative Parametrization:  $E[N_{i,j}] = \alpha_i\beta_j$  and  $\sum_{j=0}^{m-1} \beta_j = 1$

## Assumption

Let  $d$  denote the maximum period of delay, then:

$N_{i,j}^{paid} = \sum_{l=0}^{\min(j,d)} N_{i,j-l,l}^{paid}$ , where  $N_{i,j-l,l}^{paid}$  means the number of payments originating from  $N_{i,j}$  reported claims and paid in  $i+j$

assume that  $(N_{i,j,0}^{paid}, \dots, N_{i,j,d}^{paid}) \sim \text{multi}(N_{i,j}; p_0, \dots, p_d)$  with  $\mathbf{p} = (p_0, \dots, p_d)$  being the delay probabilities



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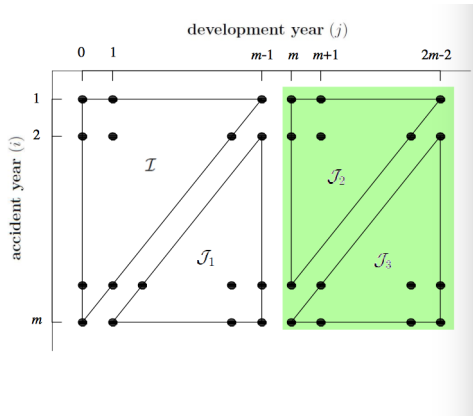
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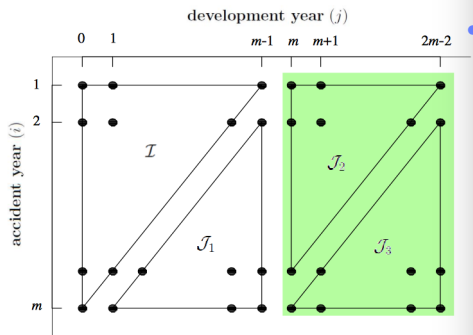
$$E[N_{i,j}^{paid} | N_m] = \sum_{l=0}^{\min(j,d)} N_{i,j-l} p_l.$$

Since  $X_{i,j} = \sum_{k=0}^{N_{i,j}^{paid}} Y_{i,j}^{(k)}$ , we have ;

$$E[X_{i,j} | N_m] = E[N_{i,j}^{paid} | N_m] E[Y_{i,j}^{(k)}] = \sum_{l=0}^{\min(j,d)} N_{i,j-l} p_l \mu \gamma_i$$

$$E[X_{i,j}] = \alpha_i \mu \gamma_i \sum_{l=0}^{\min(j,d)} N_{i,j-l} p_l$$

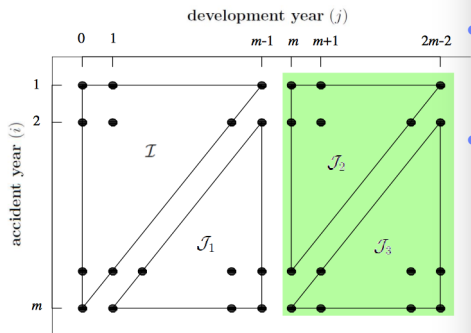




RBNS Prediction:

$$\hat{X}_{i,j}^{rbns} = \sum_{l=i-m+j}^{\min(j,d)} N_{i,j-l} \hat{p}_l \hat{\mu} \hat{\gamma}_i$$

with  $(i, j) \in \mathcal{J}_1 \cup \mathcal{J}_2$



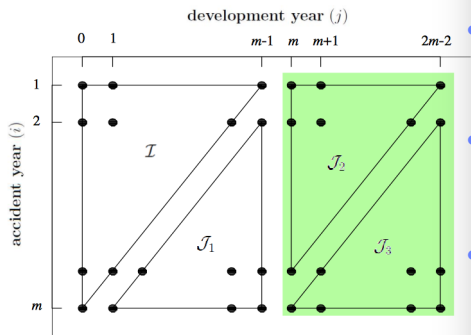
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with  $(i, j) \in \mathcal{J}_1 \cup \mathcal{J}_2 \cup \mathcal{J}_3$
- Tails:**

$$\sum_{(i,j) \in \mathcal{J}_2 \cup \mathcal{J}_3} \sum_{l=0}^{\min(j,d)} N_{i,j-l} \hat{p}_l \hat{\mu} \hat{\gamma}_i$$

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- ⑥ Conclusion

CTP insurance is compulsory insurance, mandatory for every motor vehicle registered in Australia, privately underwritten by licensed insurers.

It covers the negligent at-fault driver for their liability to compensate third parties for bodily injury caused by them involving the operation of their vehicle.

This includes the driver(s) and passengers in other vehicle(s) involved in the accident, passengers in your vehicle, pedestrians, push-bike and motorcycle riders. It also provides more limited benefits to the at-fault driver themselves.

Our data is based on the CTP insurance from Queensland insurance companies.

The Data contains 115,344 accident records starting from Sept,1994 to Dec,2008. The data is saved into three different files, the Claim Information file, the Claim payment file and the estimate history file.

- ① Insurance Claims Reserve
- ② Basic Method
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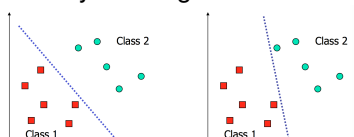
The Support Vector Machine is a new generation of supervised learning algorithm introduced in COLT-92 by Boser, Guyon and Vapnik for Binary Pattern Recognition.

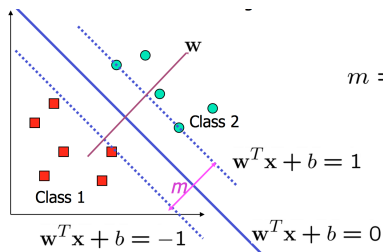
It became popular because of its success in handwritten digit recognition.

Now, SVM is regarded as an important example of kernel method, one of the key areas in machine learning - that we introduce to insurance and risk management reserving

The SVM try to find the optimal separating hyperplane between two classes by maximizing the margin between the classes' closest points lying on the boundaries which directly bearing on the optimal location of the decision surface and are called Support Vectors.

The multi-class classification can be done using one against one technique by fitting all binary sub-classifiers and finding the correct class by a voting mechanism.





$$m = \frac{2}{\|\mathbf{w}\|}$$

## notation

Let  $\{x_1, x_2, \dots, x_n\}$  be our data set, and  $y_i \in \{-1, 1\}$  be the class label of  $x_i$ . Then, the decision boundary should classify all points correctly:

$$y_i(\mathbf{w}^T \mathbf{x}_i + b) \geq 1 \quad \forall i$$

## optimal decision boundary

maximize the margin  $m$  and this can be formulated as a constrained optimization problem:

**Minimum**  $\frac{1}{2} \|\mathbf{w}\|^2$   
**subject to**  $y_i(\mathbf{w}^T \mathbf{x}_i + b) \geq 1, \forall i$

Suppose we want to: minimize  $f(x)$  subject to  $g(x) = 0$ , A necessary condition for  $x_0$  to be a solution:

$$\begin{cases} \frac{d}{dx}(f(x) + \alpha g(x))|_{x=x_0} = 0 \\ g(x) = 0 \end{cases}$$

$\alpha$  : the Lagrange multiplier

For multiple constraints  $g_i(x) = 0, i = 1, \dots, m$ , we need a Lagrange multiplier  $\alpha_i$  for each of the constraints

$$\begin{cases} \frac{d}{dx}(f(x) + \sum_{i=1}^n \alpha_i g(x)_i)|_{x=x_0} = 0 \\ g_i(x) = 0 \forall i \end{cases}$$

The function is also known as the Lagrangian; we want to set its gradient to 0

## Primal Problem

The original boundary problem is minimize  $\frac{1}{2}|\mathbf{w}|^2$ , subject to  
 $1 - y_i(\mathbf{w}^T \mathbf{x}_i + b) \leq 0$ , for  $i = 1, \dots, n$

The Lagrangian is  $\mathbb{L} = \frac{1}{2} \mathbf{w}^T \mathbf{w} + \sum_{i=1}^n \alpha_i (1 - y_i(\mathbf{w}^T \mathbf{x}_i + b))$   
 setting the gradient of  $\mathbb{L}$  with respect to  $\mathbf{W}$  and  $b$  to be zero, we have :  
 $\mathbf{w} + \sum_{i=1}^n \alpha_i (-y_i) \mathbf{x}_i = 0$  and  $\sum_{i=1}^n \alpha_i y_i = 0$

## Dual Problem

if we substitute  $\mathbf{w} = \sum_{i=1}^n \alpha_i y_i \mathbf{x}_i$  into  $\mathbb{L}$ , we obtain a new objective function in term of  $\alpha_i$  only.

$$\mathbb{L} = -\frac{1}{2} \sum_{i=1}^n \sum_{j=1}^n \alpha_i \alpha_j y_i y_j \mathbf{x}_i^T \mathbf{x}_j + \sum_{i=1}^n \alpha_i$$

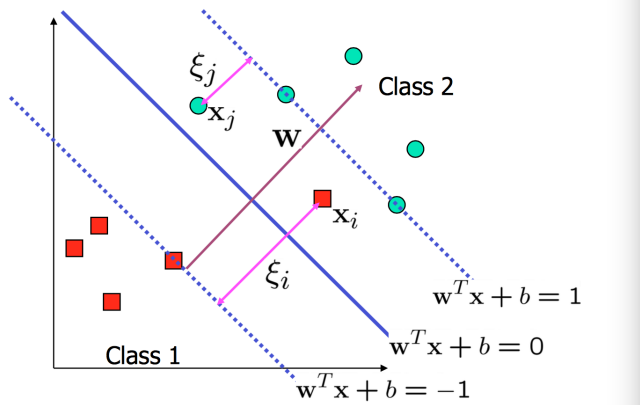
This is known as dual problem: and it can be formalised as:

$$\mathbf{max} \quad W(\alpha) = \sum_{i=1}^n \alpha_i - \frac{1}{2} \sum_{i=1}^n \sum_{j=1}^n \alpha_i \alpha_j y_i y_j \mathbf{x}_i^T \mathbf{x}_j$$

**subject to** :  $\alpha_i \geq 0$ ,  $\sum_{i=1}^n \alpha_i y_i = 0$ .

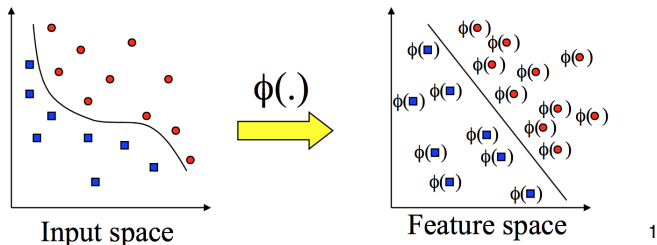
# Large-Margin linear Classifier: Non-linear Separable

we allow error  $\xi_i$  in classification, it is based on the output of the discriminant function  $\mathbf{w}^T \mathbf{X} + b$



$\xi_i$  approximates the number of misclassified samples. and this can of optimization problem are called soft margin problem.

If the data are non-linear separable, we can transform  $x_i$  to a higher dimensional space, called feature space, which means the linear operation in the feature space is equivalent to non-linear operation in input space.



<sup>1</sup>the feature space is of higher dimension than the input space in practice

recall the SVM dual optimization problem:

$$\mathbf{max} \quad W(\alpha) = \sum_{i=1}^n \alpha_i - \frac{1}{2} \sum_{i=1}^n \sum_{j=1}^n \alpha_i \alpha_j y_i y_j \mathbf{x}_i^T \mathbf{x}_j$$

$$\mathbf{subject\ to} : \alpha_i \geq 0, \sum_{i=1}^n \alpha_i y_i = 0.$$

The data points only appear as inner product, hence as long as we can calculate the inner product in the feature space, we do not need the mapping explicitly.

## Kernel Function

Define the Kernel function  $K$  by:  $K(x_i, x_j) = \phi(x_i)^T \phi(x_j)$

Example of kernel:

- Polynomial kernel with degree  $d$ ;  $K(x, y) = (x^T y + 1)^d$
- Radial basis function kernel with width  $\sigma$ ;  
 $K(x, y) = \exp(-|x - y|^2) / 2\sigma^2$

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Ongoing work involves:

- characterising the loss processes for different classes of claims - through feature vector selections and SVM
- Building individual loss process simulation models for each type of claims process identified from the classification of the processes
- Using the build models to simulate loss histories and then aggregating these to form loss triangles, comparing the results on loss triangles to Double chain ladder models
- Identifying which stochastic features can be captured by double chain ladder models but not identified by aggregate claims models like classical chain ladder methods.