THE GUARDIAN INSURER SERIES

The Underwriting Blackbox Must Open.

Why digital-first does not mean customer-first — and what a living health partnership actually looks like.

> **"Prevention without empathy feels like surveillance. Underwriting without transparency feels like a trap."**

Swipe to explore → | May 2026 · Andy Chow, AI & Marketing Strategy Advisor,

andyc-tameforthefuture.manus.space

THE BOWTIE CASE

Digital front-end. Identical blackbox behind it.

Bowtie markets itself as the transparent alternative.

Straightforward application. No hidden clauses. Insurance done differently.

What the system delivered:

The insurer built on transparency issued a factually incorrect stated reason.

The Outcome

Four rounds of appeals citing IA GL16 and the VHIS Code of Practice.

Partial outcome. "Directly or indirectly" clause: **remains.**

The interface changed. The underwriting logic did not.

> "Insurers don't lack data. They lack meaning."

Exclusion 1

A factually incorrect stated reason — corrected only after formal appeal.

Exclusion 2

Blanket permanent exclusion on an entire body system for a condition asymptomatic for 12+ months. IA GL16 proportionality principle: this is an overreach.

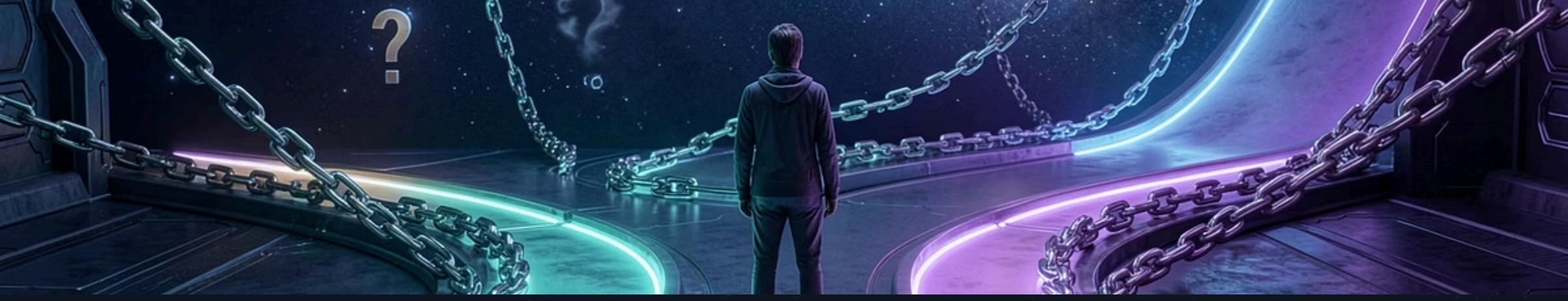
Premium Loading

25% loading for an incidental finding — zero hospitalisation, zero treatment, zero claims history.

Exclusion 3

Any medical signs caused directly or indirectly by the above. Scope: undefined. Duration: permanent.

Source: IA Guideline GL16. VHIS Code of Practice, Insurance Authority Hong Kong. · 02/06



THE DIAGNOSTIC

Who decides what "directly or indirectly caused" means?

Not the Customer

They were not given the criteria.

Not the GP

Clinical causation requires a specific event and documented mechanism.

Not the Underwriter

When challenged, no definition was provided.

Not the Regulator

VHIS requires terms to be "sufficiently specific and unambiguous." An undefined clause fails that standard.

This is not a technicality. It is a structural coverage gap in a product that markets itself on **Budget Certainty** — the VHIS framework's own stated objective. The industry's own roadmap acknowledges the problem:

> **"Consumers must be able to view and appeal the exact components of their risk score."** [1]

The current model issues permanent exclusions in language nobody can define, for conditions nobody can identify in advance, with no appeal pathway that does not require four rounds of regulatory correspondence. **An undefined exclusion is not protection. It is deferred uncertainty at premium cost and both lose-lose to the insurer and the customer!**

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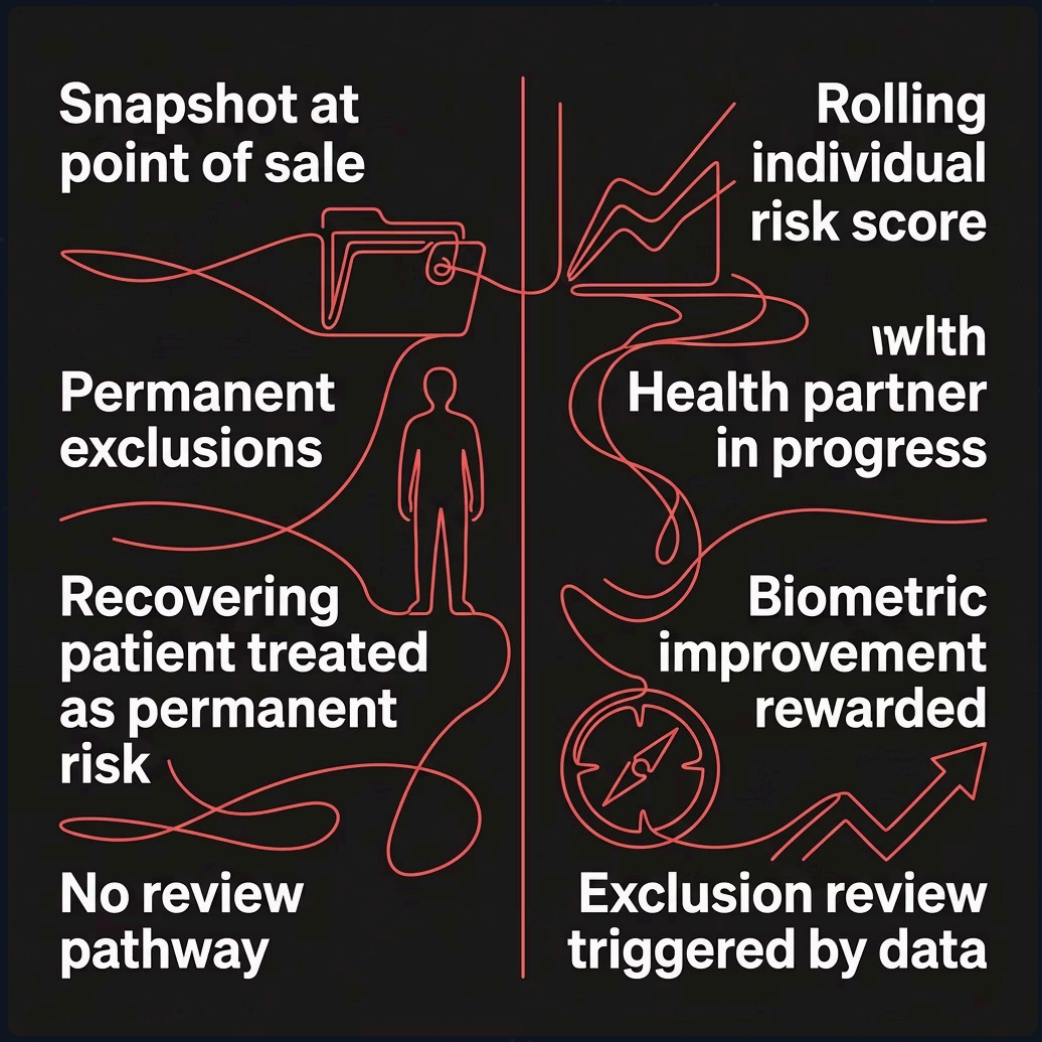
[1] Willis Towers Watson Actuarial Survey 2021 / McKinsey Insurance Operations 2022. Cited in industry health scoring framework literature. · 03/06

THE STRUCTURAL FAILURE

The moment you most need insurance is the moment you receive the least support.

Every person over a certain age has some health history. This is biology — not a risk flag.



→ A condition that resolved fully before application.

→ A biometric trajectory that is measurably improving.

→ A customer whose VO2Max, blood panel, BMI, and claims frequency all point toward lower future risk — not higher.

The insurer who helps a customer understand what improves their terms owns that relationship for 20 years. The gap is not capability. The gap is courage.

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[1] Willis Towers Watson / McKinsey Insurance Operations, 2021–2022. Industry health scoring framework consensus. · 04/06

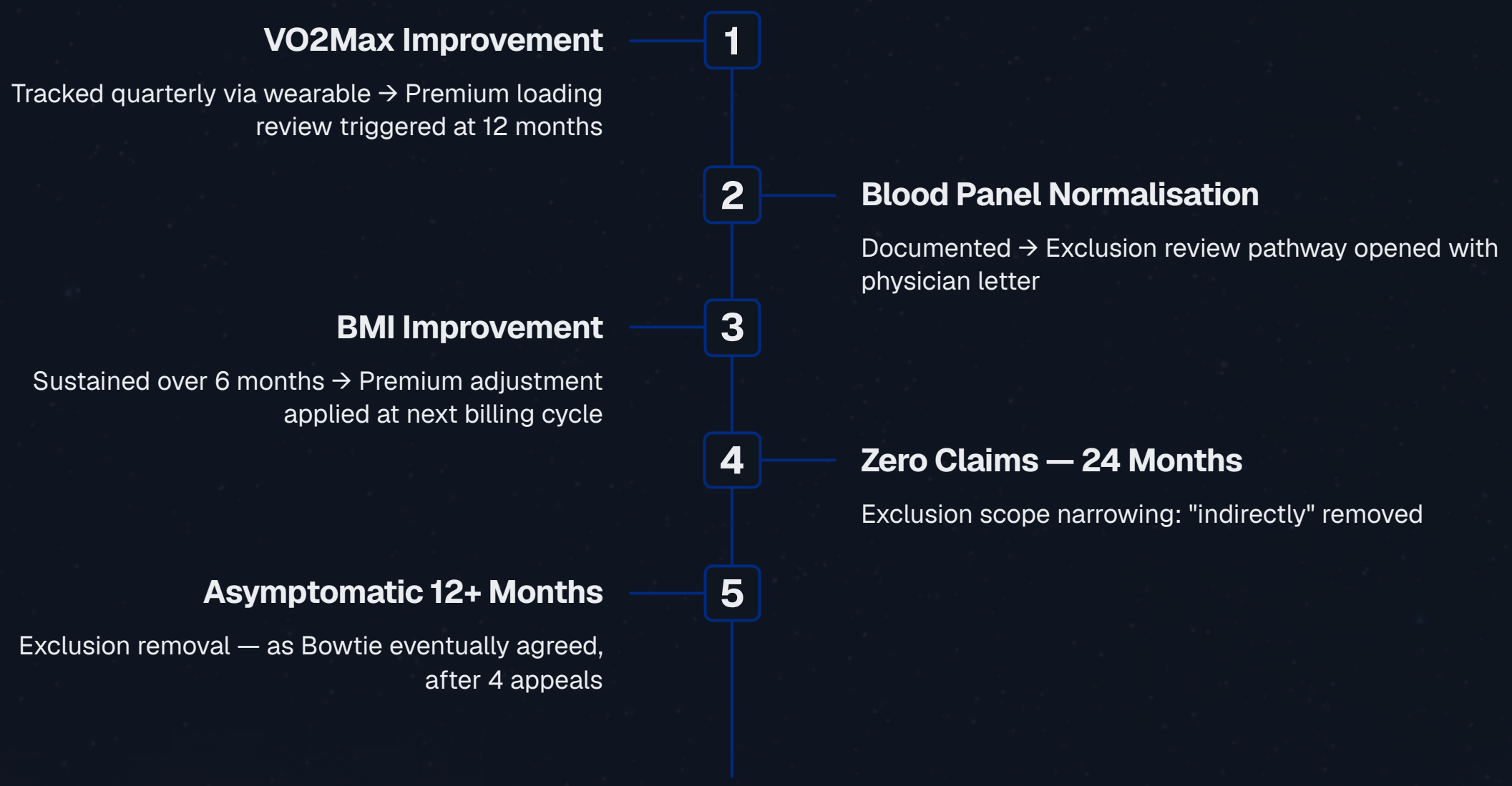
THE GUARDIAN INSURER MODEL

From static risk gate to living health partnership.

AIA's Amplify Health — a joint venture with Discovery Group, US$200 million committed since 2022 — launched its first APAC programme in October 2025. Chronic disease management. 1,500 customers. Singapore. Its stated purpose: help payors manage cost and utilisation. **Not yet: reward the customer's improving health trajectory with better coverage terms.** Early signals — not yet at scale, and not yet rewarding the individual customer's improving health trajectory. A pilot of 1,500 customers in a single market is a proof of concept, not a structural shift. The direction is right. The destination requires deliberate design.

Japan's major insurers — Sompo, Nippon Life, Tokio Marine — have formally committed in their mid-term strategic plans to expand into healthcare data platforms, elderly care, and lifestyle ecosystems. This is institutional repositioning, not pilot experimentation. The structural shift from protection to participation is documented across APAC's most mature insurance market.[4]

The gap in most markets is not strategy. It is decision architecture — who owns the customer outcome, and who is accountable if the customer does not get healthier.



Rolling Individual Risk Score updated every 30 days. Premium variance within a contractually fixed band — protecting the actuarial pool while rewarding the health journey.

MediConCen's AI Data Insighteer already converts raw claims data into these clinical signals in real time — flagging chronic trends before the claim is filed, predicting renewal risk, triggering proactive care interventions before the customer calls. The technology is not the gap. The stated objective is.

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[1] AIA Singapore / Amplify Health press release, October 2025. aia.com.sg · [2] Dynamic pricing framework: Willis Towers Watson / McKinsey Insurance Operations, 2021–2022. · [3] MediConCen AI Data Insighteer. mediconcen.com · [4] Hiroko Washiyama, "Beyond Insurance: How Japan and Europe Are Redefining Where and How to Play." LinkedIn Pulse, May 12, 2026. linkedin.com/pulse/beyond-insurance-how-japan-europe-redefining-where-ikmze/ · 05/06

FOR YOUR ORGANISATION

Your underwriting is issuing exclusions right now. Do you know what they actually exclude?

The Guardian Insurer does not issue exclusions it cannot define. It does not apply permanent terms to temporary conditions. It does not treat a health snapshot as a lifetime sentence. It builds the pathway for the customer who gets healthier — and rewards them for it.

1	2	3
Define It	**Build the Pathway**	**Meet the Moment**
Can your team define in plain language what "directly or indirectly caused" excludes for any policy — on request, within 48 hours?	Is there a structured pathway for customers to demonstrate health improvement and trigger an underwriting review — without requiring four appeal letters?	When a customer applies at the moment of highest need — motivated, improving, data-ready — is your UW model designed to meet them, or to gate them?

> **"When AI detects a risk — don't send an alert. Send a gift."**
>
> — **Andy Chow**, AI & Marketing Strategy Advisor

A gift is a premium waiver triggered by 12 months of clean biometrics. A gift is an exclusion removed because the data says the risk is gone. A gift is a wellness credit that arrives before the customer asks. These are not gestures — they are the contractual expression of a health partnership.
